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Rounding of the Administrative Supervisor and the Engagement of Charge Nurses in an Acute Hospital Setting

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**Submitted in partial fulfillment of the
Requirement for the degree of
Master of Arts in Leadership**

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MASTER OF ARTS IN LEADERSHIP
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Certificate Of Approval

This is to certify that the Master's Non-thesis Project of

Kellie J. Geiger

has been approved by the Review Committee for the Non-thesis Project Requirement for the Master of Arts in Leadership degree.

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Acknowledgements

Women Can Do Anything and Failure is Not an Option Attitude

Almost thirty years ago I sat down with my high school guidance counselor to discuss my future college choices, goals and plans. He grabbed my thick folder and glanced at my transcript, attendance record, and progress notes through the years. Then he looked me straight in the eye and said, "You are not college material!" Wow, I thought, this guy who doesn't even know me is telling me that I can't do something … interesting. Does it say in my folder what my parents told me everyday growing up…"Women can do anything!" Does it say in that folder that I am going to meet my future husband soon and he is going to instill in me that "Failure is not an option?" I wondered what test results he is looking at that measured my inner spirit, motivation, drive, and desire.

This guidance counselor did change my life that day; he changed it for the better. I set out to prove him wrong, by proving to myself that life is about inner spirit, motivation, drive and desire. Life is also about surrounding yourself with positive people who provide you with love, growing opportunities, security, faith and humor. In my life, I thank my parents who raised me in a loving, and supportive environment. Also, for the past 28 years I have been wrapped in the loving arms of my husband, Gregg, whose constant faith in me have continued to move me in the right direction on a journey filled with debates, adventures, fun and laughter. He is my rock. And to my three children, Erik, Kelsey, and Hannah, who tolerate the lectures and lessons of life about powerful women and failure options. I know you roll your eyes at me and think that I am crazy, but some part of these lectures is slipping into your minds and creating an impression that

might affect your inner spirit, motivation, drive and desires. You are already proving to me that my hypothesis is correct. To the others listed here I acknowledge and say thank you for giving me opportunities to grow and develop throughout my life.

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Florence Nightingale a woman who turned nursing into a profession through her deep commitment and compassion to patient care.

Abstract

Rounding of the Administrative Supervisor and the Engagement of Charge Nurses in an Acute Hospital Setting

Kellie J. Geiger

{Completion date insert here}

_____ Thesis

_____ Leadership Application Project

_X_ Non-thesis (MAL 597) Project

Hospitals that generate positive employee engagement can retain employees and produce positive effects on the hospital budget, employee morale, and high quality patient care. The purpose of this research will be to study the relationship of Administrative Supervisor rounding and the employee engagement of unit charge nurses. Understanding the significance regarding hospital leadership presence during off shifts, weekends and holidays can have an impact on employee satisfaction, retention, ill calls, and hospital morale and produce better patient care. The hypothesis for this research focuses on the physical presence of the Administrative Supervisor which leads to greater perceived leadership support and generates positive work engagement for charge nurses in acute care hospital settings. This paper examines whether it is beneficial for a hospital to support the role of the Administrative Supervisor during the off shifts when management is not visible on the nursing unit.

Table of Contents

Rounding of the Administrative Supervisor and the Engagement of Charge Nurses in an Acute Hospital Setting

Introduction: Background of the Problem

Grace Hospital* is a 270 bed acute care hospital located in the northern suburbs of Minneapolis. Grace Hospital has been profitable this year, but as a participant in a multiple hospital and clinic system, the budget restraints of the entire system must integrate with Grace's goals. One of Grace Hospital's major concerns is that it does not have enough beds on a daily basis to support the growing in-patient population for the community it serves. Grace Hospital has both an Administrative Supervisor and a Patient Placement Supervisor. The charge Registered Nurses (RNs) at Grace Hospital seem satisfied with the dual roles. The Administrative Supervisor is visible on the units during rounds and serves to open communications surrounding issues about staffing, patient and family care concerns or issues, employee conflicts, education, charting, additional resources and equipment issues. The Administrative Supervisor is also present on the units during all code situations as a leader and troubleshooter. In addition, the Administrative Supervisor assumes the position of Incident Commander during a code orange operation (community or hospital based crisis). The charge RNs seem pleased to have someone of authority visible during their shift and they are encouraged to discuss unit and hospital based issues with a member of the leadership team. They expressed appreciation for receiving immediate feedback when feasible. The charge RNs appear more relaxed and confident about their performance for the shift and are able to spend more time working with other unit staff nurses and being involved with individual patient

issues. They feel more valued as unit leaders and are able to have positive mentoring experience with others on their unit. Their job satisfaction increased as a result of the Administrative Supervisor's interactions with them during their shift.

Southfork General Hospital* is a 260 bed acute care hospital located in the southern suburbs of Minneapolis. This hospital is also part of a larger health care system that is not meeting financial goals. The hospital needed to make a decision about reducing non-patient care positions and decided that the role of Administrative Supervisor could be eliminated. The title of Administrative Supervisor was changed to Patient Placement Manager and the new job description was to facilitate hospital patient flow. Rounding was no longer a part of the job description. Questions and communication to charge RNs was reduced to patient flow issues. If charge RNs needed to brainstorm ideas they were instructed to page their unit management team and facilitate ideas via the telephone. The charge RNs felt frustrated and alone. They did not have the visibility of leadership on their unit and they felt like the paging process was slow and at times multiple pages were required to get a response. Valuable time was lost on the unit and staff reported being dissatisfied with the working conditions. The employee engagement scores for charge RNs at this hospital went down. More RNs were seeking new employment and ill calls were frequent.

Hospitals, like many corporations today, need to consider reducing budget shortages by eliminating positions. One position within the acute hospital setting that is occasionally eliminated due to budget constraints is the Administrative Supervisor. The Administrative Supervisor is a registered nurse who typically works evenings, nights, weekends and holidays, those times when unit managers and daytime administration

personnel are not present or available. The Administrative Supervisor role consists of rounding (walking throughout the hospital and communicating with the staff) on each hospital unit to determine staffing needs, discharges, admissions, individual patient/family issues, unit acuity and available resources. The major purpose of effective rounding is the cohesiveness of the communication through negotiating, problem-solving, collaboration and the visibility of leadership. The Administrative Supervisor is the one person in the hospital, during the off-shifts, that has a top-level understanding at how the hospital is functioning.

A study by Hall (2007) states "Nurses with greater levels of perceived supervisor support experienced more positive job outcomes and less negative outcomes, including less occupational stress, than a nurse with less perceived supervisor support." Hospitals that generate positive employee engagement can retain employees and produce positive effects on the hospital budget, employee morale, and high quality patient care. Nursing shortages continue to be a significant problem in the United States. Hall indicates "… reasons for this shortage include work stress, physical demands/workload, lack of advancement opportunities, and low pay." The physical presence of an Administrative Supervisor on a nursing unit will reduce stress and increase job satisfaction of the charge RN.

This research will study the relationship of Administrative Supervisor rounding and the employee engagement of unit charge RNs. Understanding the significance regarding hospital leadership presence during off shifts, weekends and holidays can have an impact on employee satisfaction, retention, ill calls, and hospital morale and produce

better patient care. Therefore, hospitals benefit by supporting the role of Administrative Supervisor during the off shifts when management is not visible on the nursing units.

For the purposes of this study, an Administrative Supervisor is an RN and member of the leadership team who works evenings, nights, weekends and holidays, times when administration and unit managers have left the hospital. A charge RN is defined as the RN who is responsible for staffing, nurse-patient ratios, problem solving and supervising nurses, personal care assistants, nursing technicians, health unit coordinators. Rounding will be referred to as an amount of time that the Administrative Supervisor is physically present on each unit and engaged in dialogue with the charge RN regarding various issues and concerns. Employee engagement is defined as the level of satisfaction that an employee has with their current position or facility that employs them.

*Fictional hospital name.

Literature Review

The idea that a positive and supportive work relationship between employees and their managers improves job satisfaction is supported by studies documented in the open literature. Several studies demonstrate that the relationship between supervisors and employees can be supportive, beneficial and motivational. No data was found that studied the effects of administrative supervisor rounding on the employee engagement scores of charge RNs in acute care hospitals. This suggests that additional research in this area of study is needed.

Several studies emerged in this literature review that suggests that a positive working relationship between staff and supervisor (and/or manager) improves the engagement scores of the employee. One of the studies (Hall, 2007) investigated the relationship between perceived supervisor support and RN occupation-related outcomes such as job control, coworker support, collective efficacy, work stress, coping mechanisms, job satisfaction, worker retention, somatic complaints, and absenteeism.

Hall completes a comparative study of three nursing units within a large hospital in the south central United States. The nursing units used were described as a traditional nursing unit structural framework, with a nonspecialized patient population (n = 28). The second unit had a shared governance structural framework (n = 24) while the third unit had a specialized, homogeneous inpatient population (n = 69). Hall compiled results from 69 questionnaires. The questionnaires consisted of eight instruments: the Maastricht Autonomy Questionnaire, the Decision Latitude Scale of the Job Content Questionnaire, the Inventory of Socially Supportive Behaviors (coworker and

supervisor), the Collective Efficacy Scale, the Nurse Work Stress Scenarios (NWSS), the Physical Symptoms Inventory and a single item survey on job satisfaction. The coefficient *a* reliability estimates for each component of the questionnaire exceeded 0.75 except for the Decision Latitude Scale of the Job Content Questionnaire. Although RNs working in a unit with higher levels of perceived supervisor support experienced more job satisfaction, less stress, and less turnover the study was limited to one hospital and a small number of nurses (69). Male (6%) and minority nurses (5.1%) were also limited in numbers. The studies exclusions involved ages under 18 years, working hours under 24 hours/week, nurses with supervisor capacity, orientees, probation, light duty (health related restrictions) and nontypical assignments.

McGilton and Hall, L. (2007) investigate supervisor support (charge and staff RNs), job stress, and job satisfaction in long term care facilities with nursing assistants (NAs). The results of this quantitative study suggest that supervisory support for NAs is an important determinant of NAs' job satisfaction. This study is relevant because the affected stresses of NAs are the same stresses in RNs, which include communication patterns, staffing levels, workload, social climate, and supportive behaviors of the supervisors such as empathy and respect. This study collected data from 222 NAs and 72 administrative supervisors. Participants were invited to participate in the study. To obtain diverse sample facilities were stratified and then selected based on a set of criteria that included geographic location, facility size, and type of ownership. All facilities were traditional nursing home facilities with a minimum of 16 beds. Ten facilities were selected to achieve an adequate NA sample size. Questionnaires included the Supportive Supervisory Scale, the Job Satisfaction Scale, the Expanded Nursing Job Stress Scale and

the demographic form. Supervisory support was measured with the Supervisory Support Scale, which contained 15 items that the employees receive from their supervisor on a 5-point scale. The scale has demonstrated preliminary evidence of reliability and construct validity. The *a* coefficient for the scale was 0.94 and the test-retest reliability was 0.7 in an earlier study. Job satisfaction was measured with the Nursing Job Satisfaction Scale. This 42-item 5-point scale measures five domains of satisfaction: personal satisfaction, workload satisfaction, satisfaction with coworker relationships, satisfaction with continuing training opportunities, and satisfaction with available professional support. This instrument has strong evidence of reliability and validity with preliminary evidence of discriminative and convergent validity. The *a* coefficient for this study was 0.89, and for the sub-scales, reliability estimates were acceptable from 0.88 to 0.95. The research found that supervisor support only explained 5% of the total variance in job stress. Other issues, such as demographics characteristics and personal stressors were the primary determinants of job stress. This study concluded that gender of the NA was an influence in stress responses with females reporting higher levels of stress. The characteristics of the study showed that 91% of the participants were female, providing an unreasonably small sample of male participants from which to draw this conclusion.

A study (Laschinger, Wong and Greco, 2006) investigated the Impact of Staff Nurse Empowerment on Person-Job Fit and Work Engagement/Burnout. This study examined 322 staff RNs, in acute care hospitals using a random sample of 500 RNs working in an acute-care hospital in Ontario, Canada. The final sample consisted of 322 useable questionnaires after 35 did not meet the inclusion criteria and were removed (69% response rate). A cross-sectional design was used to test the hypothesized model

using the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) to measure structural empowerment and the Areas of Worklife Scale (AWS) to measure the six areas of work life (workload, control, rewards, community, fairness, and values). Reported subscale reliability coefficients ranged from 0.67 to 0.95. The Cronbach *a* coefficients ranged from 0.62 to 0.88 in the current study. The Cronbach *a* coefficients for the EE scale have ranged from 0.65 to 0.91. In this study, the Cronbach *a* reliability coefficient for EE was 0.93. This study showed an alarming level of nurses suffer from occupational burnout at 53% (scores >3.0). Conclusions for this study suggested that empowerment affected nurses' engagement/burnout through its effect on person-job fit. The majority of subjects were female (97.2%).

Research documenting rounding is related to interdisciplinary rounds which are defined as a care team that reviews patients condition, progress, care plan and discharge needs. The team can include nursing, physicians, rehabilitation, social services, chaplains, dietitian and various therapists. A significant amount of the data is related to patient satisfaction, safety and length of stay (LOS).

In summary, the reviews of the literature suggest that positive relationships between staff and supervisors improve employee engagement. When nursing staff do not have access to leadership support they lack information, support, and resources to successfully perform their job. More studies looking at Administrative Supervisor rounding and the employee engagement scores of Charge RNs would be beneficial to hospitals, leaders, staff and patients.

Methodology of the Study

This research used a qualitative research design to investigate the relationship between administrative nursing supervisor rounding and the engagement of charge RNs in acute hospital settings. This study interviewed ten charge RNs working in the same acute care hospital within the Minnesota Hospital Association (MHA). The acute care facility used has been identified as a hospital that has experienced specific changes or adaptations to the role of the Administrative Supervisor over the past six years. Specific changes to the role include the activity level of supervisor rounding which has been reduced or, at times, eliminated. Replacement supervisor support at this hospital has fallen under the title of unit-specific assistant, on-call managerial support, or patient placement supervisor.

Exclusions for the charge RNs being interviewed included:

- Charge RNs actively involved with their orientation.
- Charge RNs who have been inactive in the charge role for more than 6 months.
- Charge RNs who do not work evenings, nights, weekends, or holiday shifts.

Inclusions for the charge RNs being interviewed included:

- All in-patient hospital unit charge role nurses. Acceptable units will include medical/surgical, cardiac, intensive care, emergency medicine, family birth, psychiatric, pediatrics/nursery, orthopedics, neurology and surgical services (operating room (OR), post anesthesia care unit (PACU), and phase II recovery).

The researcher contacted individual human resource teams from a list of hospitals supplied by the MHA and obtained demographic information about the role of the Administrative Supervisor, the patient placement process, and general information about the hospital facility. General information included whether the hospital supports the administrative role described, length of time they have employed this position, number of supervisors, shifts they work, educational background, and rounding requirements. Demographic information was gathered that included length of time without supervisor position, unit-specific support, hospital incident commander during off-shifts, and reasons for position elimination. The researcher received approval to conduct the study from the Healthcare Research Committee and the Augsburg College Institutional Review Board (IRB).

The hospital examined will remain anonymous for this research study. Subject recruitment involved using a hospital primary investigator (HPI). As an employee of the hospital, the HPI assisted the researcher with the recruitment of study volunteers and distribution of study materials. The HPI approached and requested charge nurse study volunteers. The HPI distributed an introductory letter that was given to all charge RNs who expressed an interest in this study and this letter contained a statement that this was a research study and included the purpose, the expected duration of the subject's participation, an estimate of the total amount of time involved in the interview process, and a description of the follow-up procedure. Also included in the introductory letter were the researcher's name, contact e-mail and phone number, and advisor's name and work phone number. The letter included information that the hospital that employed them was not involved with conducting this study and that staff who decided to

participate in this study must do so on their own time and outside of the workplace facility.

The researcher telephoned interviewed the first ten volunteers that meet the criteria of the inclusion/exclusion of subjects. No gifts, payments, compensation or reimbursement were given to the volunteer subjects. All participants were asked to sign and date a consent form. Semi-structured interviews were conducted for approximately 60 to 90 minutes with each of the ten participants. The interviews were all conducted via the telephone with only the researcher and interviewee on line. All interviews were recorded using written field notes that were checked with the participant for consistency.

Demographic questionnaires developed specifically for this study examined variables including education, years in the charge nurse role, years in their specialty field of nursing, shift and hours worked per paid period, absenteeism, marital status and age. The demographic survey examined the external validity of the research design. The interview then progressed into more specific questions related to support needed to perform their job and engagement levels. The charge RNs were asked what resources they felt they needed to perform their jobs and if they were receiving these needed resources. Not all of the questions were predetermined but evolved from the previous answers. Depending on how the nurse answered these questions, the subsequent questions probed more details or developed into questions around the issue of engagement and supervisor support. Data collection involved going over the written field notes from the interviews and searching for a pattern or theme that many of the participants experience.

Results

The following information summarizes the demographical and pertinent biographical data associated with the survey participants

Parameter	**Range**
Gender	8 female, 2 male
Age	33 to 66 years (average 46.5 years)
Education	3 Associate's degrees in Nursing 6 Bachelor's degrees in Nursing 1 Bachelor's degree in Science
Marital status	2 single (both divorced) 8 married
Charge RN experience	7 to 32 years (average 15.7 years)
Specialty field experience	9 to 32 years (average 18.2 years)
Assigned shifts	3 worked 8-hour shifts 7 worked 12-hour shifts All worked weekends 1 exempt from holidays
Hours per 2-week pay period	36 to 80 hours (average 52.4 hours)
Missed shifts per quarter	0 to 4 shifts (average 1.5 shifts)
Specialty areas	medical surgical, emergency medicine, cardiovascular, special care nursery, labor/delivery, orthopedics, and psychology

Each of the ten interviews was analyzed addressing key ideas, common factors and similar rankings. Common patterns and themes will produce a hypothesis by the author analyzing workplace support, resources, employee engagement and

leadership/supervisor support. Participants in the survey were told that answers could be answered using a low, medium, or high rating, or a 1-10 scale where 1 is low and 10 is high. Participants could also verbalize answers with statements or stories.

Section 1. Using the mission and vision statement for your hospital please answer the following questions:

A) *How do you rank the level of contributions that you attribute to the mission and vision statement of your organization?* Nine of the participants ranked their level of contributions in reference to the mission and vision statement as high. One participant commented that "It seems like all the mission and vision statements for most organizations are the same. Do leaders really follow them? I guess we need them, but individual morals are probably better to adhere too. For me, I'm an 8-9".

B) *What are the contributions, value and importance of the work you do*? All ten participants ranked their contributions, value and importance of their work as a high or even "very high". One participant stated that she had the most important job in the world and that "The birth of a child and the start of parenthood is wonderful and I get to be a part of this process!" Another ranked her contributions, value and importance as: 1) compassion to patients, 2) dignity and 3) professionalism.

C) *How enjoyable, engaging and motivating do you find the work you do*? Eight of the participants ranked their engagement and motivation at work to be high. Two participants stated that it depended on the day and varied from a 5 to 10.

"Sometimes it is great but depends on the staff mix for the shift. If I have a poor skill mix of nurses, it can be very frustrating. I have seen improvements with the contract (union), but the majority of green nurses (new or unfamiliar with this field of nursing) have been placed on the nightshift and this has been difficult, frustrating and upsetting." Another participant commented that the past year for her had been one of personal reflection while she experienced a divorce after 20 years of marriage and empty nest syndrome. She commented that "My career is good, it has given me stability and identity."

D) *To what degree does your work provide you with the growth and development you need or want*? A majority of the participants responded either medium or high on this question. Many looked outside of the workplace for growth and development. One nurse, who responded with a high ranking, commented "Things are always changing in the critical care medical field. The hospital provides education for these changes. But just when you feel you understand a procedure or policy then it changes again and this is very frustrating. They add forms and then take them away. We are now a paperless system and have to deal with continuous software updates."

Section 2. Please discuss whether you have the necessary support in your department or hospital to do your work by providing feedback on the following statements or questions:

A) *I have the appropriate resources to do my work*. A mix of responses was received to this comment ranging from medium to high levels. Common complaints had to do with staffing skill mix, missing or broken equipment, and lack of time to

provide the care that is needed for their patients. A psychiatric charge nurse responded "Yes, I love working for my nurse manager, she is present and available. She is always willing to listen and she gives honest feedback. I respect her."

B) *I have the information (e.g., why the work is important, organizational goals, how my work integrates with the work of others, etc.) that I need to do my work*. The majority of participants stated that this was ranked high and the hospital policy's and procedures were very clear and easy to access on-line. One charge RN responded "Yes, my manager communicates very well."

C) *I am given performance expectations and priorities that are clear*. Eight participants ranked this question high, while two stated that this has not always been clear. One participant stated that in "… the past ten years nursing has transitioned from physician based to evidence based practice. What some physicians are ordering may be very different from what research is suggesting we try. This confusion needs to be addressed." She feels that this has made her practice of nursing less clear.

D) *I receive timely and regular feedback about my work*. The ten participants ranked this between medium and high. Much of the ranking had to do with specific manager evaluations. A majority mentioned that emails were used to communicate and that this was done in a timely fashion. Monthly newsletters were also a great way to communicate, especially when they could be electronically sent to the recipient. One participant said that she "… receives yearly feedback from my manager in the form of an evaluation. But one

supervisor constantly thanks me, in person, for the work that I do. I don't need feedback. What I need is a good working team." Another participant said she only receives negative feedback in a timely manner and never receives positive feedback, from her manager.

E) *Leadership feedback I get is useful, clear and relevant.* All ten participants ranked this as high. One participant mentioned, "The bridge between management and staff is improving. But I would like to see more bedside nurses sitting in on the management meetings with physicians, especially when it is time to make decisions and changes."

F) *Leadership is visible on the unit.* The average response was medium, but ranged from low to high. One charge nurse mentioned "I hear that they are here, but I don't always see them." Another said "We had a patient care supervisor that used to check in with us (nightshift charge nurse) at 0600 each morning, but I don't see her anymore, she now shows up at 0900. Daytime management is loaded with meetings and their work is bogged down by upper leadership stuff. I feel forgotten." Another participant mentioned an increase of leadership visibility in the past year.

G) *Leadership is a valuable resource for me.* The majority interviewed responded with a high ranking, but stressed that the response times were inconsistent and improvements were needed. Management was available via pagers, emails and phone calls with inconsistent responses. One person said that management was not visible on the off shifts, weekends and holidays. Another stated that the response times during the off shifts were significantly slower than a Monday-

Friday shift. Another said "I just handle the problems that come up myself. Sometimes it is easier this way. If I am in real trouble it is hard to take the time to call someone." On a positive perspective, one said "Yes, I have a good relationship with them. If I call them, they know I need them."

H) *Leadership is available when requested.* The general response was medium to high. Slower response times on the off shifts and the physical presence of a manager were not seen. One person said "I have decreased confidence in their abilities. If they can't take care of patients, how can they help? When I am sure the unit is ok, I will then make a courtesy call to them." Another participant stated "Ninety percent of the time they will respond when I call."

I) *My off-shift leader seems to care about me as a person.* A majority of those interviewed had a negative response to this question. They stressed that the high turnover rate for administrative supervisors didn't allow them to know them on a personal level. Some were not even sure they had administrative supervisor support. While many stated that one was good and the rest were poor. One special care nursery charge nurse said "If I had any interaction with them I would like to say they are pleasant, but they don't come into the special care nursery. They stop at the labor desk and then leave. They are way out of their element in here." Another charge nurse said "No, they don't care about me. They are spread too thin throughout the hospital. One is good, the rest are poor. I don't even know their names. There have been so many changes."

J) *How do you feel about the overall job done by your off-shift leader*? A majority of responses indicated negative feelings. Again, some were not sure if the

hospital had an administrative supervisor. One ICU charge nurse responded "It depends. I get frustrated with the supervisors when the emergency department tries to send us a patient and they don't triage them for me. When the admission doctor doesn't access the patient's record and just takes the last ICU bed, then I look to the supervisor to assess the patient and make a judgment on bed placement. Is the patient ICU material? This is their greatest use to me, to divert the patient if needed. Some are good at this and some are not."

K) *Can you describe the role of the Administrative Supervisor as your hospital utilizes it and in an ideal situation*? When describing the role, most responded that they are good for staffing questions, patient placement, responding to codes and supporting families and staff in emergent situations. One charge RN stated "My manager lacks warm and fuzzy skills with the staff and the supervisor can exude more warmth, with interpersonal skills and empathy." Another charge RN responded "The philosophy of running a hospital without a supervisor just doesn't work. No one has 'the big picture' of the whole place. The supervisors can sometimes 'butt-heads' with the managers and doctors, but sometimes this is necessary. The supervisor should be the head of all admissions at this hospital."

L) *Do you feel you can do an effective job without on-site leadership support*? The general responses here were mixed. Most responded that the majority of the time when a unit is staffed and things are status quo, then a supervisor is not needed or necessary. But all the charge RNs agreed that when things go bad a supervisor is essential. Most charge RNs mentioned other hospital personal that they could call on for help (e.g., house physician, flying resource nurse, chaplain, manager on-

call, or social services). Again, they stated that one person needs to have a general idea of how the whole place is functioning.

M) *How important is the role of administrative supervisor for performing your duties*? The general response to this question was that the role is not important. "We don't need them for bedside care and we are more equipped to make unit based patient care decisions 98% of the time."

N) *Do you agree that, in general, your hospital is effectively managed and well run*? In general the response was that the hospital is well run, but with the pending union negotiations improvements can always be made. Many of those interviewed stated that they had been at this hospital for so long that they had nothing to compare. One response was "Sometimes I hear from agency nurses that they see flaws, but I don't see them."

O) *Would you recommend your hospital to friends and relatives as a place to work*? Everyone responded with a "yes" to this question.

P) *Would you recommend your hospital to friends and relatives as a place to receive care*? Everyone responded with a "yes" to this question. . One charge RN responded "It depends on the day! Sometimes we know too much. Let me pick the nurse."

Q) *Given your choice, how long do you expect to continue working for your current hospital*? Only one person had a short-term goal of leaving. She was interested in obtaining a certificate as a legal nurse consultant. "After 28 years of bedside nursing I am burned out. The computer charting is the thing that broke this camel's back." Another mentioned that if the hospital doesn't add improvements

in her department to keep up with other competitors then she would consider moving to another hospital that does a better job within her specialty area. The other eight interviewed felt they would be around for a long time and had no desire to look for a new job.

R) *Considering your Mission and Vision, what do you think is the biggest opportunities for improvement at your hospital*? Many ideas emerged with this question. One charge RN mentioned: " … improving the employee management relationships by engaging employees to contribute thoughts and ideas for improvements." Another thought that the pending negotiations needed to be address before additional changes or improvements could be addressed. Most stated that taking things away "… like our pension and benefits is not ok. Leave these things alone. Stop decreasing our staffing levels. Increasing nursing assistants and decreasing registered nurses makes it too hard to give good patient care." Everyone agreed that they needed to adapt to the patients changing needs.

Discussion and Limitations

This section focuses the discussion section on employee engagement of unit charge RNs and discussed factors that attributed to engagement scores. These factors include leadership visibility and supervisor rounding. The limitations section describes the possible constraints of the internal and external validity of the research results.

Discussion

The purpose of this study was to explore if the physical presence of an off-shift leader, in the form of an Administrative Supervisor, would lead to greater perceived leadership support and generate a positive work engagement for unit charge RNs. If leadership visibility during off shifts enhances engagement for unit charge RNs, is it then beneficial for hospitals to support this role and encourage rounding by supervisors? In line with my hypothesis, a series of interview questions concluded that the majority of the nurses interviewed were positively engaged and that elements of this engagement could be attributed to leadership and administrative supervisor support.

Employee Engagement

Employee engagement was consistently high among the charge RNs interviewed. Each nurse interviewed seemed to express that the job that they perform is valued, appreciated and gives them a high degree of satisfaction. The nursing field in general is a very rewarding experience and many people go into nursing as a profession because they have a calling to help and serve others. This does not mean that all nurses will score high on an engagement test, as individuals must find their own reason for happiness and job satisfaction. But there are specific steps that a company can take to improve on or

increase employee engagement scores. The nurses interviewed suggested improvements in staffing levels and skill mix. The union and the hospital's Staffing Advisory Committee (SAC) currently examine and adjust the unit-staffing matrix (staff-to-patient ratios). This joint effort by nurses and hospital personal, including leaders, determines an estimate of patient-to-nurse and nursing assistant assignments (number of patients) that a unit should assign per shift (generally in 8 hour increments). Of course, this number can be adjusted based on the acuity level of the unit at the time and, hopefully, with a discussion between charge RN and hospital or unit leadership.

Another engagement improvement suggestion was to have a better balance between RN skill sets. The union contract determines, by seniority hours, which nurses can be awarded posted RN positions within the hospital. Generally, the day and evening positions (most sought after positions) are awarded to nurses with the highest seniority hours. With this process a hospital would notice that the majority of positions that are posted outside of the facility would be for night or mixed shift positions. This would explain the increase of new RNs placed on the nightshift and more skilled nurses on days or evenings; a common complaint witnessed by all the charge RNs during this research. To improve this situation, both the union and hospital SAC members would need to work together and re-examine the union contract and hospital hiring practices.

Another common complaint by a majority of the charge RNs was the amount of time spent looking for equipment or replacing broken equipment, which was extensive and took away from other charge duties. Charge RNs need to improve on their delegation skills. Equipment problems can be delegated to nursing assistances on the unit. Hospitals can set up specific education programs for charge RNs that teach them

how and what to delegate. Utilizing this skill of delegating would increase charge RNs availability for specific duties or emergent situations. Leaders also need to make sure that the charge RNs have the tools that they need in order to be successful. Leadership rounding with staff, and specifically charge RNs, on a daily basis and taking notes on what is working and what is not working is suggested. All staff needs to be accountable and educated on how to report broken or missing equipment. Necessary patient care equipment needs to be replaced and returned to specific locations in a timely manner. Communication by everyone is essential.

Leadership Visibility

The interview questions overlapped at times when discussing leadership. Clarifying questions were needed to define which leader they were referring to when answering questions, such as, the unit management team, hospital senior leadership and off-shift leadership (administrative supervisors). Confirming the intent of the charge RN's responses required specific, clarifying comments and questions. When discussing leadership visibility, both the unit management team responses and off-shift leadership support were examined. Different conclusions resulted for these two groups.

Overall, the responses pertaining to management support resulted in medium-to-high rankings. The majority of those interviewed felt that their managers ranked either medium or high when communicating issues, policies, procedures and department changes. Emails, newsletters and evaluations were the most mentioned modes of communication. Only a medium rating response was given when asked if their management team was visible to them. One nurse mentioned that the intentions to be visible were there, but the reality is that management is extremely busy with meetings

that take place Monday-Friday on the dayshift. Many hospitals are adapting an Associate Nurse Manager role whose hours are scheduled to include part of the off-shifts. These leaders are more visible to their units on evenings and weekends. They are available for staff members who cannot come to unit meetings or evaluations during the dayshift, when many nightshift employees are sleeping.

Another concern pertaining to the management team was the slow response times to issues. One nurse responded that she would just deal with the problem herself and then let her management team know later. This does not allow an opportunity for collaboration or team brainstorming. Many decisions with healthcare need to be made quickly and decisively, but support should always be available for collaboration. Charge RNs need to rely on their hospital support systems to help with crisis situations (code teams, rapid response teams, in-house physician, social services, and chaplains are usually available and responsible for problem solving along with nursing), while concerns surrounding staffing and patient placement should include the administrative supervisor.

One answer that was concerning had to do with the ability or skills of the support leader to help. This charge RNs responded as follows: "I have decreased confidence in their abilities. If they can't take care of patients, how can they help? When I am sure the unit is ok, I will then make a courtesy call to them." However, as charge RNs know, management and leadership do not participate in direct patient care due to stipulations in the union contract. Union nurses and hospital negotiation teams would need to address this concern. Perhaps, stipulations need to be added to the contract dealing with staffing issues when nurses do not respond to staffing shortages in the unit schedules, or when

staff is not available to work their shifts (e.g., increased ill calls). Credibility of nursing skills is essential and highlighting skills, education and work history for all to have access to would be one way to solve this problem. Perhaps, a person of the month highlighted in a newsletter might be one solution and a way to increase the awareness of management's credentials.

The major reason why this particular acute care facility was chosen was that it has been identified as a hospital that has experienced specific changes or adaptations to the role of the administrative supervisor over the past six years. Specific changes to the role included the activity level of supervisor rounding which has been reduced or, at times, eliminated. Even the title of the role has changed. A few of the charge RNs interviewed expressed that they did not even know if their hospital currently had an administrative supervisor. The majority that responded expressed concerns with visibility, interpersonal skills (introductions), job duties and responsibility.

Rounding seems to be inconsistent or non-existent for some departments. It is hard to utilize this role if you are not sure if the role exists. Administrative supervisors need to be consistent in their role. They need to have a recognized set of routines that are very similar from one supervisor to the next. Fluctuations in rounding will occur, but generally rounds should include specific units, at specific times, and the same questions addressed. Introductions should always be made to charge RNs and routines clarified. One charge nurse interviewed expressed concern that an administrative supervisor did not round to her department and stated, "they don't care about me." This attitude needs to be recognized and changed. Rounding is a very personal way to connect with employees. Just stopping and taking the time to say "Hello, how are you tonight?" can have a huge

impact on an employee's night and improve how they feel about the organization. The thought that my supervisor cares about me as a person can also mean that the organization cares about me as a person.

Can a hospital operate without a nursing supervisor? Most of the charge RNs agreed that on a well-staffed day, with no issues their specific unit could operate without a supervisor. But when things go bad, a supervisor is essential. The charge RNs mentioned staffing, patient placement, responding to codes and supporting families and staff with emergent situations as issues that require the use of an administrative supervisor. Most mentioned that both management and charge RNs can control unit-specific duties, but such duties do not require someone with "the big picture" of the whole hospital, especially when hospital shared staff is used. If staffing shortages occur on more than one unit and decisions need to be made to utilize these resources, someone with the big picture, at that moment in time, needs to make these decisions. A good administrative supervisor will have this big picture.

Limitations

Limitations of this study include the use of a single hospital that has struggled with defining the role of the administrative supervisor. The use of several hospitals would have provided an opportunity for a larger sample size of charge RNs and greater opportunities to examine a role in a variety of settings. The decision to examine this hospital was because it struggled to define the role of the administrative supervisor. In the past six years the position has been eliminated and re-instated several times under a different title and with changes to the purpose of the position. This inconsistency for the staff provided a natural basis for discussion during the interviews. But, perhaps, the staff

is so accustomed to the constantly changing and evolving role that the results themselves have limitations.

Another limitation was the skill set of the charge RNs chosen for this study. The hospital primary investigator (HPI) selected charge RNs that she thought would agree to this interview. Perhaps these charge RNs are already highly engaged nurses. They have an average experience level of 15.7 years as a charge nurse and 18.2 years in their specialty nursing practice. These individuals are very skilled in their role and perhaps can function without the use of additional supervisor support. This may not represent the majority of charge RNs.

A major limitation to this study was that the interviews took place during the same period that the members of the nurses union, including the charge RNs themselves, were voting to ratify their contract or proceed with a strike. The interviews were scheduled from May 18-29, 2010. The union members voted on May 19, 2010 to not accept the contact and proceed with a one-day strike (June 4, 2010). Tension and stress levels were reported to have increased between union members and hospital leaders during this period. Many of the responses during the interviews had to do with the contact negotiations and conflicts between union staff and management. This may have skewed the results, especially pertaining to leadership support and job stability, towards situations involving labor disputes.

Future Research

To date, several research studies have been conducted examining leadership support and how it effects employee engagement. This studies subject of nursing supervisor rounding and the engagement of charge nurses seems unique and specific to these roles. Additional research on this topic should be conducted and examined using a larger sample size of acute care facilities, charge nurses, and specific nursing specialties or units.

Another area worth investigating is the role of the Associate Nurse Manager (ANM). How does this off-shift manager position improve engagement in nursing staff? Many hospital units are utilizing this role for a management support presence during the evening and weekend shifts. The ANM is an additional resource person available via pager, phone or email for staff. It may also be beneficial to examine if this position improves the engagement of nurse managers.

Many hospitals are utilizing a patient placement supervisor whose primary goal is patient flow (coordinating the movement of admissions and discharges of patients throughout the hospital). Examining this role in contrast with the nursing supervisor position might provide greater insight into the two roles and how they can complement, support or conflict with each other. Does one role support staff better than the other? Do hospitals need two positions or can one suffice?

Charge nurses in this study identified specific actions that management and leadership can utilize to improve charge nurse engagement. Examining these actions and the effects that they may have on engagement may be beneficial.

Any study that can suggest improvements in supervisor support, which will enhance the engagement of staff, will benefit both the employee and the corporation and would be worth investigating.

Conclusion

One thing that I have learned about working in a hospital is that it takes a team. One doctor does not save a dying patient, but a team responds to all code blues (cardiac or respiratory arrest). The nursing supervisor is one member of this code team. During a code they make sure that all the team members are present, contact additional support if needed, monitor crowd control and support staff and family dealing with the emotional elements of this emergent situation. If a hospital decides to eliminate the function of this role then who jumps in and performs these tasks? I have learned from the charge nurses in this study that attempts to perform specific supervisor roles off campus, on a pager system or by e-mail is slow and not effective for some situations. Hospitals will benefit from supporting the role of the administrative supervisor. Although the charge RNs in this study seemed very engaged they also stated that operating a hospital without this vital position does not make sense. Hospitals that generate a positive employee engagement scores can retain employees and produce positive effects on the hospital budget, employee morale, and high quality patient care. The physical presence of an administrative supervisor on a nursing unit will produce positive outcomes in relation to staffing, patient placements, decision-making and leadership visibility. While hospitals continue to identify areas where budgets can be reduced, they need to consider the impact of employee engagement.

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