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The Nurse Manager's Leadership and Nurse Satisfaction

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The Nurse Manager's Leadership and Nurse Satisfaction

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By

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Abstract

Nurse managers face many challenges in today's healthcare environment including how to retain staff. The purpose of this capstone was to give tools to nurse managers on specific units to develop techniques for shaping a positive culture making a difference for the nursing staff, patients, families and others on the nursing units. Culture-shaping tools were taught to five nurse managers after completion of a pre-assessment survey by bedside nurses to determine if the behaviors of the nurse managers could impact the nurse satisfaction and improve retention. Nursing staff were queried for effectiveness in nurse satisfaction after the nurse managers had 30 days to practice use of the culture shaping tools. The setting for the capstone was a 217-bed community hospital with the following units chosen to participate: Emergency Department, Pain Center, Telemetry Unit, Medical Surgical Unit and Intensive Care Unit. Data were collected from a convenience sample of RNs using a pre- and post-Revised Human Resources Survey (RHRS). All RNs under the supervision of the participating nurse managers (n=144) were invited to complete the pre- and post- RHRS to evaluate the effectiveness of the tools taught to the nurse managers. RHRS surveys were completed by 26 nurses pre-education and 19 nurses post-education. Although each item's mean score increased after nurse managers implemented culture shaping tools, independent t-tests indicated that the changes were not significant. However, eta squared calculations indicated a small magnitude of effect for each item. Nurse managers can create a positive culture on their nursing units by practicing culture-shaping behaviors.

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The Nurse Manager's Leadership and Nurse Satisfaction

Background and Significance

Experienced Registered Nurses (RNs) are critical to the success of the mission to provide excellent patient care to those who enter into the acute health care setting. Retention of skilled nurses has become an issue of concern on a national level (Meeks-Sjostrom, Lopuszynski, & Bairan, 2010, p. 233). The demand to meet the needs of experienced nursing staff in the health care environment is especially challenging in the current health care climate. Health of the nursing environment in many organizations is evaluated by nurse satisfaction surveys and turnover rates. Health care executives pay close attention to nurse turnover and focus on activities which produce the greatest gain for the greatest number of nurses and to plan strategically for the future of the organization (Boyle, Miller, Gajewski, Hart, & Dunton, 2006).

One element of the changing healthcare climate is the Affordable Care Act (ACA).While implemented to ensure that all Americans are provided access to health care; it is projected to stress the health care setting (Health care.gov). As a result of the anticipated influx of a previously uninsured population, it is projected there will be additional nursing stress related to overburdening the nurse with additional patients assigned. Additional staff could assist in reducing the added stress on the nursing staff however decreased reimbursements and operating margins may limit the hospitals ability to increase additional nursing staff. (Livak & Bisognano, 2011). Letvak (2002) reported several years before the ACA that experienced nurses are leaving the workforce at an earlier age than previous years at a time when fewer students are choosing nursing as a profession.

Age is a reason many RN are leaving the bedside, with estimates that over 55% of the nursing population is currently over the age of 50 (jnr.metapress.com/content/). The increased

mean age of the current nursing workforce is impacting the labor pool which is anticipating further demands with the Affordable Care Act and shrinking reimbursements. Projected additional stress of anticipated increased demands on the health care system at a time when nurses are choosing to leave the profession, which may create a chaotic environment.

The nursing profession has experienced a shortage during recent years that is projected to continue for many more years to come (Cyr, 2005). Patients admitted to the hospital have higher acuity, thus placing a higher level of demand from the nursing staff than in years past, potentially leading to burnout of this valued group of employees (Letvak, 2002). The Lewin Group (2009), supported by a grant from Robert Wood Johnson foundation, published a white paper exploring the many reasons nurses leave the bedside. These include changes in the way RNs will deliver care, such as the transition to electronic medical records and remote monitoring of patients.

Nurse satisfaction, including that of nurse managers, is a nurse sensitive indicator upon which many other quality data points are associated (NDNQI: National Database of Nursing Quality Indicators, 2012). Nurses satisfied with the general work environment can have a positive influence on patient satisfaction scores and other patient indicators such as falls (HSM Group, 2002). The combination of less experienced nursing staff and fewer hours per patient day has been shown to create a negative environment with greater staff turnover and higher than average patient falls (Boyle et al., 2006).

Turnover of nursing staff has an effect on nurse satisfaction and is of immense concern for nurse leaders. Considerable cost associated with nurse turnover can have devastating financial implications (Jones & Gates, 2007). Turnover in the nursing profession, defined as resignations or terminations, was 21.3% nationally in 2000 (HSM Group, 2002). In the same

year, vacancy for nurse managers was also higher than normal at 8.2% to 8.5%, varying by region (HSM Group, 2002). At the local community hospital where this capstone project was implemented, the nurse turnover rate for the telemetry unit was 52% in 2012 (T. Sword, personal communication, Fall, 2013).

The Lewin Group (2009) identified several common themes useful in retaining nurses at the bedside: transparent leadership, retention and development of leaders, interventions for identified retention issues, and support of retention objectives by health care executives. All of these themes are supportive of a Magnet Hospital culture that ensures nurses have a voice in the workplace as reported by the American Nurses Credentialing Center (ANCC) (www.nursecredentialing.org). The hospital identified in this paper is building a culture in which nursing can pursue the Magnet Journey. Johnson et al. (2012) reported that nurse managers are successful when employees feel as though they are valued by the organization.

Problem Statement and Project Purpose

Retention of RNs is important to an organization for many reasons, including cost associated with turnover, decreased quality of care, undesirable patient outcomes, loss of patients from the organization, increased cost associated with agency staff, increased workplace accidents, loss of experienced expert nurses and absenteeism (Boyle et al., 2006; Hunt, 2009, p.3). Nurse satisfaction must be addressed to avoid these consequences, as nurses must feel value and worth from the organization. The purpose of this project was to give tools to nurse managers on specific units to develop techniques for improving the culture on the unit making a difference for the nursing staff, patients, families, and others on the nursing units.

Servant Leadership as a Practice Framework

Nurse Leaders must demonstrate positive attitudes congruent with the behaviors they expect from staff including selfless service (Mahon, 2011). It is a leader's responsibility to retain staff while achieving quality goals of the organization, ensuring patient safety, maintaining safe staffing guidelines/ratios, and sensitive to nurses' personal goals. Servant leadership is aligned with nursing and closely resembles a transformational leadership model (Waterman, 2011) also known as horizontal leadership (Mahon, 2011). Servant leadership is a framework for behaviors the nurse leader must demonstrate for staff such as empathy, healing, promotion, persuasion, conceptualization, and foresight, (Greenleaf, n.d.). The organization in which the capstone project took place adopted the Servant Leadership Framework many years ago.

Servant leadership is the application to the individual practicing management by putting others first or being a servant to those being lead. Many businesses, including health care, adopted servant leadership as a framework for practice and teach the framework to new leaders in an effort to place others first. Adoption of the servant leadership framework by health care organizations seems a natural fit as these organizations have an "inherent servant nature" (Garber, Madigan, Click, & Fitzpatrick, 2009, p. 332). It is important to note that leaders do not need to have a formal title such manager or director, but may lead by example when demonstrating leadership behaviors (Greenleaf, n.d.).

Garber (2009) has identified several advantages of servant leadership, including development and commitment to people and communities to improve care through encouragement and performance (Garber et al., 2009, p. 26). The disadvantages of this leadership framework include an unconventional hierarchy sometimes perceived as a spiritual or holy concept to which some staff nurses may not accept (Garber et al., 2009, p. 26).

There are ten principles of servant leadership which can easily be applied to health care (Greenleaf, n.d.). Active listening is essential to the Servant Leadership framework and other leadership theories including Quantum Leadership as the leader must critically listen to clarify what is being said (Porter-O'Grady & Malloch, 2011).

Empathy is of significance to servant leadership. Identification of the nurse as not only a hospital employee but as a person who requires respect and appreciation will ensure acceptance from the organization (Greenleaf, n.d.). The nurse employed where a servant leadership framework is practiced may be empathic to coworkers, forming relationships necessary for a positive work environment and may lead to decreased nurse turnover.

Healing (Greenleaf, n.d.) is achieved as nurses promote quality healing by attending to complex patient needs. Although some patients will never return to a full state of physical or mental wellness, promotion of health and comfort are healing processes practiced by nurses until the patient is restored to a wellness baseline (Greenleaf Center for Servant Leadership, n.d.).

Promotion of awareness including awareness of self will allow the servant leader to have a greater understanding of ethical issues and values. Nurses must be familiar with the values of the organization in which they work such as quality, patients expect and demand quality care (Greenleaf Center for Servant Leadership, n.d.).

Persuasion, though important, should never be used in a manner to be viewed as coercion by the leader. Leaders with a position of power must encourage staff to do what is necessary and right instead of using coercion (Greenleaf Center for Servant Leadership, n.d.). Staff nurses who make the decision to leave an organization should have conversations with the leader who engages in active listening and mild persuasion prior to finalizing a decision. The decision to leave the acute care setting belongs to the employee but leaders should encourage the staff to

make an informed decision, pointing out the benefits of time committed to the current organization and guiding the employee to the track they seek. Coercion to discourage the employee will create tension on the unit and in the relationships the employee has within the organization.

Conceptualization is a must for high level leaders. Planning strategically for the future and development of long-term goals allows reflection of the individual's personal goals for long-range goal setting (Greenleaf Center for Servant Leadership, n.d.). An example of conceptualization is consideration of turnover that occurs on nursing units, the nurse manager must plan for appropriate levels of nursing care to ensure adequate staffing levels to provide patient care.

Foresight allows the leader to predict the outcome of a situation based on experience (Greenleaf Center for Servant Leadership, n.d.). The nurse leader who encourages employee lead interview teams may see a higher retention rate on the unit and cohesiveness of the staff members. Allowing this relationship between the prospective new employee and the interview committee to form before the offer of employment has been demonstrated positively in many hospitals with interview teams.

A great leader knows growth and development of people leads to success for both the person and the organization. The servant leader is dedicated to development of those in the organization to ensure a succession plan in the event the formal leader must be replaced. Development of those being served provides growth opportunities to all in the organization (Greenleaf Center for Servant Leadership, n.d.). Nurses of all ages have voiced concern about professional development. Older, experienced nurses desire educational opportunities to keep up with the new graduates in the work environment (Fitzgerald, 2007). New graduates desire

educational offerings to develop the newly acquired skill to ensure competency (Duffield, Roche, Blay, & Stasa, 2010).

Servant Leadership allows for collaborative relationships between direct and in-direct healthcare providers. Development of positive working relationships decreases turnover and is key to increasing retention of staff at the bedside. Nurses are called to the nursing profession because they care about people and want to contribute to society, nurse leaders must support this calling.

Lewin's Change Management as a Process Theory

The success or failure of change when implementing evidence-based practices is dependent on current evidence being incorporated and sustained in practice, resulting in the intended outcomes. Lewin's Change Management is a classic, three step model developed in the 1940s successfully used in many nursing areas (Kritsonis, 2004-2005). Lewin's theory has been recognized, adapted, and reorganized by several other theorists to build new works such as Lippit's Model of Change (Kritsonis, 2004-2005) and Havelock's Theory of Planned Change (Mitchell, 2012). Kristsonis (2004-2005) reported Lippit worked with others to develop a model of change concentrating on the leader and the role of a change agent to diagnosis, assess, develop, and implement change. Senn and Hart (2010) use a similar model, named DURAM (diagnostic, unfreezing and education, reinforcement, application, and measurement), to measure changes in behavior.

Lewin's Change Management Model was chosen from the many that exist because the model is congruent with the philosophical concepts of Servant Leadership to address the issue of nurse turnover within the participating organization. A positive attitude from the leader with Servant Leadership and the Change Management Model is important to create a culture for

change Center for Servant Leadership, n.d.; "Lewin's Change Management Model," 2012). Tools developed by the Senn Delaney group were used to guide the nurse managers in the culture changes (2010).

Three phases are the basis of this change model: unfreezing, changing, and refreezing ("Lewin's Change Management Model," 2012). Understanding any model of change can be difficult if not explained in terms that are understood. Mind Tools (2012) compares Lewin's theory to an ice cube that is melted to achieve the desired ice cube, the ice cube had to be unfrozen, changed to another shape, and refrozen to meet the desired state ("Lewin's Change Management Model," 2012).

Unfreezing is the first phase identified in Lewin's Change Management Model. Assessment of the situation must be complete to determine if a change must occur. Support of administrative leaders must be present. Once it is determined that a change must occur the unfreezing is started. Preparing the nursing staff with clear communication and active listening ensures that all stakeholders know why the change must occur. Participation of staff and nurse managers during this phase is critical in order to control the chaos that may result with change. During the unfreezing phase, it may be necessary to challenge the values of an organization and ensure the planned change is in keeping with the organizational goals ("Lewin's Change Management Model," 2012). Change may be for regulatory reasons or to create a positive work environment. Clear communication of the desired change as well as the need to change is necessary, so that those involved understand the impact of the issue. Active listening is very important so that the whole issue is understood and able to be communicated to others ("Lewin's Change Management Model," 2012).

During the change phase, there may be periods of uncertainty for those involved as well as the nurse leader championing the change. It is important to stay focused on the meet the goal of the intended change. Communication is important in this phase, as in every other phase, and can be accomplished by e-mail, postings on bulletin boards, newsletters, or orally. Ensuring those involved in the change understand why the change has to occur, where the organization is at the current time, and the timeline for the planned change keeps everyone informed and involved ("Lewin's Change Management Model," 2012). Rumors must be addressed immediately to maintain a positive environment during the change phase. Celebration of small goals set along the timeline can help keep the atmosphere positive. Nurse leaders must keep in mind that this change phase may cause a nurse to decide to leave the organization.

Refreezing is the final phase, occurring after the nursing staff and leaders have undergone training on the change and implemented the changed process into practice. In this phase, stability occurs, and staff is more comfortable with the change. Hardwiring (incorporating the learned change behavior) insures that the change occurs and the desired results can be achieved and measured. Acceptance of the change into the specific nursing culture is final during the refreezing phrase. Feedback must be solicited from those who perform the new practice to ensure the hardwiring remains and to evaluate whether further change needs to occur ("Lewin's Change Management Model," 2012).

The ten principles of Servant Leadership can be applied to the three phrases of the Change Management Model. During the unfreezing phase active listening by the nurse leader must be practiced to learn of issues facing the staff at the bedside. It is important to hear about current issues from the nurse whose practice is being impacted. Awareness and empathy are also important, as the nurse leader must be respectful of those unfreezing the issue and planning

change as well as those whose practice will be impacted. Conceptualization occurs as the leaders address the concerns with administrative leads for long-term goal planning by nurse leaders in the organization Involvement of staff at the table for these discussions of change is critical and ensures the administrative leaders understand the practicality of change to those being impacted. Potential consequences include a reduction in the workforce through turnover if the planned change is not implemented with thought toward the future (Greenleaf Center for Servant Leadership, n.d.; "Kurt Lewin, 2012"). Actively listening to the nurses allows the nurse manager to hear their concerns and implement necessary changes.

During the changing phase, nurse leaders should not attempt to control the change for the desired outcome, but instead, demonstrate openness and persuasion to ensure the best plan with the resources available. Healing occurs as the nurses' work toward the desired outcome. The observant nurse leader will attempt to intervene and work with the nurse who is not healing, or accepting the change, to attempt other methods allowing the nurse to learn the change and heal. Participation of the bedside nurse in the change will demonstrate commitment to the practice as well as value for the staff (Greenleaf Center for Servant Leadership, n.d.; "Kurt Lewin 2012).

Nurse leaders must understand Lewin's Change Management Model as it applies to retention of experienced staff nurses. Frequent changes are difficult for staff to manage as they care for patients. Using a shared governance model allows the staff to have another outlet for concerns with planned change (unfreezing), changes in process (change) and hardwiring the change on the nursing units (refreezing) (Porter-O'Grady & Malloch, 2011). It is important to acknowledge that impatience can undermine change and flexibility. Building flexibility into the timeline can lead to success ("Lewin's Change Management Model," 2012).

Nurse Managers that apply Lewin's Change Management Model (2012) along with the Culture Shaping Tools (Senn & Delaney, 2010) to their management practice have demonstrated a unit culture that promotes positivity. A positive nurse leader has been identified by nursing staff as a reason to stay with an organization (Waterman, 2011). Nurses possess the desire to care for patients and families and the nurse leader is the first line leader to demonstrate care for the nurse. The relevance to clinical practice of nurse satisfaction was demonstrated as a relationship to the performance of a good leader (Waterman, 2011). Training for nurse leaders is as important as training to ensure competency at the bedside. Retention of clinical nurses will reduce orientation cost, which will allow funds to be spent on education, training, mentoring programs, or a higher number of hours per patient day further increasing the satisfaction of the nursing staff caring for the patient in the acute care setting (Letvak, 2002).

Competent, caring nurse leaders have an effect on the environment in which nurses provide care. Ensuring nurse leaders are well prepared and trained can provide RNs with the resource they need should problems arise in the work environment.

Review of Literature

A query of MEDLINE and CINHAL electronic databases using the keywords nurses, burnout, and nurse satisfaction resulted in 54 articles. Only articles from the United States were reviewed as health care systems outside the United States can be vastly different in reimbursement structure, clinical practice, and outcomes. An additional search using keywords nurse satisfaction, manager and culture resulted in one article and five dissertation/thesis documents. Expanding this search to nurse satisfaction and manager located an additional 70 articles.

Nurse Turnover

Results of the literature review revealed that acute care nurses leave the bedside for a variety of reasons. Fitzgerald (2007) reported age to be a reason for RNs to leave the profession. The age of the average nurse at that time was reported to be mid-to-late 40s. Nurses under the age of 30 accounted for approximately 10% of the nurse population while those over the age of 50 made up 30-40% of the profession (Storey, Cheater, Ford, & Lee, 2009; Leese, Storey, & Cheater, 2009). Some entering the nursing profession are second degree professionals or over the age of 30 that will give fewer years to practice in the nursing profession (Fitzgerald, 2007).

There is variability in estimates on the cost of replacing an experienced nurse with a new graduate nurse, ranging from $30,000 to $145,000(HSM Group, 2002; Duffield, et al., 2010; Hunt, 2009). Given the high cost of replacement, efforts must be made to retain the experienced staff (Hunt, 2009). It is estimated that orientation of a new graduate into a specialty area such as the Emergency Department or Critical Care is $145,000 (HSM Group, 2002). Letvak (2002) reported the cost to replace an experienced nurse as 150% of the nurse who is exiting. Based on an average experienced nurse salary of $65,000 (depending on region) this expense to the organization would be approximately $97,000. Stone et al. (2009) estimated the replacement cost of a medical-surgical nurse to be $30,000 to $50,000 and $65,000 for specialty nurses. Regional differences, rural compared with urban, experience of nurses, certifications and availability of nurses can account for some of the differences in salaries (Baernhildt & Mark, 2009). Clearly, the high cost of nursing staff turnover can be detrimental to an acute care organization.

Job Satisfaction

Sherrod (2006) cited long 12-hour shifts as strenuous on the aging nurse, causing many to seek non-acute care settings. Other reasons for leaving bedside nursing are the physical demands, innovations including computerized charting, and lack of educational offerings for the experienced nurse (Sherrod, 2006). HSM Group (2002) cited relocation, money, and seeking another nursing position as reasons for resignation of nurses from acute care positions.

Ulrich, Buerhaus, Donelan, Norman and Dittus (2007) completed a comprehensive project to evaluate the RN's opinions of nurse leaders in both Magnet and non-Magnet facilities. Many of the findings were the same when compared to other researchers, but Ulrich, et al (2007) also reported peer relationships between nurses in Magnet facilities as excellent (79%) compared with good or excellent (68%) in non-Magnet facilities. Other nurse satisfaction issues addressed were continuing education, advancement, and recognition and support.

Boyle, Miller, Gajewski, Hart, Dunton (2006) explored nursing behaviors such as turnover by unit type. Nurse-to-patient relationships were identified as having a negative effect on job satisfaction, in part attributed to high patient turnover in area such as the emergency department. Nurses on pediatric units had the highest job satisfaction. Pediatric nurses tend to develop nurse-to-patient relationships as well as relationships with the family. Relationships between nurses on various individual units were not identified as having an effect on job satisfaction (Boyle et al., 2006).

Satisfaction with Nurse Leader

Duffield, Roche, Blay and Stasa (2010) examined the impact of nurse leaders on job satisfaction. A good nurse leader compliments staff, encourages participation in unit activities, reward a job well done, and gives recognition to staff (Duffield, et. al, 2010). Job satisfaction

was reported to be higher when nursing leaders were visible to the staff (Duffield et. al., 2010). Intent to leave was decreased by 20% when the nurse leader was scored as a good leader. Job satisfaction was reported 17% higher by this same group (Duffield, et. al., 2010).

Hunt (2009) cited the following common statement, "Employees don't quit companies; they quit managers" (p. 5). Tenured nurse leaders tend to have lower staff turnover and higher satisfaction, a comment that is supported by the data reported by Duffield et al. (2010). Experienced nurse leaders may be able to reduce turnover by creating a unit environment in which the culture is supportive. Clear communication and listening have been identified as skills possessed by experienced leaders to increase job satisfaction of the bedside nurse (Hunt, 2009).

Kleinman (2004) explored how to best prepare nurse leaders to ensure success. Graduate education was identified as a successful method; however, this may be difficult for the practicing nurse to obtain. It was suggested that continuing education with a focus on communication, visibility, and empowerment of staff could help to ensure success of the nurse leader. Leaders who are evaluated for competency, supported by a strong organizational structure are evidence-based strategies to improve staff satisfaction (Kleinman, 2004).

"Nurse leaders who are given tools to promote a less stressed, safe and well-balanced work environment will be able to reduce turnover of experienced staff and support a staff with healthy relationships" (*The human operating system*, 2011).

Methods

Project Design

A pre-test/post-test design was used for the implementation project. The current RN staff employed on selected nursing units completed the Revised Human Resources Survey (RHRS) survey prior to and 30 days after the nurse managers received their educational intervention.

Setting

This project was conducted in a 217-bed Catholic, not-for-profit community hospital. The hospital is a member of a newly formed hospital system that includes 13 hospitals and free-standing emergency departments, located in Kentucky. An evaluation of the current climate in the hospital by an outside consultant revealed that the staff as well as the executive team (hospital president, chief nursing officer, and executive directors) desired a positive change in the environment and culture (HealthStream Survey, 2013). The nurse leaders from these units participated in a four-hour educational session to learn the three tools identified as culture shaping tools, to improve the culture on their respective areas. The managers were given 30 days to study and practice the culture shaping tools and implement changes in behavior.

Sample

A convenience sample (N=144) of RNs from the selected nursing units was obtained. Respondents of the Revised Human Resource Survey, (RHRS) were RNs employed on the following units: telemetry (30 beds), medical-surgical (34 beds), intensive care unit (12 beds), orthopedics (15 beds), emergency department (23 beds and 2 triage rooms) and the outpatient pain clinic (14 rooms) (www.sje.lex.org). RNs were recruited via an open invitation to participate in the capstone project via an e-mail or at the unit daily huddle to inform them of the survey, goals of the project and an explanation of the intervention. Post-intervention participation was solicited 30-days after the nurse manager education.

Participation in the capstone project survey was voluntary. Respondents remained anonymous and all surveys are confidential. An e-mail was sent to the Registered Nurses on the participating units prior to the survey to provide information on the survey (Appendix A).

Informed consent was obtained via a statement on the opening page of the internet survey (Appendix B). There was little to no risk; project participants received no compensation.

IRB Approval

Approval by Eastern Kentucky University (EKU) Institutional Review Board (IRB) was granted prior to initiation of capstone project, approval from the hospital was granted from the hospital president; and the scientific review committee was informed of the project (Appendix C). A Statement of Mutual Agreement with the agency in which the capstone project took place was signed by the hospital president.

Instrument

The Human Resources (HR) Department at the organization in which the capstone project took place developed the Revised Human Resources Survey (RHRS) (Appendix D) to evaluate the climate of the facility and various departments. Permission to use and adjust the questions on the Revised Human Resources Tool was obtained from the Human Resources Business Partner who developed the tool (L. Lynn personal communication September 16, 2013) (Appendix E). The HR Business Partner assisted the capstone coordinator in choosing appropriate questions on the survey to evaluate the cultural climate of the nursing units. Questions on the RHRS included: My managers supports a team environment; Does your manager give you enough information to keep you informed of changes within the facility; My manager deals with conflict effectively; My manager involves me in decision making; My manager helps me grow; Actions and behaviors are consistent with words; My manager deals with issues that need to be addressed? The collaboration between the HR Business Partner and the capstone coordinator resulted in a Revised Human Resources Survey (HRHS). Each item used a Likert scale (1-never to 5-always).

Intervention

Culture changes occur when individuals in the environment change behaviors. The effectiveness in changing a work environment is reliant on the leader demonstrating and monitoring behaviors that support a positive work environment and improve nurse retention. Improvements to the culture along with the culture of Servant Leadership demonstrate to the staff that the nurse manager cares for them so that they in turn can provide care for the patients (Greenleaf, n.d.). Nurse Managers from the designated units were taught three culture shaping tools in a classroom setting. The nurse leaders were given thirty days to study the tools and practice the training they received. The three tools were chosen from the Senn Delaney toolbox (2010) to teach the nurse managers how to improve the culture in the work environment by improving communication techniques with the RN staff. The three tools taught to the nurse managers were (a) mood elevator; (b)"Be Here Now"; and (c) appreciation (Senn & Hart, 2010).

Nurse mangers were taught the concept of the mood elevator (Appendix F). Understanding that individuals have good days and bad days are fundamental to understanding when the individual can be approached to be amenable to change (Senn & Hart, 2010). When a person is at a high-level on the mood elevator they are more receptive to listening. At lower ends of the mood elevator the individual is not focused and maybe unwilling to listen. Nurse Managers using the mood elevator need to observe the nurse to determine if the mood is hopeful and understanding (at the top of the mood elevator). If the assessment determines that the individual or group is stressed, worried, or angry, the mood is not right for change. It is also important for the nurse manager to understand that everyone spends some time at the lower end of the mood elevator, however, when individuals spend more time at top of the mood elevator, the environment is more receptive to changes that can impact the culture in a positive manner

(Senn & Hart, 2010). Evaluation of a nurse's mood that reveals stress would not be an optimal time for the nurse manager to discuss a change in the computer system.

The main principle of "Be Here Now" (Appendix G) is active listening to help the individual or group feel valued. Use of the "Be Here Now" tool will be taught to the manager to ensure active listening, creating focused concentration on the meeting content (Senn & Hart, 2010). One way to accomplish this concept is to have meeting participants leave their cell phones at the door or in a basket to decrease the temptation to check e-mail or send a text (Senn & Hart, 2010). As the tools were being taught the nurse managers were encouraged to place a sticker on their computer and phone with the words "Be Here Now" on it as a reminder to stay focused on the person talking with them.

Appreciation of staff at all levels is critical for self-esteem. One example is coaching the nurse leader to say, "What I appreciate about you is …" (Appendix H). This allows nurse managers to provide feedback to the RNs about their contributions to the team and encourages a cohesive team. This acknowledgement of appreciation gives positive reinforcement to behaviors that should continue. One form of this method of appreciation is known as 5:1 Feedback in which the nurse manager provides at least five appreciative remarks for one each remark that shows where improvement is needed area needing improvement (Porter-O'Grady & Malloch, 2011; Senn & Hart, 2010). One example of showing appreciation is for the management team to start a meeting by writing a card to a staff member to send to the home. Some managers take this a step farther and write a note to the spouse of the employee thanking them for sharing the nurse with the facility.

Results

Sample Description

The project sample consisted of 45 respondents who completed the Revised Human Resources Survey (RHRS). Of the 45 survey respondents, 26 answered the pre-education survey and 19 answered the post-education survey. Pre-education respondents had three to five (M 3.5; SD 1.27) years' experience as an RN and had worked at the facility three to five years (M 3.23; SD 1.18) (Table 1). The nurses completing the post-education survey were very similar in demographics: three to five (M 3.84; SD 1.068) years of experience and three to five (M 3.42; SD 1.26) years of work experience at the facility (Table 1).

Table 1

Demographic Characteristics of Pre- and Post-education Survey Respondents

Variable	Mean	Std. Deviation
Pre-training (n=26)		
Years as an RN	3.50	1.27
Years employment at project facility	3.23	1.18
Post-training (n=19)		
Years as an RN	3.84	1.68
Years employment at project facility	3.42	1.26

RHRS Item Evaluation

Because the two groups of RNs completing the pre- and post-education surveys differed in composition, an independent sample t-test was performed on each individual RHRS item to identify differences between the mean pre- and post-education ratings. There were no significant differences in mean pre- and post-education RHRS item ratings (Table 2).

To determine clinical significance, magnitude of effect was calculated for each RHRS item using eta squared. Results ranged from 0.004 to 0.018, indicating a small magnitude of effect. Nurse managers' support of a team environment had the highest mean score. Half (50%) of participants answered "always" on the pre-training survey compared to 63.2% who answered "always" on the post-training survey. Conflict management also scored well above average, increasing from a mean of 3.77 pre-education to 4.05 post-education.

Table 2

RHRS Survey Item Ratings

	Pre -survey n=26		Post Survey n=19				
Item	Mean	SD	Mean	SD	Magnitude of effect	*t*	*p*
1. Does your manager support a team environment?	4.23	0.86	4.32	1.00	0.01	-0.30	0.76
2. My manager involves me in decision making?	3.27	1.25	3.37	1.06	0.01	-0.27	0.78
3. My manager helps me grow?	3.42	1.17	3.74	1.24	0.01	-0.86	0.39
4. Actions and behaviors are consistent with words?	3.73	.87	3.95	1.17	0.01	-0.70	0.48
5. My manager deals with issues that need to be addressed?	3.77	.90	4.05	1.02	0.00	-0.97	0.33

Discussion

Discussion

Retention of staff by the nurse manager is reported to contribute to a positive work environment (Ulrich, et al., 2007). The team environment is negatively affected when there is turnover which interrupts the workflow. This was demonstrated by the nurse manager supporting the work environment. Ulrich, Bureaus and Denelan (2007) reported recognition by the nurse manager of a job well done as being important to the nursing staff. Nurse managers

that support a team environment showed a positive tread in mean scores, but not significant, from the pre- to the post-survey.

The item "My manager helps me grow" demonstrated a slight increase in mean scores, but not significant from the pre-to post-education surveys. There was not a specific intervention to address this increase however, desire for educational opportunities was identified by Sherrod (2009) to impact the nurse's decision to stay with an organization.

Nurse managers have a positive impact on the nursing units when their actions and behaviors are consistent with words supporting the staff with positive interactions and clear communication. Nurse Managers must demonstrate consistent behaviors without bias in order to decrease conflict among staff.

Conflict management was addressed in the question "My manager deals with issues that need to be address" which demonstrated a positive gain from 3.77 to 4.05 in the mean score in the post education score. However, it was not a significant increase. Brinkert (2011) reported conflict management and coaching help to build a positive culture.

In this project I was unable to demonstrate that culture-shaping education had a quantifiable impact. The three culture shaping tools were insufficient to make an impact on culture of the nursing units.

Limitations

Limitations of the project include: (a) poor response rate resulting in small convenience samples for both survey administrations; (b) short length of time between the first and the second survey; and (c) management changes during training (nurse manager leave of absence).

Despite the limitations, value of the education was demonstrated by scores that were increased in the post-survey.

There are several recommendations based on this project. First, nurse managers should complete the entire Senn Delaney culture shaping program. Secondly, a follow-up survey of the staff should be conducted within a year to ensure that the nurse managers continue practicing culture-shaping behaviors influencing the positive culture change. Lastly, employees at all levels (staff nurse, nursing assistants, plant operations staff, etc.) should have the culture-shaping training. These recommendations are consistent with those from the Senn Delaney program (Senn Delaney, 2011).

This project demonstrated that nurse managers equipped with culture-shaping tools had a positive impact on the nursing unit culture in a short period of time. Development of a program to equip future nurse managers with similar culture-shaping tools is one key to success in creation a positive unit culture that nurses will be proud to work on and desire to stay (Cadmus and Holmes, 2013). Nurse managers are essential to creating a healthy culture for nurses to assess, design, plan, implement and evaluate patient care to ensure the highest nurse and patient satisfaction (Cadmus and Holmes, 2013).

Development of unit culture-shaping champions is the next step for the manager to hardwire the culture shaping tools to practice. The clinical managers (nurse supervisors) have also been taught the tools to support the culture-shaping created by the nurse managers. As chief nursing officer, the project manager has implemented a formal plan to teach all tools from the Senn Delaney Culture-Shaping program to all nursing staff before July 2016.

The Executive Team of this organization supports the culture-shaping journey by practicing each of the tools. Each executive member is expected to "Be here now" when holding meetings and when on a conference call. Placing all cell phones on the table at the start of a meeting lessens the distractions. A note is written to a staff member by the manager at the end of

the monthly leadership meeting and mailed to the home the staff member to demonstrate appreciation. The facility also has a recognition point system in which the manager can reward a staff member from any unit by depositing points into a bank; the employee can use the points to buy items. Use of the mood elevator is now practiced daily, and, used to judge the mood in a room. During the daily safety huddle performed every morning, one of the managers will often use the words *curious* when describing an event or *appreciate* when describing collaboration between departments.

Results demonstrated no significant difference in the survey participants' perceptions of a culture change following the nurse managers' participation in the culture-shaping education. However, mean scores on all items improved after nurse managers actively implemented the culture-shaping behaviors.

Conclusion

Nursing units in acute care hospitals are complex to manage due to nursing shortages, complex work schedules and experience levels of the current supply of nurses. (Duffield et al., 2010). Duties for nurse managers are extensive and include administrative tasks as well as clinical duties (Duffield et. al., 2010). Staff nurses reported slightly improved perceptions of unit culture after their nurse managers were educated on culture-shaping strategies.

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Appendix A

Email to the RN staff.

Registered Nurses from select areas are being asked to participate in a survey to gain baseline information about the culture of the nursing units and the preparedness of the nurse managers to make changes to the culture of the nursing units. There are several baseline demographic questions which will be used to evaluate turnover and will be compared with statistics from the Human Resources Department in addition to the questions used to obtain a baseline regarding the nursing unit culture. The nurse managers will be undergoing training to teach skills demonstrated to improve satisfaction of staff in many different environments including health care. Once the training is complete the survey will be reposted for the RN staff to evaluate any changes. Participation in the survey is voluntary and all results will be held in complete confidence. For questions regarding the survey please call Deb Bryant at 859-967-5758 or e-mail at bryantd@sjhlex.org

Thank you in advance for your participation in this research project.

Appendix B

Informed Consent

Registered Nurses are being asked to participate in this survey to gain baseline information about the culture of the nursing units and the preparedness of the nurse managers to make changes to the culture.

RN's from the Emergency Department, Pain Clinic, Telemetry, Medical-Surgical, Orthopedic and Intensive Care Unit are invited to participate in this internet survey. There are several baseline demographic questions which will be used to evaluate turnover and will be compared with statistics from the Human Resources Department in addition to the questions used to obtain a baseline regarding the nursing unit culture.

The nurse managers will be undergoing training to teach skills demonstrated to improve satisfaction of staff in many different environments including health care. Once the training is complete the survey will be reposted for the RN staff to evaluate any changes.

There is no financial benefit to anyone participating in the survey not the researcher and there is no compensation to participants. There is no risk involved to anyone. There is no sponsor for this research project.

Participation in the survey is voluntary and all results will be held in complete confidence.

For questions regarding the survey please call Deb Bryant at 859-967-5758 or e-mail at bryantd@sjhlex.org

Thank you in advance for your participation in this research project.

Appendix C

Saint Joseph East
KentuckyOne Health™

150 N. Eagle Creek Drive
Lexington, KY 40509
P 859.967.5000
F 859.967.5766
sjhlex.org
KentuckyOneHealth.org

July 1, 2013

Scientific Review Committee
Research Center
Saint Joseph Hospital
Attn: Ms. Rebecca Thomas, Manager

Dear Ms. Thomas,

As an authorized representative of Saint Joseph East, I grant approval for Deborah Bryant to conduct research at this organization. I understand that the purpose of the research is to investigate the effect of the nurse manager's educational preparedness on the retention of the bedside nurse.

I grant permission for this project to involve the Saint Joseph East nursing staff on the following units: Orthopedics, Telemetry, Medical-Surgical, Intensive Care, Emergency, and Pain Management. I have determined that the individuals working on these units and the nurse managers of these units are appropriate subjects for this research. I understand that the nursing staff will be asked to participate in surveys both before and after an educational offering.

To support this research, I agree to encourage the nursing staff to participate in the surveys. I also will support the nurse managers in the cultural educational offering.

Sincerely,

Eric Gilliam
President
Saint Joseph East

Appendix D

Revised Human Resource Survey

Questions are to be answered using a 1-5 scale (1-never; 2-seldom; 3-sometimes; 4-frequently; 5-always)

Does your manager support a team environment?

Does your manager give you enough information to keep you informed of changes within the facility?

My manager deals with conflict effectively?

My Manager involves me in decision making?

My manager helps me grow?

Actions and behaviors are consistent with words?

My Manager deals with issues that need to be addressed?

Demographic questions:

I have been a RN for:

Less than 1 year

1-2 years

3-5 years

5-10 years

Greater than 10 years

I have worked at this facility for:

Less than 1 year

1-2 years

3-5 years

6-10 years

Greater than 10 years

Appendix E

Saint Joseph East
KentuckyOne Health™

150 N. Eagle Creek Drive
Lexington, KY 40509
P 859.967.5000

September 16, 2013

To Whom It May Concern:

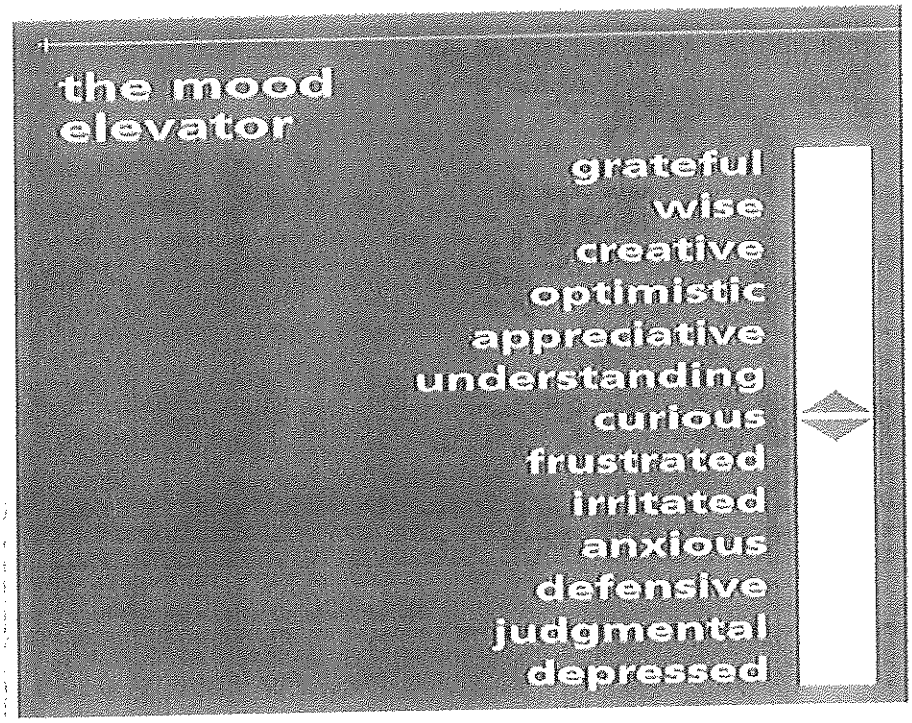
I give Deb Bryant my permission to utilize the leadership survey for her project. The results from this survey are to be used exclusively for this project and/or the interests of KentuckyOne Health, and may not be utilized in any other way.

Sincerely,

Laura Lynn

Laura Lynn
Human Resources Business Partner
859.967.5694

Appendix F


the mood elevator
grateful
wise
creative
optimistic
appreciative
understanding
curious
frustrated
irritated
anxious
defensive
judgmental
depressed
sean delaney

Appendix G

Appreciation H