

PRIORITIZING THE NURSE LEADER WORK ENVIRONMENT

AS NURSE LEADERS GO,
SO GOES THE TEAM AND THE PATIENTS

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EXECUTIVE SUMMARY

The nursing work environment has gained increased importance in recent years as COVID-19 amplified concerns about nursing staffing, nursing job satisfaction, and the state of the profession. The well-being of clinical nurses has received significant study as researchers and nursing industry thought leaders try to understand and reverse challenges in retention, particularly in acute care settings. Nurse leaders have been at the front line of responding to the increased emotional and well-being needs of the clinical nurses whose efforts they manage. However, these nurse leaders are reporting that they are facing the same emotional challenges as bedside nurses. The American Organization for Nursing Leadership (AONL) has queried this group four times since July 2020. The most recent data revealed that only 47% of nurse managers indicated that they were emotionally or very emotionally healthy. This compared to 55% among nursing directors and 62% among chief nurse executives (ANA Enterprise, American Nurses Foundation [ANA], 2022).

With such emotional tumult facing nurse leaders, how can they be expected to improve engagement, morale, and the emotional health of their teams? The emotional health of nurse leaders must be a priority. Research has shown that the nurse leader work environment is critical to the fulfillment of nurse leaders. A seminal study by Penconek and colleagues (2021) identified three categories of determinants linked to the fulfillment of the nurse leader: organizational characteristics, job characteristics, and personal characteristics.

A further review of the literature revealed actionable interventions in each of these categories that can be implemented at both system and local levels to improve work experience, engagement, and well-being of nurse leaders. Those interventions include the following measures:



- Manage workload through structures and processes
- Provide leader autonomy within the organization
- Invest in the growth and development of nurse leaders
- Instill meaning by allowing time and space for nurse leaders to cultivate their teams and the cultures on their units; and improve work-life balance to allow for self-care and self-renewal

BACKGROUND

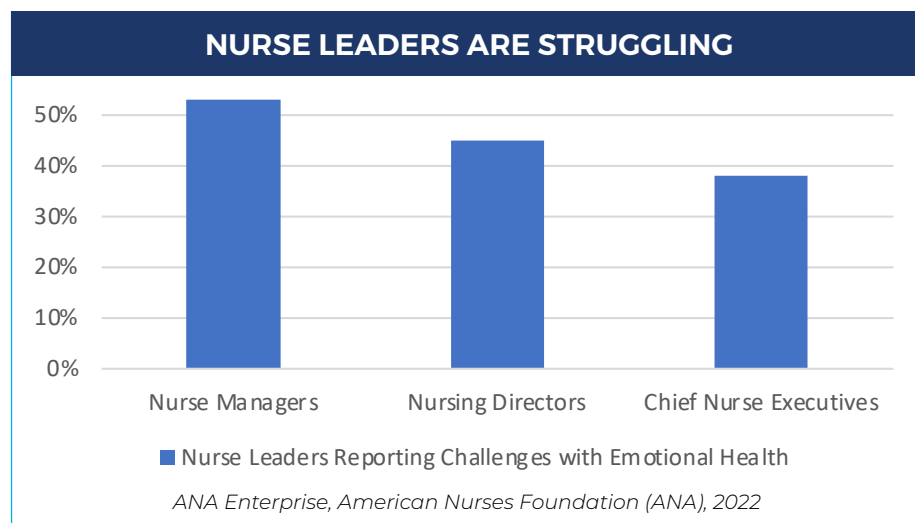
Since the outset of the COVID-19 pandemic, there has been widespread interest in the work environment of the clinical nurse and its impact on nurse job satisfaction, turnover, intent to leave, and nursing vacancies, as well as the overall impact on the cost and quality of health-care. However, little attention has been given to the work environment of the nurse leaders responsible for creating, managing, and sustaining the very work environment that surrounds the clinical nurse.

Throughout recent history, nurse leaders have been responsible for all aspects of the clinical environment, including nursing staffing and scheduling, workload, supplies, education, policies, team building, and financial stewardship. Many nurse leaders (nurse managers in particular) have also been sandwiched in the middle of senior leaders and front-line care providers who often have disparate expectations of leaders. While the job of nurse leaders has always been a challenging one with 24-hour accountability, the COVID-19 pandemic created demands and challenges that stressed even the most seasoned leaders.

Facing staffing shortages, supply shortages, traveler workforces, and shifting COVID-19 management policies, nurse leaders were often called upon to provide direct patient care and

leave their teams somewhat leaderless or were taxed doubly to play the role of the nurse and the nurse leader. Burnout and stress have often been the result.

A longitudinal study conducted by the AONL and Joslin Marketing found that 36% of nurse managers indicated that they were not or not at all emotionally healthy (2021), a crisis that has not ended as COVID-19 hospitalizations have waned. The same study found that nurse managers had moved from a point of burnout to a point of despair. In August 2022, nurse leaders indicated that emotional health had improved, however, nurse managers still reported being emotionally or very emotionally healthy at rates 8% below nursing directors and 15% below nurse executives (ANA Enterprise, American Nurses Foundation [ANA], 2022). In that same longitudinal study, nurse leaders also indicated that the pursuit of improved work-life balance was the main driver in considering a new position.



Stabilizing Emotional Health by Improving Job Satisfaction

A review of the literature indicates that determinants of job satisfaction for nurse leaders are somewhat different from those of the clinical nurse. A systematic review of 38 studies by Penconek et al. (2021) found that three categories of determinants emerged: characteristics of the organization and its culture; characteristics of the role within the organization, such as workload and span of control; and characteristics of the individual nurse managers, such as individual physical and mental health. Themes that emerged are summarized in Table 1. These three categories will serve as a framework for our evidence-based recommendations for leaders facing these challenges today.

RESEARCH METHODOLOGY

A review of the literature was conducted using the CINAHL Plus database. Search words included the terms “transformational leadership and nursing,” “nurse leader and turnover,” “nurse leader and engagement,” as well as “nurse leader and work environment.” In all cases, the AND boolean operator was used. Only articles published after 2014 in peer-reviewed journals were considered. Of the 135 articles reviewed, 14 were selected for relevance and contribution to this body of work. From this evidence, we have crafted what we believe to be a representative depiction of the nurse leader work environment following the height of the COVID-19 pandemic.

Table 1. Determinants of Job Satisfaction as Summarized by Penconek et al. (2021)

Organizational Characteristics	Electronic tools Administrative Assistant support Empowerment Positive culture
Job Characteristics	Workload Autonomy Social support Span of control
Personal Characteristics	Physical health Mental health Well-being Job stress



TANGIBLE STEPS TO IMPROVE THE NURSE LEADER WORK ENVIRONMENT

It is imperative that we invest in improving the nurse leader work environment and the resulting satisfaction of nurse leaders to impact the following: the efficacy of leaders, their ability to promote engagement among their teams, the outcomes resulting from high-quality nursing care, and their ability to thrive in their work.

Five actionable and attainable goals for improving the nurse leader work environment emerge in the literature:

- Manage workload through structures and processes
- Provide leader autonomy within the organization
- Invest in the growth and development of nurse leaders
- Instill meaning by allowing time and space for nurse leaders to cultivate their teams and the cultures on their units
- Improve work-life balance to allow for self-care and self-renewal

Improving the Nurse Leader Work Environment

Job Satisfaction Determinants	Actionable Goals	Tools
Organizational Characteristics	Manage Workload	<ul style="list-style-type: none"> ■ Review span of influence ■ Manage technology ■ Manage responsibilities
	Leader Autonomy	<ul style="list-style-type: none"> ■ Evaluate decision-making process ■ Increase nurse leader participation in decisions that affect them
	Nurse Leader Growth	<ul style="list-style-type: none"> ■ Encourage mentoring and being mentored ■ Provide meaningful recognition
Job Characteristics	More Time to Cultivate Their Teams	<ul style="list-style-type: none"> ■ Implement systemic interventions to ensure time with teams
Personal Characteristics	Work-Life Balance	<ul style="list-style-type: none"> ■ Focus on meaningful time at work, not total time ■ Provide 24-hour accessibility, not 24-hour responsibility

Promote Nurse Leader Autonomy Within the Organization: Organizational Characteristic

Nurse leader autonomy is an essential element of the healthy work environment. High levels of control over decision-making are linked to feelings of empowerment, fairness, and a belief that the organization has both procedural and organizational justice (Djukic et al., 2017). Autonomy is considered a structural variable that can be increased through organization design (aspects such as role definition) and culture (Djukic et al., 2017). At its core, autonomy is related to trust and ownership. By allowing nurse leaders to be the executive leaders of their areas of responsibility, we demonstrate trust, allow for growth, and unleash the talents of our leadership team.

One systematic step that can be put in place to support nurse leader autonomy is an evaluation of the decision-making process within the organization to determine how decisions impacting nursing practice and/or nurse leadership practice are made. Implementing a filter that sorts decisions for nurse leaders and routes them quickly to nurse leaders can allow for the voice of nursing to weigh in and provide a protective opportunity when work overload is a concern. Examples of task assignments often affected without input include the following: A) Nurse leaders will gather data related to a variety of compliance issues and populate reports; B) Nurse leaders will monitor electronic medical record (EMR) fields for compliance with a new policy; C) Nurse leaders will appoint team members to newly formed teams across the organization. Collaborating with others to identify ways to meet organizational goals while allowing minimal load on nursing and nurses is one way that nurse leaders experience and appreciate autonomy.



Cultivating a culture that supports autonomy in leadership is also consistently cited in the literature (Djukic et al., 2017; Hahn et al., 2021; Perlo et al., 2017; Shaughnessy et al., 2018; Warshawsky & Havens, 2014). Empowering nurse leaders to effect change is rewarding and increases a sense of mastery, efficacy, and ownership for outcomes. This autonomy is evidenced in organizational cultures where leaders are trusted and empowered to make decisions at the unit level most often. This can include the power to resolve disputes, manage patient experience concerns, solve problems, and interact with providers in ways that honor their status as leaders. It is important to note that a culture that promotes autonomy must have a tolerance for mistakes as a part of the growth process.

Provide Opportunities for Nurse Leader Growth: Organizational Characteristic

Investing in the growth of nurse leaders results in increased feelings of efficacy, which highly correlates with nurse leader job satisfaction (Clavelle & Prado-Inzerillo, 2018). Growth opportunities are an essential part of the fabric of any professional workforce. They add meaning to the work, and they allow individuals to think beyond the day to day and beyond the immediate. They allow leaders to consider and serve the larger cause of the nursing profession and healthcare. They illuminate the future and prepare the leader for that future. Building opportunities for growth into the work environment has also been associated with a decrease in nurse leader intent to leave (Warshawsky & Havens, 2014).

One growth opportunity is found in both mentoring and being mentored. Both mentoring and being mentored are associated with increased joy and meaning in nurse leader work (Hahn et al., 2021). It allows for the building of relationships; role modeling; and an increase in skills, such as navigating conflict, delivering difficult messages, and influencing others when advancing new ideas. Mentoring relationships are often organic but can be developed through programs that include matching of mentor and mentee. The essential characteristic of the mentor-mentee relationship is the focus on the individual as opposed to the job or the role, and that can be achieved even with structured programs. Even when mentorship programs are structured, care should be taken to protect the concept of trust between mentor and mentee and avoid issues such as progress reports or other formal reporting.

As we invest in leaders, their contributions become evident both within nursing and across organizations. Meaningful recognition is a natural sequent to such success. We too often see nurse leaders as responsible for recognizing others and fail to invest in leader recognition. The AONL found that 55.31% of nurse managers reported that there were no formal programs of recognition for their position (American Organization for Nursing Leadership [AONL] & Joslin Marketing, 2021).

Building a culture of recognition can involve three key elements:

- A) Put structures in place for **sustainability**
- B) Remember that recognition is **everyone's job** — we recognize each other
- C) Ensure recognition should be **easy and frequent** (Raso & Fitzpatrick, 2021)





Allow Time and Space for Nurse leaders to Cultivate Their Teams and the Cultures on Their Units: Job Characteristic

Meaning is often defined as a sense of serving something larger than oneself. This sense of meaning in the nurse leader role allows the nurse leader to transcend the daily tasks, allowing the work to become its own reward. One qualitative study specifically found that meaning was related to the ability of the nurse leader to connect directly to patients. Nurse leaders cited that they had chosen to go into nursing first and foremost and found that patient connections connected them to their purpose.

Providing space in nurse leader practice for the pursuit of time with both patients and clinical nurses is an antecedent to this important intervention. Systemic interventions such as meeting-free zones, meeting clustering, and task reduction can all create the protected time needed for rounding and presence with both patients and clinical nurses.

By providing time for nurse leaders to return to the basics, their teams, and their patients, leaders have an opportunity to be truly transformational, setting into motion a cascade of positive effects. There is a strong relationship between transformational leadership and work engagement among nurse leaders (Shaughnessy et al., 2018). Transformational leadership and relational leadership skills drive team engagement, a healthy work environment, and patient outcomes (Raso & Fitzpatrick, 2021). Such a cycle results in managers spending less time problem-focused and more time investing in people, recognizing performance, growing nurses, and innovating in their work environments. Shaughnessy et al. (2018) state that “transformational leaders infuse their own energy into others and create an environment where the staff closest to the work unleash their creativity in response to challenges and opportunities” (p. 574). Such energy and creativity can only benefit a healthcare system in need of innovation, compassion, and solutions at all levels.

Improve Work-Life Balance: Personal Characteristic



Recommendations made are interconnected. One action item may have impact in multiple outlined areas. This is certainly true as we think about work-life balance. As stated earlier, a longitudinal study by the AONL (2021) found that 36% of nurse managers indicated that they were not or not at all emotionally healthy. When considering the demonstrated impact that leaders have on their teams, their well-being should warrant careful consideration by all healthcare leaders. We also know

that nurse leaders expressed during the pandemic that self-care was most appreciated when it came in the form of time away from work, time with family, or time to fulfill other roles in their lives (Kennedy & Eldredge, 2021). To that end, all interventions that allow time to be used for greater impact are useful interventions when the goal is limiting the time that nurse leaders spend at work.

Such time-saving measures include the following:

- A) Clustering meeting times
- B) Creating meeting-free times for both planning and execution of essential work
- C) Creating schedules that allow leaders to “cover” for each other so that protected time is achieved
- D) Increasing awareness of and measurement of time spent at work



Role modeling is also an essential element of creating work-life balance and a culture that permits and promotes it. Role modeling should take place at all levels of the organization to combat the idea that constant presence equates to dedication or a job well done. Celebrating the roles that colleagues play outside of the hospital can provide this needed permission for leaders to be fully present with family on weekends, with friends in the evening, and with personal interests that will restore them.

WHAT CHIEF NURSING OFFICERS CAN DO NOW

Chief nursing officers set the tone and culture for the nursing organization. Their expectations, messages, and role modeling all have a direct influence on the work environment of the nursing leadership team and beyond. While many interventions have been outlined here, the responsibility for those interventions is largely shared. Chief nursing officers are uniquely positioned to put in place the following overarching structures and processes that can make all initiatives possible, impactful, and sustainable:

- ✓ Declare the nurse leader work environment a priority of the organization
- ✓ Beyond employee engagement, measure nurse leader engagement and contribute to a national database for benchmarking
- ✓ Develop measurable goals for evidence-based practices known to improve well-being:
 - Professional development
 - Workload
 - Autonomy
 - Work-life balance
- ✓ Establish and lead a nurse leader Work Environment Council; leverage executive leadership
- ✓ Leverage the shared decision-making structure:
 - Develop an ongoing council devoted to the nurse leader work environment that declares the value of the work and supports sustainability
 - Integrate the council into the organization's council structure



The Positive Consequences

Evidence suggests that nurse leaders' stress levels and performance directly impact their clinical nurse teams, their engagement, the care that they provide, and their intent to stay on the job (Penconek et al., 2021; Raso & Fitzpatrick, 2021). When leaders have time to spend in purposeful ways, such as being visible, focusing on relationships, advocating, and growing staff, the impact on staff engagement and patient outcomes is appreciable (Raso & Fitzpatrick, 2021; Raso et al., 2021). Further benefits of these efforts include the protection of organizational reputation, market share, and competitive position in hiring and keeping talent.

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