2017 Press Ganey Nursing Special Report

The Influence of Nurse Manager Leadership on Patient and Nurse Outcomes and the Mediating Effects of the Nurse Work Environment

Nurse managers exert substantial influence on the work environment of nurses at the bedside, and, ultimately, on performance across measures of safety, quality, patient experience, and nurse engagement.

Executive Summary

As hospitals and health systems reshape care delivery models to better meet the needs of the patients they serve, health care leaders are challenged to create work environments that promote organizational goals of patient-centered care and to cultivate engagement in the efforts required to achieve it.

A healthy, supportive nurse work environment, in particular, is essential for delivering safe, high-quality care in today's complex and constantly changing health care ecosystem. Nurses make up the largest segment of the health care workforce and they have more contact with patients than other caregivers, making them a major driver of safety, quality and experience outcomes. Further, an extensive body of literature demonstrates positive relationships among work environments, patient outcomes and nurse outcomes.

While the establishment of a supportive nurse work environment requires strong nursing leadership at all levels of the organization, nurse managers at the unit level exert substantial influence on the work environment of nurses at the bedside, and, ultimately, on performance across measures of safety, quality and patient experience, as well as indicators of nurse engagement, such as nurse job satisfaction and retention.

This report looks at the relationship between nurse manager ratings and patient and nurse outcomes and on bedside nurses' assessment of their work environment; the mediating effects of specific aspects of work environments on patient and nurse outcomes; the degree to which these effects vary by unit type; and best practices of nurse managers from high-performing organizations.

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The findings of new cross-domain and multilevel mediation analyses confirm that nurse managers have substantial influence over the quality of the nurse work environment and the influence of the work environment on outcomes. Specifically, they indicate the following:

- Nurse managers directly and indirectly influence nurse and patient outcomes.
- The quality of the work environment influences nurse and patient outcomes.
- Nurse manager leadership is associated with multiple work environment mediators across unit types.
- Autonomy and professional development are the work environment mediators that exert the most influence on nurse outcomes.
- Autonomy, appropriate staffing and teamwork are the work environment mediators that exert the most influence on patient outcomes.
- The primary drivers of outcomes differ across unit type, both in number and in rank order.

In addition to these quantitative analyses, qualitative interviews with high-performing nurse managers identified best practices for improving the mediators through which these leaders influence the practice environment. Practices such as acuity-based staffing, unit-specific onboarding and orientation, nurse-led multidisciplinary rounding, unit-level shared governance and structured mentoring enhance nurses' perception of their work environment in general and the specific aspects of the work environment that mediate improved outcomes.

Together, these findings provide a guide for nurse leaders to focus their attention and resources on the aspects of the nurse work environment over which their influence is likely to translate into meaningful improvement on nurse and patient outcomes.

Introduction

A growing body of evidence confirms that the environment in which nurses deliver care influences many key performance indicators, including clinical quality, safety and patient experience measures. The data also reveal important relationships between the nurse work environment and nurse outcomes, such as job satisfaction, retention and burnout—all of which contribute to organizational performance.

The health of the nurse work environment, which can be assessed via standardized, validated instruments such as the Nursing Work Index Practice Environment Scale (NWI-PES) and the Job Enjoyment and Job Satisfaction Scale-Revised (JSSR), is influenced heavily by the effectiveness of nurse managers at the unit level. Positioned between health care senior leadership and direct care nursing staff, nurse managers interpret the organizational vision articulated by senior leadership, communicate it to bedside nurses and determine how to deploy it culturally within their unit.

Nurse managers oversee all aspects of care planning, quality improvement, goal setting, budgeting, staff scheduling, patient assignments and nurse performance. They provide educational and career enhancement opportunities, engage their teams in decision making and recognize them for their contributions. At their best, they are team facilitators, communicators, advisors and coaches.

In this regard, the practice environments that nurse managers cultivate are the conduits through which direct care nurses put strategy into action. Considering the responsibilities of these intermediate managers and their positions at the sharp end of care, it is not surprising that their effectiveness has been linked to unit nurses' perceptions of their work environment and to key patient and nurse outcomes.

What has not been well established is the degree to which nurse manager influence on specific facets of the nurse work environment drives nurse and patient outcomes, and whether those relationships vary by unit type and care settings. Such insight will help guide improvement efforts by identifying the aspects of the work environment that are influenced most strongly by nurse managers and that drive outcomes.

To attain this level of insight, Press Ganey researchers adapted the MILE ONE (Model of the Interrelationship of Leadership, Environments & Outcomes for Nurse Executives) framework to the role of nurse managers. The framework identifies the continuous and dependent interrelationships of three distinct concept areas: nurse leader influence, the professional practice environment and outcomes.

To evaluate these relationships, Press Ganey researchers conducted cross-domain and multilevel mediation analyses using 2016 NDNQI® RN Survey data and Press Ganey Patient Experience survey data. They hypothesized the following:

- Effective nurse managers positively influence RN and patient outcomes in their units.
- Nurse managers influence outcomes by developing and maintaining a practice environment that enables the RNs under their supervision to provide safe, high-quality, compassionate nursing care.
- The relationships among effective nurse management, work environment variables and outcomes vary by unit type and care setting.

Nurse Managers Influence the Nurse Work Environment

To assess the influence of nurse managers on characteristic features of the nurse work environment across unit types, researchers analyzed 2016 NDNQI data from hospitals participating in the RN survey. The overall sample comprised responses from 171,789 nurses who completed either the PES or the JSSR version of the RN survey, both of which have scales derived from the same parent instrument to measure nurse manager ability, leadership and support. The unit types included in the analysis were adult critical care (n = 26,824), adult step-down (n = 20,622), adult medical-surgical combined (n = 54,748), adult rehabilitation (n = 4,372), emergency departments (n = 20,507), ambulatory (n = 15,458) and perioperative (n = 29,258).

The analyses focused on eight work environment mediators that have been linked to nurse manager performance and patient outcomes:

- Autonomy
- Professional development
- Nurse-Nurse interactions
- Nurse-physician relationships
- Participation in quality improvement activities
- Safe handling and mobility practices
- Appropriate staffing levels
- Unsafe practices

The findings show statistically significant relationships between nurse manager ratings and all of the work environment mediators across all but one of the unit types considered. Involvement in quality

improvement activities and perceived unsafe staffing practices was not significantly influenced by effective nurse management in the adult rehabilitation setting (Figure 1).

Figure 1

DIRECT EFFECTS OF NURSE MANAGER ON ASPECTS OF THE WORK ENVIRONMENT BY UNIT TYPE

	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy	◆	◆	◆	◆	◆	◆	◆
Professional Development	◆	◆	◆	◆	◆	◆	◆
Nurse-Nurse Interaction	◆	◆	◆	◆	◆	◆	◆
Nurse-Physician Relations	◆	◆	◆	◆	◆	◆	◆
Quality Improvement	◆	◆	◆		◆	◆	◆
Safe Patient Handling Mobility Protocol	◆	◆	◆	◆	◆	◆	◆
Appropriate Staffing Level	◆	◆	◆	◆	◆	◆	◆
Unsafe Staffing Practices	◆◆	◆◆	◆◆		◆◆	◆◆	◆◆

◆ Indicates statistically meaningful relationship in positive direction
◆◆ Indicates statistically meaningful relationship in negative direction – Better nurse managers engage in fewer unsafe staffing practices (i.e. safer staffing)

In the analyses of hospital-level performance data, strong relationships were observed between nurse managers in all of the work environment mediators except autonomy, quality improvement and unsafe staffing (Figure 2).

Figure 2

DIRECT EFFECT OF NURSE MANAGER ON ASPECTS OF THE WORK ENVIRONMENT AT THE HOSPITAL LEVEL

Autonomy	
Professional Development	◆
Nurse-Nurse Interaction	◆
Nurse-Physician Relations	◆
Quality Improvement	
Safe Patient Handling Mobility Protocol	◆
Appropriate Staffing Level	◆
Unsafe Staffing Practices	

◆ Indicates statistically meaningful relationship in positive direction

Effective Nurse Managers Drive Outcomes

The researchers also looked at the direct effect of nurse management on nurse and patient outcomes derived from data collected at the unit (NDNQI) and hospital (Press Ganey Patient Experience survey) levels. The nursing outcomes of interest include performance on Through the Eyes of the Workforce measures ("In my job, I am treated with dignity and respect by everyone"; "I have what I need in my job, so I can make a contribution that gives meaning to my life"; "I am recognized and thanked for what I do in my job"), job enjoyment and intent to stay.

The patient outcomes of interest from the RN survey include missed nursing care (patient surveillance, timely medication administration, adequate documentation, comforting patients, pain management) and nurse-reported quality of care. The clinical outcomes include total fall rate and pressure injury rate. And the patient experience outcomes include hospital-level performance on each of four Press Ganey survey domains: Nurse domain (friendliness/courtesy of nurses, promptness responding to call button, nurses' attitude toward requests, attention paid to special or personal needs, how well nurses kept patients' informed, perception of nurse skill); Issues domain (staff concern for patient's privacy, how well pain was controlled, staff addressed patient's emotional needs, response to concerns/complaints during inpatient stay, inclusion of patient in treatment decisions); Overall Hospital Rating domain; and Likelihood to Recommend domain.

The results of the analyses indicate that across all unit types, nurse managers have a strong impact on nurse outcomes in those units (Figure 3). A few exceptions did emerge. Nurse manager effectiveness does not meaningfully influence nurse intent to stay in adult rehabilitation or ambulatory care findings. Notably, the findings also indicate that nurse manager ratings do not significantly influence nurse job enjoyment in the ED—an unexpected finding given that ED nurse manager leadership has previously been linked to improved nurse retention. It is possible that the protective effect of nurse manager leadership cannot fully compensate for the effect that the composite of stressors common to the ED has on nurse job enjoyment.

Nurse managers' direct influence on patient outcomes is less consistent. The only statistically significant relationships emerged between nurse managers and missed care in step-down and medical-surgical units, falls in ambulatory care units and pressure injuries in rehabilitation units.

Figure 3

DIRECT EFFECTS OF NURSE MANAGER ON NURSE AND PATIENT OUTCOMES BY UNIT TYPE

Through the Eyes of the Workforce

Nurse Manager Impact On	CC	SD	MS	Rehab	ED	Amb	Periop
Through the Eyes of the Workforce	◆	◆	◆	◆	◆	◆	◆
Job Enjoyment	◆	◆	◆	◆		◆	◆
Intent to Stay	◆	◆	◆		◆		◆
RN-rated Quality of Care							
Missed Care		◆	◆				
Falls						◆◆	
Pressure Ulcers/Injuries				◆			

◆ Indicates statistically meaningful relationship in positive direction.
◆◆ Indicates statistically meaningful relationship in negative direction.

With respect to patients' perception of their care experience, however, the analyses revealed statistically significant relationships between nurse managers and three of the four domains: Nursing, Issues, and Overall Hospital Rating (Figure 4).

Figure 4

DIRECT EFFECTS OF NURSE MANAGER ON PATIENT EXPERIENCE RESULTS AT THE HOSPITAL LEVEL

Nursing Domain	◆
Issues Domain	◆
Likelihood to Recommend	
Overall Rating	◆

◆ Indicates statistically meaningful relationship in positive direction

The Work Environment as a Mediator for Nurse Managers' Impact on Outcomes

To test the degree to which nurse managers indirectly affect outcomes through their influence on the nurse work environment, the researchers used mediational analyses. The results indicate that all of the work environment mediators are substantial and meaningful levers for nurse managers to improve performance for at least one outcome. Figures 5–11 show the areas in which nurse managers exert a statistically significant indirect effect on outcomes by unit type (ranked numerically by effect size).

With respect to nurse outcomes, autonomy, professional development and appropriate staffing were primary drivers of performance on Through the Eyes of the Workforce, job enjoyment and intent to stay in most care settings (Figures 5, 6, and 7).

Figure 5

MEDIATORS OF NURSE MANAGER EFFECT ON THROUGH THE EYES OF THE WORKFORCE EFFECT SIZE RANKING BY UNIT TYPE

Mediation Effect Size by Unit Type	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy	2	2	3	1	1	2	1
Professional Development	1	1	1			1	2
Nurse-Nurse Interaction	4		6	3	3	4	3
Nurse-Physician Relations	5		5			5	6
Quality Improvement							
Safe Patient Handling Mobility Protocol			4				5
Appropriate Staffing Level	3	3	2	2	2	3	4
Unsafe Staffing Practices		4					7

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

Figure 6

MEDIATORS OF NURSE MANAGER EFFECT ON JOB ENJOYMENT

Effect Size Ranking by Unit Type

Mediation Effect Size by Unit Type	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy	1	1	2	1	2	1	1
Professional Development	3		3	3		4	4
Nurse-Nurse Interaction	4	3	4	4	1	3	3
Nurse-Physician Relations			6		4	5	
Quality Improvement			8				6
Safe Patient Handling Mobility Protocol			5				
Appropriate Staffing Level	2	2	1	2	3	2	2
Unsafe Staffing Practices		4	7			6	5

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

Figure 7

MEDIATORS OF NURSE MANAGER EFFECT ON INTENT TO STAY

Effect Size Ranking by Unit Type

Mediation Effect Size by Unit Type	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy		2			1	1	
Professional Development	1		2	1			
Nurse-Nurse Interaction						2	2
Nurse-Physician Relations	3				2		
Quality Improvement							
Safe Patient Handling Mobility Protocol							
Appropriate Staffing Level	2	1	1				1
Unsafe Staffing Practices	4		3				3

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

The analysis of RN survey patient outcomes highlights the importance of appropriate staffing, autonomy, nurse-nurse interactions and unsafe staffing practices as drivers of performance on nurse-rated quality of care (Figure 8) and their perceptions of missed care (Figure 9).

Figure 8

MEDIATORS OF NURSE MANAGER EFFECT ON RN RATINGS OF QUALITY OF CARE

Effect Size Ranking by Unit Type

Mediation Effect Size by Unit Type	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy			2	1	1	1	2
Professional Development							
Nurse-Nurse Interaction	1	2	3		3	2	1
Nurse-Physician Relations			5				
Quality Improvement			6				4
Safe Patient Handling Mobility Protocol	3	3	4				
Appropriate Staffing Level	2	1	1	2	2	3	3
Unsafe Staffing Practices							5

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

Figure 9

EFFECT SIZE RANKING OF MEDIATORS FOR MISSED CARE BY UNIT TYPE

Effect Size Ranking by Unit Type

Mediation Effect Size by Unit Type	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy	2		2	2	1	1	1
Professional Development					3	3	2
Nurse-Nurse Interaction			5				3
Nurse-Physician Relations	3						
Quality Improvement							
Safe Patient Handling Mobility Protocol		2	3				4
Appropriate Staffing Level	1	1	1	1	2	2	6
Unsafe Staffing Practices	4	3	4			4	5

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

The indirect effect of nurse managers on clinical care varies markedly by mediator and unit type. For example, as shown in Figure 10, nurse-nurse interaction is the only significant mediator of patient falls in step-down units, while the perception of nurse-physician relationships is the only significant mediator of this outcome in rehab units. In medical-surgical units and in ambulatory care settings, appropriate staffing has the strongest mediation effect, and in perioperative care units, unsafe staffing practices are a more powerful driver.

Figure 10

MEDIATORS OF NURSE MANAGER EFFECT ON PATIENT FALLS

Effect Size Ranking by Unit Type

Mediation Effect Size by Unit Type	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy							
Professional Development							
Nurse-Nurse Interaction		1					
Nurse-Physician Relations				1			
Quality Improvement							
Safe Patient Handling Mobility Protocol							
Appropriate Staffing Level			1			1	
Unsafe Staffing Practices						2	1

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

Looking at pressure injury outcomes, autonomy and nurse-physician relationships have the only significant effect sizes, and only in critical care units (Figure 11).

Figure 11

MEDIATORS OF NURSE MANAGER EFFECT ON PRESSURE INJUIRIES

Effect Size Ranking by Unit Type

Mediation Effect Size by Unit Type	CC
Autonomy	1
Professional Development	
Nurse-Nurse Interaction	
Nurse-Physician Relations	2
Quality Improvement	
Safe Patient Handling Mobility Protocol	
Appropriate Staffing Level	
Unsafe Staffing Practices	

While some unit types only have two or three significant drivers of outcomes, medical-surgical units and perioperative units have five or more significant drivers for most outcomes (Figures 12 and 13).

Figure 12

MEDIATORS OF NURSE MANAGER EFFECT IN MEDICAL, SURGICAL, AND MED-SURG UNITS

Effect Size Ranking by Outcome

Mediation Effect Size by Unit Type	Eyes	JE	ITS	QOC	MC	Falls	HAPU
Autonomy	3	2		2	2		
Professional Development	1	3	2				
Nurse-Nurse Interaction	6	4		3	5		
Nurse-Physician Relations	5	6		5			
Quality Improvement		8		6			
Safe Patient Handling Mobility Protocol	4	5		4	3		
Appropriate Staffing Level	2	1	1	1	1	1	
Unsafe Staffing Practices		7	3		4		

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

Figure 13

MEDIATORS OF NURSE MANAGER EFFECT IN PERIOPERATIVE UNITS

Effect Size Ranking by Outcome

Mediation Effect Size by Unit Type	Eyes	JE	ITS	QOC	MC	Falls
Autonomy	1	1		2	1	
Professional Development	2	4			2	
Nurse-Nurse Interaction	3	3	2	1	3	
Nurse-Physician Relations	6					
Quality Improvement		6		4		
Safe Patient Handling Mobility Protocol	5				4	
Appropriate Staffing Level	4	2	1	3	6	
Unsafe Staffing Practices	7	5	3	5	5	1

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

The mediational analyses using patient experience data indicate that nurse managers do indirectly influence the quality of the nurse work environment at the hospital level, although the effect is smaller than that observed at the unit level (Figure 14).

Measures of nurse-nurse interactions and professional relationships are performance drivers for the Nurse and Issues domains, which is consistent with the growing body of literature demonstrating the interrelationships between perceptions of nurse manager effectiveness and team orientation. Additionally, nurse staffing emerged as a meaningful mediator for the key outcome of patients' overall rating of their care experience and for performance on the critical patient experience nurse domain outcomes. Again, this important finding is consistent with data linking nurse staffing levels, teamwork and patients' care experience.

Figure 14

MEDIATORS OF NURSE MANAGER EFFECT ON PATIENT EXPERIENCE

Effect Size Ranking at Hospital Level

Mediation Effect Size by Outcome	Nurse Domain	Issues Domain	Likelihood to Recommend	Overall Rating
Autonomy				
Professional Development				
Nurse-Nurse Interaction	2	2		
Nurse-Physician Relations	1	1		
Quality Improvement				
Safe Patient Handling Mobility Protocol				
Appropriate Staffing Level	3			1
Unsafe Staffing Practices				

The numerical ranking indicates the relative strength of the statistically significant mediating effect, with 1 being the strongest.
Where there are no numbers noted, statistically significant relationships were not identified.

Targeting Improvement with Best Practices from High-Performing Nurse Managers

To maximize the positive impact of nurse managers on outcomes for both patients and nurses, quality improvement efforts should be targeted at the aspects of the work environment that have the greatest impact on outcomes and over which nurse managers have the most influence.

To gain insight into the nurse manager priorities and best practices that can help drive such improvement, Press Ganey researchers identified high-performing nurse managers from health systems across the country and conducted qualitative interviews with a representative sample of them. Nurse managers whose units participated in the 2016 NDNQI RN Survey were eligible for participation if the units' mean rating for nurse manager support placed them in the top decile in the Press Ganey national database of nurse manager subscales on the JSSR or PES. Based on these criteria, 610 nurse managers were invited to participate in a quantitative survey and 195 of them completed the survey.

Approximately half of the nurse managers came from ANCC Magnet® or ANCC Pathway to Excellence® designated facilities across the country, ranging from smaller hospitals in community settings to large urban hospitals. Most of the facilities were in metropolitan areas, and fewer than 20% were academic medical centers. At the time of the survey, the nurse managers' average tenure in the nursing profession was 22 years and in the nurse manager position was six years. Nearly all of the nurse managers had a bachelor of science degree in nursing or higher, but only 16% had national certification as nurse managers.

The quantitative survey was designed to assess specific aspects of the nurse managers' roles, including training, tenure, the size and number of units they oversaw and the support available to them.

Of note, 80% of the nurse manages interviewed had four weeks of orientation or less to their leadership role, and nearly half (43%) reported that they have not received additional development through a regional or national nurse manager preparation program since assuming their role.

The mean number of direct reports for nurse managers surveyed was 53. Of the full sample, 66% of the managers lead two or more units and 90% do all of their own evaluations. While many of the nurse managers receive support from other nursing roles such as assistant managers, charge nurses and unit-based nurse educators, such support is widely variable.

The study also looked at the outcomes of the Nurse Manager PES for the nurse manager sample to understand these leaders' attitudes about their jobs their own perceptions about the work environment.

Five items related to job attitude were measured: "High standards are expected by administration"; "Relations among nurse managers are essential support"; "PES Hospital Affairs scale"; "Span of control is appropriate"; and "Able to disconnect from work." On a six-point scale, the mean scores for four of the five items were higher than 5, while the mean score for "Able to disconnect from work" was 3.51. This finding suggests that nurse managers may be especially vulnerable to burnout, which can threaten unit performance and critical organizational goals. As such, nurse executives and health system leaders must actively work to reduce nurse manager overload and provide these professionals with the tools and resources they need to reasonably handle the scope of their responsibilities while they are on duty.

To gain insight into best practices for nurturing a positive work environment, the nurse managers participating in the survey were provided with the following list of management priorities and were asked to rank-order them to reflect their own priorities.

- Foundations of Quality Care
- Professional Practice Environment
- Interprofessional Relationships
- Adequate Staffing
- Quality Improvement
- Safe Scheduling
- Nurse and Patient Outcomes (no ranking)

Of these items, Foundations of Quality Care emerged as the top priority for 40% of the nurse managers, followed by Adequate Staffing (20%), Professional Practice Environment (20%) and Interprofessional Relationships (10%). The remaining nurse managers selected either safe patient handling, Safe Scheduling or Quality Improvement as their first priority. These findings suggest that top-performing nurse managers spend a large proportion of their time creating foundations for quality of care. This is an important finding because although nurse managers did not influence RN-rated quality of care in the Through the Eyes of the Workforce analysis, by creating a work environment that provides the foundational structure and processes, they equip nurses at the bedside to influence quality directly.

By focusing on these essential elements, nurse managers create the structures and processes through which optimal patient and nurse outcomes are achieved. They also create an environment in which autonomy and professional development, both of which are key to nurse satisfaction, can thrive.

The fact that nurse managers devote 20% of their time to staffing resources—an ongoing challenge in organizations across the nation—confirms that appropriate and safe staffing continues to be a primary focus of nurse managers and clinical staff.

The nurse managers were also asked to describe the best practices they use to address their top three priorities, as well as best practices for addressing nurse and patient outcomes. Based on their text responses, 12 nurse managers across a variety of inpatient and outpatient areas were selected to participate in personal interviews to provide more detailed explanations. Following are the major themes that emerged around best practices related to specific aspects of the nurse work environment, as well as some pearls for practice that were noted by several nurse managers and innovative strategies and tactics.

Foundations of Quality Care

- Increase nurse manager visibility through leader rounding.
- Train nurses to lead multidisciplinary clinical rounds.
- Develop an active shared governance structure led by clinical RNs.
- Use data to support decisions and drive practice.

Professional Practice Environment

- Actively involve nursing staff in decisions that directly affect the practice environment.
- Make scheduling and staffing a collaborative process that involves staffing committees and self-scheduling approaches.
- Conduct daily rounds with staff.
- Provide professional development opportunities.
- Promote autonomy.
- Adopt a unit-based shared leadership council.
- Facilitate unit-specific orientation and onboarding.

Staffing

- Focus primarily on quality outcomes.
- Support staffing needs with data on patient acuity and volume.
- Implement a retention council to ensure environment and staffing practices drive retention.
- Schedule charge nurses with no patient assignments.
- Include staff nurses in the hiring of new nurses.
- Eliminate schedules with rotating shifts.

Interprofessional Relationships

- Implement collaborative practices, including bedside shift report and team-based daily rounds on patients.
- Teach and encourage nurses to speak up without fear or intimidation.
- Support nurses as full members and leaders of multidisciplinary teams.
- Use the round-robin technique in leadership meetings to ensure that everyone has input.
- Optimize multidisciplinary rounds by having physicians and nurse managers educate the nursing staff on participating without fear.

Quality Improvement

- Use huddle boards as visual evidence of quality improvement progress.
- Encourage staff to decide what metrics are monitored via the huddle board.
- Nurture a nonpunitive, just culture.
- Reward RNs for reporting errors, and engage them in improvement initiatives to prevent repeats.
- Appoint a nurse quality and safety advocate.

Nurse Outcomes

- Adopt a transformational leadership style with support from the CNO.
- Place a deliberate and intentional focus on how teams are functioning.
- Connect with staff in an empathetic, caring way.
- Provide ongoing, consistent performance evaluations.
- Solicit feedback and solutions from staff.

Patient Outcomes

- Implement a bundle comprising bedside reporting, whiteboard, hourly rounding and communication.
- Conduct peer reviews and audits.
- Educate staff about the link between work environment and patient outcomes.

In addition to the best-practice themes, the interviews also identified some innovative strategies and tactics being used to drive improvement. For example, one nurse manager described the addition of a new role—an "attending nurse"—to the unit. The attending nurse is not assigned to care for patients, but rather, is accountable for the day-to-day continuity of information for patients, up to and including discharge plans.

Another example is the unit huddle—a relatively common practice for improving team communication and safety. One nurse manager described creating a huddle board that nurses on all of the shifts contribute to on a daily basis to identify small issues before they become big ones. All of the nurses on the unit are encouraged to place idea cards with proposed solutions on the board as well.

Finally, another nurse manager discussed ways to use data to mitigate burnout. Specifically, this individual connects patient experience and outcomes data to the care the unit nurses are providing every day. This type of exercise not only helps the nurses appreciate their own value, but it also connects them back to the reason they chose the nursing profession.

Though not an exhaustive list, these practices help nurse managers create a positive practice environment for the nurses on their teams to deliver safe, effective care that meets patients' needs and to find joy and satisfaction in their work.

Conclusion

Nurse managers directly and indirectly influence nurse and patient outcomes. Their indirect influence is achieved through mediators of the nurse work environment. The aspects of the nurse work environment with the strongest mediation effects include autonomy, professional development, appropriate staffing and teamwork.

Because the relative strength of the mediation effects vary based on outcome and care setting, understanding the relationship between nurse manager ratings and the aspects of the work environment over which their influence is most likely to affect outcomes provides a valuable roadmap for quality improvement efforts and best practice implementation.

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