The Role of the Nurse Manger: Evolution of the Role in High-Turnover Environments

In alignment with AONL's strategic initiatives, an AONL workforce subcommittee examined the role of the nurse manager in high-turnover environments by conducting three national focus groups. Learnings from dialogue with nurse managers are presented in this publication. Recommendations for competencies and organizational considerations for managing workload are provided.

The Workforce Committee and its subcommittees will continue to share their work into early next year. Outcomes will include the role of the nurse manager in team-based care models, succession planning and more.

Background

The demographic shifts in the nursing workforce and changes in how nurses view their careers in a post-COVID environment have significantly affected the role of nurse managers. Nationally, the turnover rate for RNs stands at 22.5% with a critical vacancy rate of 15.7% (NSI Nursing Solutions, 2023). Skyrocketing turnover has changed how managers allocate their day, with up to 60% to 80% of their time dedicated to staffing and scheduling (AONL, 2022). For many, their span of control has expanded as budgets tighten, more nurses shift to part-time, and additional multidisciplinary licensed providers are incorporated into newer models of care. Given the increased span of control, increased work demands (e.g., nurses need continuous coaching and reassurance, and high staff turnover), nurse managers now report a lack of work-life balance, burnout and decreased job satisfaction (AONL, 2022). However, the evolution of the nurse manager's role, especially the impact of the increased span of control, is not reflected in the current literature and not well understood by executive leaders outside of nursing. To examine how the role has evolved in the post-COVID environment, we conducted three national focus-groups with 87 front-line nurse managers or leaders in equivalent roles leading units with high-turnover rates (>22%). The majority of participating managers had five or more years of nursing leadership experience (Table 1).

A span of control has traditionally been defined as the number of employees who report to a supervisor. A more recent conceptual definition of a span of control reflects the complexity of the nurse manager's role in an acute care setting and is defined as a workload including "the number of direct reports, staff characteristics, amount of required supervision, work complexity, and manager capability" (Ruffin et al., 2023, p.171). A span of control is associated with both nurse manager attributes and consequences. Attributes or characteristics associated with the nurse manager's span of control include staff experience/required supervision, work complexity, and the manager level of capability in leading the unit(s) (Ruffin et al., 2023). The reported consequences include manager role overload, burnout, ineffectiveness and having to cast aside transformational and relational leadership styles regardless of their leadership ability (Ruffin et al., 2023).

Increased span of control has been associated with a higher incidence of preventable adverse patient events, such as nosocomial infections, falls resulting in injury and medication errors, leading to diminished patient satisfaction (Cupit et al., 2019). Furthermore, an expanded span of control has been demonstrated to adversely affect communication patterns within organizations (Ruffin et al., 2023), a critical component for cultivating a healthy work environment. From a staffing perspective, the consequences of a broad span of control include diminished job satisfaction, reduced employee engagement and high-turnover rates (Cupit et al., 2019). These factors collectively contribute to persistent staffing shortages and a progressive deterioration of workplace conditions.

Focus Group Results: What We Know

Nurse Manager Job Demands

Most nurse managers (80%) working in units with high turnover reported being responsible for over 50 staff members (full-time, part-time, travelers and per diem), with approximately 25% reporting having a span of control of more than 100 staff members (Table 2). Collectively, managers across all high-turnover focus groups report spending most of their time on staffing, recruiting/hiring, scheduling and attending meetings (Table 3). Most managers receive support from an administrative or program assistant and/or an assistant nurse manager or clinical nurse manager (Table 4).

Factors Driving High Turnover / Impact on Safe Quality Care Delivery

The nurse managers reported a multitude of personal and work/organizational factors contributing to high staff turnover. Organizational factors included but were not limited to incivility and violence in the work environment, alternate employment opportunities (e.g., ambulatory or infusion clinic), and staffing shortages. Individual factors included seeking better work-life balance, high patient acuity and changing patient demographics. Current staff composition was the primary underlying context that shaped nurse managers' perceptions of how turnover has impacted their role. Nurse managers consistently reported working with less experienced staff and more temporary staff (travelers), which drove shorter orientation/onboarding times and a shift to crisis-based training.

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Managers overwhelmingly reported a loss of staff attention to basic and routine care; this aligns with changes in staff composition to less-experienced staff and more temporary staff. The high volume of inexperienced and temporary staff, coupled with care models no longer appropriate for the current environment and staffing shortages, contributed to increased instances of missed care, inconsistent attention to standards of care, the inability to detect changes in patient condition with noted increases in adverse events and declining nurse-sensitive outcomes (metrics).

Leadership Impact

High turnover not only affected the well-being of the nurse managers but altered their leadership style. As nurse managers shifted from 24-hour accountability to 24-hour accessibility, they noted that they did not experience "joy" in their leadership roles. Leading in high-turnover times interfered with their ability to "be the leader they wanted to be." Increased administrative tasks (e.g., hiring, scheduling) interrupted the time they would normally spend with staff, leaving them with less availability to grow and mentor staff. Managers reported having to adapt to the current climate, accepting the average tenure of staff as only two-three years and shifting focus to retaining within the organization vs. within the unit of hire. Many reported having to shift their leadership style to one that is more reactionary and transactional, with more time spent putting out fires and jumping from task to task, and less time for growing staff and developing true connections. Despite these challenges, nurse managers participating in the focus groups indicated a commitment to remain in their roles (Table 5).

New Role Competencies

Interpersonal skills, including emotional intelligence and the ability to elevate a team and rebuild relationships were identified as key "soft skills" needed as nurse managers work to rebuild and establish teams. Key business skills including financial and human resources management (interview/hiring, performance feedback) were identified as necessary during times of high turnover.

How Can You Use This?

1. **Managing Nurse Manager Workload:** With the increasing workload for front-line nurse managers, organizational leaders should support and train nurse managers to delegate appropriate tasks to supportive roles such as assistant nurse managers, nurse educators or administrative staff. Conduct "stay" interviews with nurse managers to understand their roles and responsibilities and assess the level of support available and needed for them to effectively lead. Evaluate the current requirements for nurse managers, eliminate nonvalue-added activities and time spent in meetings. These efforts will give back time to front-line managers to spend time with their teams. Furthermore, organizations should foster a culture of teamwork and collaboration. This positive practice environment may alleviate the burden of high span of control by ensuring that all team members are actively engaged and contributing to patient care.

2. **Nurse Manager Health and Well-Being:** Caring for the caregiver is essential for not only front-line nurses, but for nurse leaders caring for their teams. Burnout is a system, not an individual-level issue. Organizations must assess the flexibility of their work environment to support work-life balance for front-line nurse managers. Opportunities for flexible work may include options such as four-day work weeks, teleworking options, and reduced after-hour and weekend on-call responsibilities. In addition to investing in work and system reorganization, health systems should implement health and wellness programs and incentivize managers to engage with those programs.

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3. **Leveraging Resources and Technology:** Nurse managers are tasked with growing responsibilities including recruitment, scheduling, payroll, and other administrative activities that fall outside the primary scope of nursing leadership. Organizations should assess these administrative tasks and partner with human resource departments to redistribute activities to appropriate task owners. With advancements in technology, organizations should invest in platforms such as scheduling programs and an effective centralized staffing office to relieve nurse managers from some of the scheduling burden. Additionally, nurse managers collect and monitor data inputs from a variety of programs to measure quality, safety, financial and operational outcomes. Considering a centralized, single sign-on platform to visualize and prioritize this data to drive the work in their areas may support improved workload efficiencies for front-line nurse managers.

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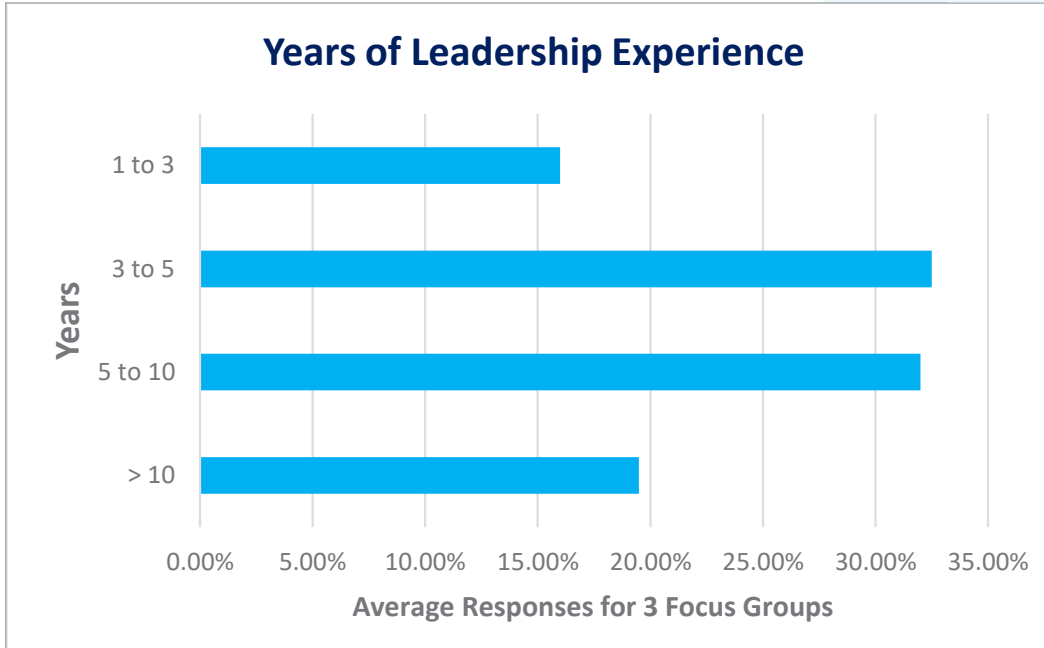
For More Information

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Supporting Tables

Table 1: Years of Leadership Experience

Years of Leadership Experience

Table 2: Span of Control

Span of Control: # Responsible for Managing Full-time, part-time, travel, per-diem

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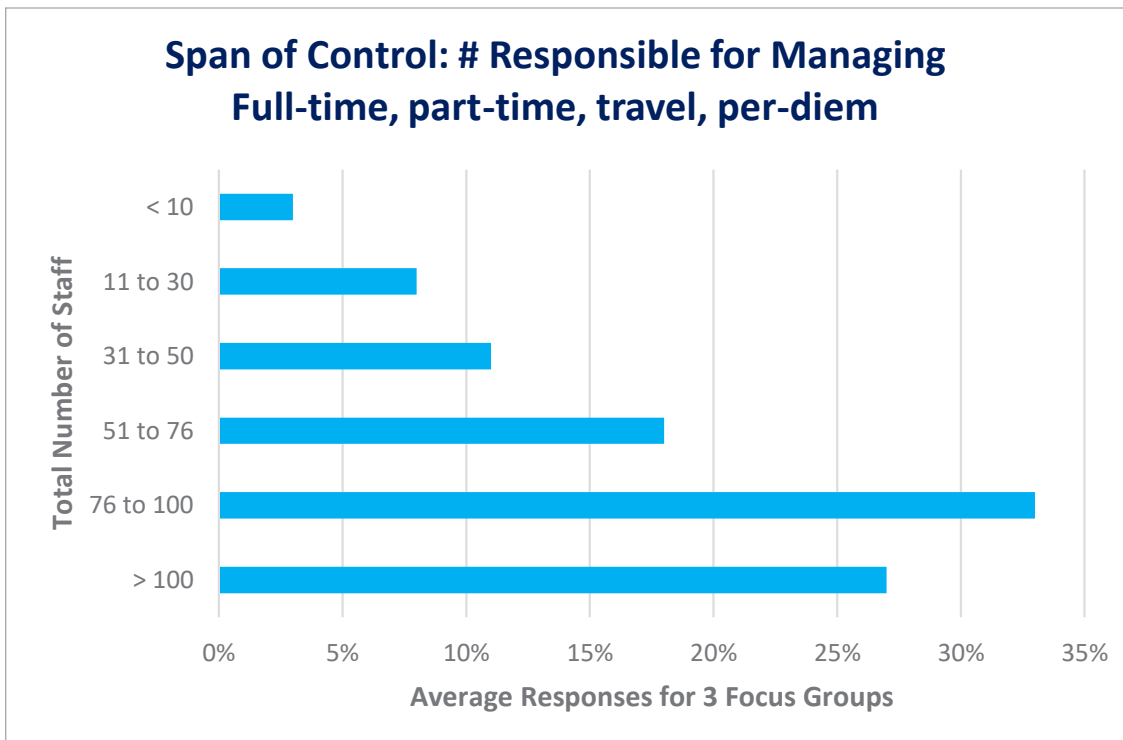
Supporting Tables

Table 3: Job Demands

Job Demands: Top 3 Time Consuming Leader Activities/Responsibilities

Budget, Payroll Management
Managing Conflict
Coaching New Staff
Attending Meetings ★
Monitoring Quality Metrics
Dealing with Patient/Family Complaints
Leadership Rounding
Coordinating Patient Admissions & Discharges
Recruitment & Hiring ★
Staffing & Scheduling ★

0% 10% 20% 30% 40% 50% 60% 70%

Average Responses for Each Question by 3 Focus Groups

Table 4: Job Resources

Job Resources, Available Support by Type

Unit Based Educator ★
Charge Nurse Out of Staffing ★
Co-Manager
Clinical Nurse Specialist
Clinical Nurse Leader
Business Operations Manager
Centralized Staffing Scheduler
Assistant Manager or Clinical Manager ★
Administrative or Program Assistant

0% 10% 20% 30% 40% 50% 60% 70%

Average Responses by 3 Focus Groups

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Supporting Tables

Table 5: Nurse Manager Intent to Stay

Manager Intent to Stay: Do you plan to stay in your role at least one more year?

Average Responses by 3 Focus Groups

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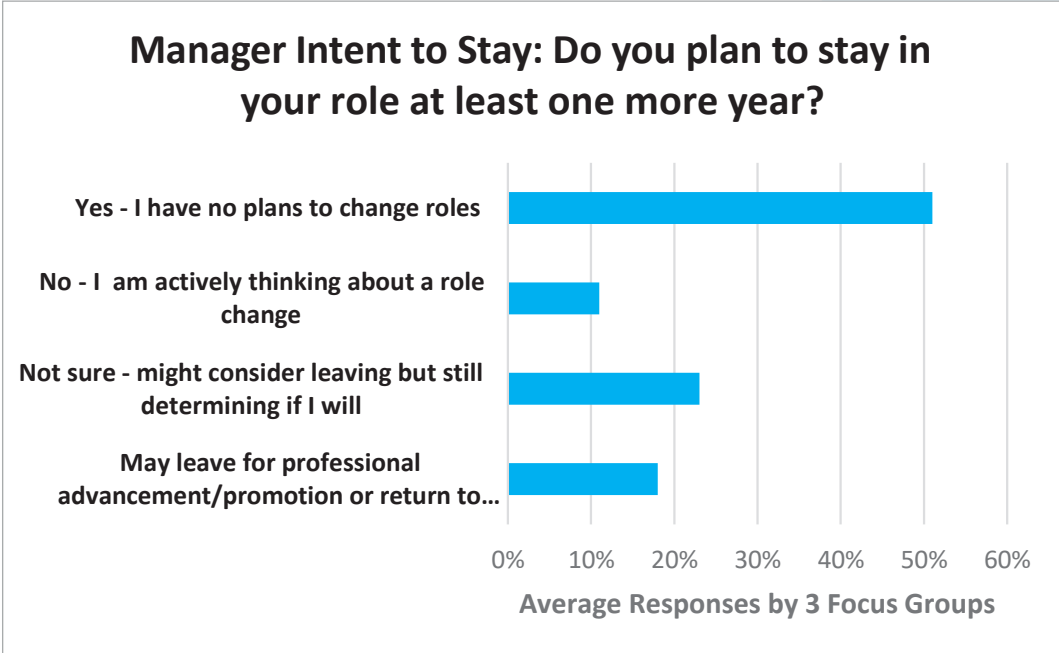
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