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Does nurse manager education really matter?

Jared A. Thompson

Grinnell Regional Medical Center in Grinnell, Iowa

Roseanne Fairchild

Indiana State University's College of Nursing, Health and Human Services, Terre Haute, Indiana

According to the 2008 National Sample Survey of Registered Nurses, the percentage of first-line managers possessing a diploma or associate's degree exceeds those with a bachelor's of science in nursing (BSN) or a master's of science in nursing (MSN) degree.¹ This is in direct opposition to the recommendations of national organizations, such as the American Organization of Nurse Executives, the Institute of Medicine, and the Council on Graduate Education for Administration in Nursing, which have all released position statements setting the BSN as the minimum educational credential necessary for nurse leaders.²⁻⁴ The rationale for advanced academic preparation is supported by research indicating enhanced competency in critical thinking, strategic planning, and leadership as a result of BSN completion.⁵ It's unclear, however, if these competencies, attained as a result of higher education, translate to increased skill as a first-line nurse manager.



A survey of nurse leaders identified human resource management, including staff retention, as the second most challenging function of leaders at all levels.⁶ The economic price of attrition is estimated to be above \$700 million nationally; approximately 15% of newly-licensed RNs leave their job within the first year of employment.⁷ This means management skills that positively impact staff retention are critical to the success of nurse managers.

Filling holes

It's anticipated that 75% of nurse leaders will leave their positions by 2020, and only 12.5% of current nurses aspire to fill the vacant nurse leader roles.⁸ With a large number of potential vacancies in nurse manager positions, agencies may feel pressure to fill the void with underprepared individuals who've received little, if any, nurse manager training. Inexperienced nurse managers can have a negative impact on the satisfaction and retention of direct care nurses under their supervision.

The aim of this synthesis is to explore the impact of nurse manager educational preparation on direct care nurse satisfaction, and discern whether training at the BSN or MSN level is more beneficial than associate's degree preparation for direct care nurse retention. The current review should empower CNOs to raise the minimum educational standards for nurse managers and ensure proper credentialing for those assuming nurse leader positions.

Closer examination

The first study examined for this synthesis investigated the emergence of professional behaviors among nurse leaders in Turkey (n = 104). Utilizing the Behavioral Inventory Form for Professionalism in Nursing, the participants were evaluated on nine categories of professional behavior, including research and publication, organizational membership, competence and continuing education, ethics, and autonomy. The researchers determined that mean scores for each category of professional behavior increased with the educational level of the nurse leader. Nurses in possession of graduate degrees in nursing had the highest mean scores (15.04); nearly double those of nurse leaders prepared at the associate's degree level (7.76). BSN-prepared nurses had a mean score of 11.80, nearly an exact midpoint between the associate's degree and graduate degree scores. The authors concluded that there's a statistically significant correlation between advanced education and nursing professionalism ($P = 0.05$), and that the minimum standard for nursing leadership should be increased, with graduate preparation for nurse executives.⁹

A 2011 cross-sectional survey of nursing leadership behaviors compared delegation confidence with educational level of RNs. The data indicate that BSN-prepared nurses with less than 5 years of clinical experience display more confidence in leadership and delegation skills than their peers with an associate's degree.¹⁰ After the surveyed nurses obtained 5 years of clinical experience, no statistically significant difference was found in leadership and delegation confidence among varied levels of educational preparation ($P = 0.04$). The researchers concluded that "the nurses' confidence...was a dynamically changing variable that resulted from the interplay

between amount of educational preparation and years of clinical nursing experience in this population of nurses.”¹⁰

Another study was conducted to understand the influence of nurse manager leadership style on direct care nurse turnover and patient satisfaction in the ED. As measured by the Multifactor Leadership Questionnaire administered to ED nurse managers and direct care nurses (n = 45), no statistical significance between leadership style and staff satisfaction was found (0.569). The author did note that the mean direct care nurse turnover rate for transformational leaders was 13%, below the national average of 21.3%, and far below the 29% direct care nurse turnover rate experienced by nontransformational leaders. However, study objectives didn't specifically address the impact of educational preparation on leadership style, and all surveyed nurse managers held either a BSN or MSN.¹¹

Factors influencing satisfaction among nurses in Canada were examined in a fourth study.¹² Using a prospective, descriptive research design, 515 Canadian nurses were surveyed twice, 2 years apart. The results of the surveys indicated that “relational leadership behavior by nurse managers is associated with less clinical nurse fatigue and emotional exhaustion, and better job satisfaction, emotional well-being, relationships with physicians and other nurses, and greater ability to attend to important patient care needs.”¹² This led the authors to conclude that a focus on leadership development among managers can decrease direct care nurse burnout and increase satisfaction.

A 2009 systematic review examined leadership styles and their impact on the outcomes of the nursing workforces, and the atmosphere of their work environments. Upon review of 53 studies conducted over two decades, the authors found a correlation between leadership style and nurse satisfaction. Specifically, they determined that transactional leadership isn't sufficient for achieving desired nursing outcomes, and transformational and relational leadership styles are critical for enhancing nurse satisfaction, staff retention, and healthy work environments.¹³

Can we fix it?

There are numerous limitations inherent in studying leadership qualities, their origins, and their implications on direct care nursing practice. The studies included in this review reflect those limitations in a number of ways. The bulk of the study authors identified collection of demographic data as a limitation of their studies due to their lack of differentiation between nurse manager and nurse executive responses, a focus on only ED turnover rates, and an exploration limited to oncology nurse satisfaction in Canada.^{9,11,12} The other study used convenience sampling of nurses in only one hospital.¹⁰ Three of the five studies had less than 160 participants.^{9–11}

Level of evidence limitations are pervasive in each included study because no randomized control trials were available for review and it's difficult to control for superfluous variables when evaluating both the impact of education level on leadership style and of leadership style on staff satisfaction.¹³

Although the initial search of databases revealed older literature directly addressing the question of managers' educational attainment and staff satisfaction, articles within the last 5 years have only dealt with the question indirectly, focusing instead on the influence of transformational versus transactional leadership. In order to answer the question as defined, it's necessary to examine the correlation between advanced education and nurse manager adoption of the transformational leadership style, as well as the connection between transformational leadership and its positive impact on staff satisfaction.

Group think

It isn't uncommon for nurses to assume a management position, particularly as a first-line manager, without the benefit of leadership training or advanced education beyond what's required for their initial licensure. Dr. Richard Hader conducted a survey of nearly 3,000 nurse leaders from throughout the United States and Canada and found that 56.4% of respondents believed the BSN should be the minimum qualification for entry into nursing practice; 45.3% also believed that a BSN should be the minimum qualification for a management position. Nearly 21% of respondents in leadership positions held only a diploma or associate's degree in nursing. Most surprising, 62.2% of the surveyed nurse leaders didn't have a higher educational level than their direct reports. Dr. Hader concluded that nurse leaders aren't role modeling the importance of educational achievement to their staff and are satisfied with maintaining the status quo rather than supporting higher education among nursing professionals.¹⁴

The literature does indicate a connection between higher education and transformational leadership style and, in turn, transformational leadership style and staff satisfaction. The implication for nursing practice is that as the profession begins to explore the benefits of higher educational levels for all nurses, we must also acknowledge how leadership is influenced and formed by education, too.

Leaders, hit the books!

There's a shortage of current evidence about the influence of educational preparation on leadership style and direct care nurse satisfaction. Despite the recommendations of national accrediting bodies, there isn't a clear delineation of the positive influence of higher education on leadership outcomes. Despite these voids, correlational relationships should be further explored between educational attainment and enhanced leadership abilities, along with staff satisfaction and retention.

It's imperative that we, as leaders, first practice what we preach. We must continue our education to follow current guidelines and become appropriate role models for change. We must also encourage the adoption of hiring policies that acknowledge the impact of advanced education on managerial outcomes. Just as many states are considering increasing minimum requirements for entry-to-practice, agencies should consider raising the qualifications for nurse leaders in an effort to further professionalize the field, enhance staff satisfaction, and increase direct care nurse retention.

REFERENCES

1. U.S. Department of Health and Human Services Administration. The registered nurse population: findings from the 2008 National Sample Survey of Registered Nurses. <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>.
2. The American Organization of Nurse Executives. AONE position statement on the educational preparation of nurse leaders. <http://www.aone.org/resources/leadership%20tools/policystmnts.shtml>.
3. Institute of Medicine *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2010.
4. Members of the Council on Graduate Education for Administration in Nursing (CGEAN). CGEAN position statement on the educational preparation of nurse executives and nurse managers. *J Nurs Adm.* 2012;42(5):244-247.
5. Delaney C, Piscopo B. There really is a difference: nurses' experiences with transitioning from RNs to BSNs. *J Prof Nurs.* 2007;23(3):167-173.
6. O'Neil E, Morjikian RL, Cherner D, Hirschhorn C, West T. Developing nursing leaders: an overview of trends and programs. *J Nurs Adm.* 2008;38(4):178-183.

7. Brewer CS, Kovner CT, Greene W, Tukov-Shuser M, Djukic M. Predictors of actual turnover in a national sample of newly licensed registered nurses employed in hospitals. *J Adv Nurs*. 2012;68(3):521–538.
8. Bulmer J. Leadership aspirations of registered nurses: who wants to follow us. *J Nurs Adm*. 2013;43(3):130–134.
9. Hisar F, Karada A. Determining the professional behaviour of nurse executives. *Int J Nurs Pract*. 2010;16(4):335–341.
10. Saccomano SJ, Pinto-Zipp G. Registered nurse leadership style and confidence in delegation. *J Nurs Manag*. 2011;19(4):522–533.
11. Raup GH. The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health center hospitals. *J Emerg Nurs*. 2008;34(5):403–409.
12. Cummings GG, Olson K, Hayduk L, et al. The relationship between nursing leadership and nurses' job satisfaction in Canadian oncology work environments. *J Nurs Manag*. 2008;16(5):508–518.
13. Cummings GG, MacGregor T, Davey M, et al. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *Int J Nurs Stud*. 2010;47(3):363–385.
14. Hader R. Education matters: does higher learning yield higher income. *Nurs Manage*. 2011;42(7):22–27.