NURSE MANAGER AND STAFF NURSE PERCEPTIONS OF SELECTED COMPETENCIES RELATED TO THE NURSE MANAGER ROLE

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Abstract

The literature has indicated that the role of the nurse manager is important to the organization, needs to be clarified, and can influence the recruitment and retention of nursing staff. Perceptions that nurse managers and staff nurses have about the nurse manager role are not well documented in the literature.

This study explored whether there was a difference between the perceptions of nurse managers and staff nurses regarding the importance of selected competencies needed to function in the nurse manager role. The design used for this study was nonexperimental and descriptive. A replication and extension of portions of the research conducted by Weaver (1986) was undertaken.

A random sampling of 100 staff nurses and 100 nurse managers residing in the state of Iowa was obtained. The Skills Questionnaire by Weaver (1986) as adapted from Stahl, Querin, Rudy, and Crawford (1983), as well as a demographic form developed by the researcher, was mailed to each subject.

Results revealed a significant difference between nurse manager and staff nurse perceptions of nurse manager patient care management competencies. There were no significant differences between nurse manager and staff nurse perceptions regarding all competencies, human resource management competencies, or operational management competencies. Significant differences were found in perceptions of all competencies, human resource management competencies, and
operational management competencies when staff nurses were placed in categories according to employment setting. Staff nurses with no prior nurse management experience scored significantly higher on perceptions of operational management competencies than staff nurses who had prior nurse management experience.

Additional studies should be conducted to determine generalizability of the findings to the target population by conducting a study with a larger sample size encompassing various regions of the country. It would also be helpful for future researchers to expand the study to determine the perceptions of other health care professionals, patients, and families regarding the role of the nurse manager.
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This research study is dedicated to the memory of my brother, the late Calvin Louis Calhoun. November 23rd will always be special because it represents the date that I defended my thesis (1993) and the last time my brother was in our home (1992).

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CHAPTER I
INTRODUCTION

Although the nurse manager serves a vital function within the hospital setting, the role is often difficult to articulate and operationalize (Jones & Jones, 1979; Miller & Heine, 1988; Wilhite, 1988). Stevens (1976) described first-line managers as "the critical linkpin" (p. 3), as one of the most critical management roles in the administration of nursing services, and as being "in the pivotal position linking nursing management to nursing care" (p. 9).

Traditionally, nurse managers were selected based upon their effectiveness as direct patient caregivers (Byers & Klink, 1976; Warihany, 1986). The lack of clearly identifiable competencies has contributed to confusion and frustration about this role (O'Neil & Gajdostik, 1989). Nursing education seldom prepares the nurse manager for the management aspects of the role. Nonetheless, the nurse manager must understand the scope of the role (Stevens, 1976). As Williams (1986) indicated, we "expect and are expected to behave according to the roles we have undertaken, to which we have been socialized, or to which we have been assigned" (p. 81). She further stressed the importance of understanding the theory of role development and its impact upon the nurse manager. With the expansion of the role, special knowledge and skills are needed in order to fulfill effectively the expectations and competencies required to function.
McClure (1990) stressed that nurse retention has become essential to survival and that nurse managers "deserve more attention ... than they are getting" (p. 75). The author viewed nurse managers as a safety valve for the patient--keeping them safe by understanding and assessing patient needs and staff abilities daily.

Another study (McClure, Poulin, Sovie, & Wandelt, 1982) of the magnet hospitals revealed that nurse managers can be responsible for attracting and retaining nurses. In this study, one unidentified nurse indicated that a qualified nurse manager was important to making a hospital a "magnet" or a place that a nurse would want to work.

Overview of Problem

The nurse manager role has been discussed in the literature as being an important role within an organization (Byers & Klink, 1978; Ganong & Ganong, 1980; Miller & Heine, 1988; Stevens, 1976). According to Stevens (1976), the nurse manager is in a first-line position, which is described as being between direct-care providers and upper-level management. The nurse manager assumes a dual role--that of nurse and manager (Ganong & Ganong, 1980). The role of the nurse manager has evolved from a single focus on patient care to one that includes an emphasis on the management aspects of the role as well. Ganong and Ganong (1980) described three major areas of responsibility for the nurse manager: (a) patient care management, (b) operational management, and (c) human resource management. The changes in the
nurse manager role have led to the need for 24-hour responsibility in a more decentralized environment (O'Neil & Gajdostik, 1989). The literature indicates that clarification of the nurse manager role and its responsibilities is frequently required (O'Neil & Gajdostik, 1989; Stevens, 1976). O'Neil and Gajdostik (1989) point out that internalization of the managerial concept is important for the manager. They contend that this occurs only after the tasks are delineated. Lagenfeld (1988) indicated that a clear delineation of role expectations is necessary and that the nurse manager's effectiveness may be diminished if the expectations are not recognized by nursing staff. Though attempts have been made to clarify the competencies required to function in the nurse manager role, research has not focused on the perceived importance from the nurse manager and staff nurse perspectives.

Relationships, collaboration with others, and overall manager effectiveness are influenced by the perceptions an individual has about the nurse manager role and its competencies. Because the literature indicates that the nurse manager role can mean different things to different people, this author thought it would be helpful to focus on clarifying this issue from the staff nurse and nurse manager perspectives.
Purpose of Study

The purpose of this study was to determine whether there is a difference between the perceptions of nurse managers and staff nurses regarding the importance of selected competencies needed to function in the nurse manager role. Barker & Ganti (1980) commented that the nurse manager is often expected to be all things to all people. To her staff, the head nurse is teacher, leader, decision maker, assistant, spokesperson, and meeting-goer. The medical staff sees the head nurse at different times as: one of the staff nurses; one to whom to communicate displeasure or give instructions and/or person with whom to collaborate. To the patient, the head nurse may just be another staff nurse or "the nurse" who can solve any immediate problem. From the supervisor's perspective she is the implementor of hospital policy and procedure, the manager of patients and personnel, and the coordinator of goals and objectives (p. 16).

This study attempted to determine what staff nurses and nurse managers perceive to be important competencies for the nurse manager role.

Research Hypotheses

The null hypotheses (H₀) for this study were as follows:

H₀ - There will be no significant difference between nurse manager and staff nurse perceptions regarding the
importance of selected competencies needed to function in
the nurse manager role.

H₀ - There will be no significant difference between nurse
manager and staff nurse perceptions regarding the
importance of patient care management competencies
needed to function in the nurse manager role.

H₀ - There will be no significant difference between nurse
manager and staff nurse perceptions regarding the
importance of human resource management competencies
needed to function in the nurse manager role.

H₀ - There will be no significant difference between nurse
manager and staff nurse perceptions regarding the
importance of operational management competencies
needed to function in the nurse manager role.

**Definition of Terms**

For the purpose of this study, the following definitions were used.

**Nurse Manager**—An individual who is a first-line manager, responsible
for the overall function of a unit(s) on a 24-hour basis and is licensed to function as a registered nurse in the state of Iowa.

The individual serves a dual role (nursing and management) and is intermediary between nursing administration and the delivery of
patient care (Weaver, 1986).

**Nurse Manager Role Competencies**—The skills or abilities necessary to perform the function of nurse manager consisting of selected competencies as identified by Weaver (1986) in the Skills Questionnaire. The competencies reflect activities related to patient care management, operational management, and human resource management (Byers & Klink, 1978).

**Staff Nurse**—An individual who is licensed to function as a registered nurse in the State of Iowa and who provides direct care to individuals in need of nursing care. The individual reports directly to the nurse manager and is an intermediary between the patient and nurse manager.

**Assumptions of Study**

The researcher made the following assumptions in conducting this study:

1. Nurse manager competencies make a difference to the provision of patient care.
2. Staff nurse perceptions of the nurse manager role influence organizational success.
Significance of Study to Nursing

Perceptions of nurse managers and staff nurses regarding the nurse manager role are not well documented in the literature. The review of the literature demonstrates an incongruence about the meaning and purpose of the nurse manager role (O'Neil and Gajdostik, 1989). By gaining increased knowledge of the perceptions that exist about the nurse manager role, nursing will be better able to define and communicate the actual competencies needed to function in the role.

According to Manthey (1990), the role of the nurse manager is expanding rapidly. She indicated that nurse managers are "developing into administratively sophisticated managers of the clinical workplace and its personnel, beyond that they are assuming more comprehensive responsibility for coordinating and accounting for its activities around the clock and throughout the fiscal year" (p. 14). Studies have been conducted to identify or clarify the skills/competencies required to function in the nurse manager role (Barker & Ganti, 1980; Beaman, 1986; Jones & Jones, 1979; Miller & Heine, 1988; O'Neil & Gajdostik, 1989; Weaver, Byrnes, & Hughes, 1991). There is a dearth of literature that has investigated specifically the subject of nurse manager competencies from the staff nurse perspective.

Meighan (1990) conducted a study to obtain input of staff nurses regarding the important characteristics of nursing leaders. The author found that communication between nurse managers and staff nurses must be improved, and a greater emphasis must be placed on the
preparation required for nurses to become nurse managers. "For both superiors and subordinates, significant role ambiguity makes attitudes, habits, and priorities less reliable and predictable. Consistent managerial practice would prevent expensive miscommunications, error rates, and waste of time". (Weaver, Byrnes, & Hughes, 1991, p. 33).

As indicated by O'Neil and Gajdostik (1989), the identification of nurse manager competencies will assist nurse managers to understand the important aspects of their own managerial roles and will assist nursing administration to clarify managerial roles to others.

In articles relating to magnet hospitals, Kramer (1990) and Kramer & Schmalenberg (1988a,b) implied that there was a definite relationship between the nurse manager and retention of staff nurses. The authors indicated that in magnet hospitals, nursing leadership is visible and accessible.

Taunton, Krampitz and Woods (1989) indicated that nurse managers influence retention of nurses through their style of leadership and use of power. It has also been found that interactions between nurse managers and staff nurses can affect performance, morale, and satisfaction (Garrett, 1991).

This study was formulated to examine the status of nurse manager and staff nurse perceptions of selected competencies needed to function in the nurse manager role. Differences in perceptions of the nurse manager role can adversely affect the implementation and delivery of quality patient care. Once the status of the perceptions are
known, appropriate actions can be taken to initiate change as required.
CHAPTER II

REVIEW OF LITERATURE

This chapter will present a discussion of the conceptual/theoretical basis for this research. Research dealing with the role of the nurse manager is overviewed. This chapter concludes with a review of literature describing the impact of the nurse manager role on the staff nurse.

Conceptual/Theoretical Basis

Roy and Anway (1989) adapted the Roy Adaptation Model (RAM) to nursing administrative practice. The adapted version has been called the Roy Adaptation Model for Administration (RAMA), which is based upon the RAM and the systems and adaptation theories. Roy describes the focus of nursing as consisting of five elements: the person, the goal of nursing, health, environment, and nursing activities.

The main focus of RAMA is the development of the nursing organization, which includes nurse managers and staff nurses, as an adaptive system. This organization can be compared to person in nursing. The goal of nursing in nursing administration "is to ensure the most effective delivery of service to clients by adapting organizational systems and their resources" (Roy & Anway, 1989, p. 78). Health is one outcome of adaptive responses. The ability of the organization to adapt influences the organization's existence. In administration, environment
refers to the "conditions internal and external to the organization" (p. 78). Nursing management activities involve planning, organizing, staffing, leading, and controlling.

According to Roy and Anway (1989), the stabilizer and innovator are the organizational adaptive subsystems of RAMA. Stabilizer refers to the "structures and processes aimed at system maintenance" (p. 79) "innovator ... involves the structures and processes for change and growth in the organizations" (p. 80).

This model defines the physical components of an organization as the security and fiscal systems, the physical plant and equipment, and human resources. The role subsystem delineates the activities to be performed and relates to job performance. The interpersonal subsystems of RAMA encompass the image and culture of the organization. They also reflect how individuals view themselves based upon environmental feedback. An organization's interpersonal system consists of interpersonal relationships; personnel management; individual, group, and organizational self-image; social milieu; and culture. The interdependence subsystems include private and public interactions that lead to interpersonal relationships. Contacts within the organization facilitate access to information by the employers, managers, and staff. Individual needs are communicated as well.

The competencies needed to function in the nurse manager role are thought to facilitate the goal of nursing as it relates to RAMA--the goal of nursing being the successful achievement of adaptive responses.
The perceived importance of the competencies related to the nurse manager role can affect the elements and the adaptive modes of RAMA. Roy and Anway (1989) define adaptive behavior as "that which meets organization goals" (p. 83). Through the use of RAMA, organizational assessment can occur by blending adaptive modes with stabilizer and innovator functions.

Roy & Anway (1989) supplied a more detailed identification of the components of the RAMA Adaptive Modes (physical systems, role systems, interpersonal systems and interdependence systems). The components of the physical systems mode are designated as fiscal health; occupational health; staff physical fitness; environmental safety and security; organizational design; technological applications; physical environment; physical location/neighborhood; physical plan/structure and equipment; and recruitment and retention of staff.

The role system components consist of management process and role performance, which includes planning, organizing, staffing, leading, controlling, and evaluation. This component also consists of information management, decision making, networking, and corporate performance measurement.

Interpersonal systems consist of interpersonal relations; personnel management; conflict management; self-concept and image (i.e., individual, group, department, division, company). Additionally, the interpersonal systems incorporate organizational dress code; job satisfaction; values; social responsibility; social health and welfare;
informal work groups; and environmental factors such as demographics, culture, and social milieu.

Interdependence systems encompass several components as well. They include internal (i.e., information access, organizational policies, and communications), external (i.e., resources and supplies; political (i.e., democratic, socialistic, communistic); judicial and legal; economic climate; governmental regulation; ecology, pollution, and conservation; customer needs; market; organizational exchange; and interorganizational relations.

The authors (Roy & Anway, 1989) indicated that RAMA can be useful to nurse managers, supervisors, and administrators. They further comment that the framework can be a useful tool for use with staff when problem solving. It was emphasized that the RAMA approach has been "relatively untapped" (p. 87).

Review of Pertinent Literature Related to the Role of the Nurse Manager

O'Neil and Gajdostik (1989), believing that it is important for nurse managers to view themselves as managers, investigated the amount of time spent in performing management responsibilities. A nonprobability convenience sample of 48 head nurses and 20 nursing supervisors who were employed at six hospitals was asked to select from 71 identified tasks those that were important to the head nurse
role. A revised version of the Head Nurse Managerial Role Questionnaire (Sherman, 1980) was used. Eighty-five percent of the questionnaires were returned. Demographic characteristics regarding the level of educational preparation, years of nursing experience, and years of managerial experience of the two groups were provided. Descriptive statistics were used to analyze the data. Data analysis revealed that 60% of the head nurses were diploma prepared, whereas 35% were baccalaureate prepared. In contrast, 75% of the supervisors were diploma prepared, with only 15% being baccalaureate prepared. The mean years of nursing experience was 17.5 for head nurses and 22.5 years for supervisors. Mean managerial experience consisted of 9 years for head nurses and 12.3 years for supervisors.

In this study, a 51% frequency rate was required in order to consider a task essential to the head nurse role. The tasks that met the established criteria were retained and grouped into seven categories of management responsibilities as identified by Beaman (1986): planning, organizing, staffing, leading, communicating, decision making, and controlling.

Thirty-five percent of the 48 head nurses indicated that they spent 80% or more of their time doing management responsibilities, whereas 65% of the 13 supervisors believed that the head nurses spent 80% or more of their time in management responsibilities. More tasks were found to be essential by the head nurse than by the supervisors: 90% and 76%, respectively. The authors commented that “as nursing
departments become decentralized, head nurses are undergoing role changes from a clinical to management focus with 24-hour responsibility" (O'Neil & Gajdostik, 1989, p. 41).

Jones and Jones (1979) used Mintzberg's (1973) 10-role set to describe the head nurse's work activities. They conducted a study, over a four-month period, to describe the specific activities performed. The reported activities were categorized into Mintzberg's 10 roles: figurehead, leader, liaison, monitor, disseminator, representative, entrepreneur, disturbance handler, resource allocator, and negotiator. The sample consisted of eight participants (head nurses) in a 106-bed hospital. The study revealed that 10% of the head nurse's time was spent with figurehead, leader, and liaison types of activities; 15%-20% was spent in monitor, disseminator and representative functions; and 75%-80% of the time was allocated to the entrepreneur, disturbance handler, resource allocator, and negotiator roles. The authors suggested that adjustments in head nurse role activities, such as increased delegation and prioritizing activities that require their attention, would increase job satisfaction, accelerate staff development, improve teaching, and establish better communication.

Stahl et al. (1983) compared actual activities performed by the nurse manager with expected activity performance from the immediate supervisor's perspective. The study findings were expected to facilitate planning by the supervisors to improve job satisfaction and performance by the nurse managers. A checklist was developed via
interviews and written responses from nurse managers and from activities identified in the literature. In addition, the nurse managers submitted a log of the activities performed during a one-week period. The responses were compared with Yura, Ozimek, and Walsh's *Taxonomy of Leadership Behaviors* (1976); those that were present were retained for the checklist. A master list was composed of 77 items that were grouped according to the major areas of concern for the nurse manager as identified by Byers and Klink (1978): patient care management, operational management, and human resource management. A 45 item checklist resulted.

The checklists were distributed to 150 nurse managers and 75 supervisors from 12 acute care hospitals in Ohio; the return rate was 86% and 85.3% respectively. Each participant in the nurse manager group was to select 15 items from the checklist that described the activities they performed; 14 checklists were discarded because more than 15 items were selected. The supervisors received an identical checklist and were instructed to choose the 15 items that best represented the activities that they expected the nurse managers to perform; 11 supervisor responses were discarded because more than 15 activities were selected.

A Spearman's Rank Correlation was performed of the 45 items from both the nurse manager and supervisor group. The data were analyzed using the major areas of concern for the nurse manager. The analysis revealed that 43.6% of all nurse manager responses and 44% of
all supervisor responses were in the human resource category. The operational management category reflected 33.9% of the nurse manager responses and 38.1% of the supervisor responses. The patient care management section demonstrated that 22.6% and 17.3% of the responses for nurse managers and supervisors were in this category.

An analysis was repeated that was reflective of the top 16 items chosen by head nurses and supervisors. The greatest difference was found to be in the patient care management category. Head nurses selected these items 50% more frequently than their supervisors. In addition, the authors identified the areas of role overlap, role definition, organizational structure, and patient care management as potential areas of conflict for the head nurse. Patient care management activities represented one-fourth of the head nurse responses and one-sixth of the supervisor responses. Head nurses chose patient care management two times more frequently than their supervisors (25% and 12.5% respectively).

Beaman (1986) examined activities performed by the first-line manager in an attempt to define what nurse managers do. The authors distributed a questionnaire to directors of nursing (DON) in all the acute care hospitals in Los Angeles County to ascertain the specific tasks expected of nurse managers. In addition, the author wanted to determine whether there were differences in the tasks performed based upon the size of the hospital. A list of sample activities prepared by Barker & Ganti (1980) was found to be in agreement with those selected by the participants in the Beaman (1986) study. Tasks with a 50%-
selection rate were considered to be common tasks as perceived by the DON and were supported by the literature. A chi square analysis was performed of the tallied responses. The study did not support the researcher's hypothesis that hospital size had an effect on the tasks of the first-line managers. The author commented that the list of activities could serve as a foundation for the development of a job description that reflected specific activities for the nurse manager.

Miller and Heine (1988) conducted a study to explore the role of the head nurse, as perceived by head nurses, to ascertain a difference in role perception among a variety of hospital settings (private, public, and federal). The authors contended that role perception, role ambiguity, role conflict, and role attitude are influenced by the hospital organization. It was also stressed that chief nursing officers must be aware of the hospital's culture and its impact on the head nurse.

Five areas were tested for differences in head nurse perceptions: (a) job variability, (b) job expertise, (c) job definition, (d) job capacity, and (e) job incentives. The Head Nurse Role Questionnaire (Miller & Heine, 1988) was used to measure the constructs.

A convenience sample of 43 head nurses was obtained from seven private, public, and federal acute care hospitals. A pilot study was completed prior to finalization and distribution of the questionnaire. Content and face validity were examined, and revisions were made as indicated. The results indicated differences in the head nurse role among the various hospital settings; the perceived level of authority was
highest in the private hospitals. The small sample size, however, limits the generalizability of the findings.

Though statistical analysis was not used, differences were found in the area of job variability. Miller and Heine (1988) indicated that this may be due to the different levels of standardization and formalization that exist in the various hospital settings. Head nurses in the private setting identified their major activities to be patient care/family interaction, budgeting and physician/interdepartmental collaboration. Nurse managers in the public hospitals delineated orientation/staff development, staff scheduling, and quality assurance to be their primary responsibilities. In the federal hospitals, the three major activities consisted of formulating/interpreting policies, goals, and objectives; delegating and evaluating patient care assignments/unit activities; and employee evaluation/counseling.

A significant difference was revealed in the perception of the degree to which roles and tasks are delineated by job descriptions. Nurse managers in federal hospitals regarded rules and procedures to be specific and believed that they were applicable to situations 81%-100% of the time. With the job-capacity construct, no significant difference was revealed among the nurse managers in the three settings studied. The job-incentives construct, however, revealed a difference in nurse manager perceptions. Nurse managers in the private hospitals perceived corrective discipline, loss of merit raises, and quarterly discussions with supervisors to be most important. In the public
hospital setting, weekly staff feedback and specific supervisory
discussion were perceived as most important. The nurse managers in
the Federal hospital setting perceived the occurrence of job recognition
to be low and job sanction to be high.

Miller and Heine (1988) believed that the results of the study
could enhance nurse manager perceptions regarding control, authority,
and leadership support. In addition, the authors suggested the following
strategies in order to enhance the role of the nurse manager.

1) exclusion of the head nurse from direct patient care
staffing patterns; 2) decision-making activities decentralized to
the head nurse level; 3) head nurse authority to employ and
terminate staff at the unit level; 4) comprehensive orientation
and ongoing educational opportunities in nursing administration;
5) job descriptions accurately reflective of role; 6) increased
opportunity for networking and research activities; 7)
establishment of head nurse leadership conferences and
committees; and 8) access to an updated library of managerial
resources, both within and outside of the profession (p. 64).

Weaver et al. (1991), in reporting Weaver's 1986 study, cited the
incongruence between the roles that organizations envision for first-line
managers and their performance capacities as a major source of
inefficiency in current nursing department operations. The researchers
surveyed a group of over 100 first-line nurse managers in northern and
central New Jersey. The skills questionnaire was adapted from Stahl et
al. (1983) and asked respondents to rank described skills two ways: (a) according to how often each thought it should be utilized in the nurse manager role, and (b) according to how often the respondent did utilize it. The nurse managers in the sample were experienced and many were in the middle of their career. More than half of them remained in what would be considered their first and only management position. The authors found that when faced with a patient care situation, nurse managers were more likely to actively practice the skills that they believed were most important to patient care. The authors indicated that managerial success may depend upon established relationships as well as tasks. The authors contend that the nursing staff tends to identify with those managers who have clinical interests and admires those who have an expert knowledge base and skills.

The research project by Weaver (1986) displayed significant findings in four areas:

(a) identification of competencies for the nurse manager role; (b) identification of descriptive information concerning the sample of nurse managers and superiors; (c) recognition that there is a significant difference between the actual and perceived competencies of the nurse manager as recognized by the nurse manager; and (d) recognition that there is no significant difference between the perceived competencies of the nurse manager as recognized by the nurse manager and superior. (p. 67). The author (Weaver, 1986) believed that the identification of
competencies facilitated clarification and the appropriate use of the nurse manager role. Specific descriptive information was provided as a result of the subjects' responses on the Skills Questionnaire (Weaver, 1986). It was evident that there was no consensus about the higher educational degree for the nurse managers' sample; however, approximately 65% of the nurse managers were enrolled in school.

A difference between the actual and perceived competencies of the nurse manager as recognized by the nurse manager was found via the data analysis. There was a discrepancy between what the nurse manager was actually doing and what the nurse manager believed should be done "particularly in those areas that focused on the management of personnel and the management of technical operations of the unit" (Weaver, 1986, p. 69). Weaver presumed that the difference was the result of the nurse managers' inability to allocate their time appropriately/efficiently and their lack of advanced nursing management education. In addition, the data analysis did not reveal a difference between the perceived competencies of the nurse manager as recognized by the nurse manager and superior.

Four limitations to the study were identified by Weaver (1986): (a) existing job descriptions were not examined to compare them with the competencies listed on the Skills Questionnaire, (b) attendance at management educational programs was not assessed, (c) the sample was small, and (d) results could be applied only to the sample population.

Meighan (1990) stated that understanding the role of the nurse
manager is "key to the retention of nursing staff" (p. 63). A brief descriptive study was done that related to the staff nurses' viewpoint concerning the most important characteristics of clinical nursing leaders. In order to begin to understand what it takes to be an effective nursing manager, a nonexperimental method was used. Staff nurses were asked for their opinions concerning nursing leaders. Meighan (1990) asked, "What are the perceptions of staff nurses concerning the most important characteristics of nursing leaders?" (p. ??)An interview protocol and questionnaire was designed to stimulate a conversation with participants. The questionnaire was piloted using registered nurses (R.N.s) and licensed practical nurses (L.P.N.s) as subjects.

Fourteen nurses from two east Tennessee hospitals participated in the study, each being a full-service hospital with more than 100 beds. The majority of the R.N.s (n=5) in the study held associate degrees, 4 held diplomas, and the remaining 3 had baccalaureate degrees. Length of service varied from slightly over 1 year to nearly 40 years, with the majority of the nurses being in service for 2-5 years. Most of the group worked the day shift. No more than 2 nurses worked on the same floor and same shift. All were employed full-time, and only 4 were or had been assistant head nurses or assistant clinical managers.

All participants agreed that the most important characteristics were experience, advanced knowledge, expertise, clinical competence, or some other indication that the leader was above subordinates in ability
and should be looked up to. Ten of the 14 nurses agreed that
assertiveness was important. The next most frequent response, which
was mentioned 17 times by 9 nurses, was that the leader needed to
treat subordinates as equals, respect their opinions, and act as a team
member. Relationship-oriented characteristics were mentioned 17
times by 8 nurses. Approximately 60% indicated that they looked to
their head nurse for advice or guidance, whereas over 40% indicated that
they looked to someone else. When given a choice between clinical
competence and experience or advanced educational preparation, staff
nurses selected clinical competence as most important. When given a
list of 15 traits and told to select only 5 that they perceived to be the
most important, the nurses selected a majority of traits that were
representative of a relationship-oriented leader. The authors concluded
that concern for staff members and willingness to help them outranked
other responses in what staff nurses perceived to be the most important
characteristics of nursing leaders.

Further study is needed with respect to what is expected of the
nurse manager, especially when required duties isolate the individual
from the nursing staff. Management responsibilities that may cause
this isolation include making and adjusting time schedules, assuring that
supplies are available on the unit, keeping high technologic equipment
available and in working order, contributing to cost-containment efforts,
and promoting and reporting on quality assurance activities (Meighan,
1990).
The sample used in the Meighan study (1990) was small. The author interjected a comment about other responsibilities of the nurse manager besides those offered in the results of the study as being role modeling and developing relationships with the staff. This provided the reader with additional information to consider and encouraged the reader to examine ways to facilitate accomplishment of these responsibilities. The article did not offer any comments from the nurse manager perspective.

A study to measure the relationships among nurse managers' perceived job stress/job satisfaction, time allocation, and role expectations was performed by Bunsey, DeFazio, Pierce and Jones (1991). The study revealed that physicians and nursing staff perceive that more of the nurse managers' time should be given to direct patient care (+20% and +23% requested change in nurse manager time, respectively). Physicians were viewed by nurse managers as requesting that more of the managers' time be spent in patient care management. Both physicians and nursing staff were perceived as requesting that the extra time should be subtracted from unit/hospital management activities.

**Summary**

The literature demonstrates various efforts to clarify the tasks associated with the nurse manager role. The role has been considered
from the viewpoints of the nurse manager and their superiors. There is a dearth of literature, however, related to the importance of competencies from the nurse manager or staff nurse perspective. This author conducted a replication and extension of a portion of the Weaver study (1986) to assess nurse manager and staff nurse perceptions regarding the importance of selected competencies related to the nurse manager role.
CHAPTER III
METHODOLOGY

Research Design

This study attempted to determine whether there is a difference between the perceptions of nurse managers and staff nurses regarding the importance of the competencies needed to function in the nurse manager role. A nonexperimental and descriptive design was used for this study. Portions of the research conducted by Weaver (1986) were replicated and extended. The perceived competencies of the nurse manager were measured using the Skills Questionnaire as developed by Weaver (1986); actual competencies were not measured. This study extended the investigation to include the perceptions of staff nurses.

The independent variable was the position of the subjects (i.e., staff nurses and nurse managers). The dependent variables in this study were the selected competencies needed to function in the nurse manager role as specified by Weaver (1986).

Description of Subjects and Sampling Method

For this study, the target population consisted of nurse managers and staff nurses throughout the state of Iowa. The accessible population consisted of all registered nurses with active licenses who functioned as staff nurses as listed by the Iowa Board of Nursing, as well as all nurse managers who were members of the Iowa Council of
Nurse Managers Affiliates as listed by the Iowa Hospital Association. The Iowa Board of Nursing was petitioned to supply a random sampling of 100 staff nurses/general duty nurses licensed in the state of Iowa. The researcher requested that the sampling of staff nurses/general duty nurses be provided in the form of address labels.

The Iowa Council of Nurse Managers Affiliates was asked to supply the researcher with a listing of its membership. A list of 192 members was obtained. The researcher then ascertained that the members resided in the state of Iowa. Two of the 192 members had addresses that were not located in Iowa; these were eliminated from the sample. The names of the applicable members were numbered in sequential order starting with one. A chart of random numbers was then be used to select 100 names from the membership.

**Description of Data-Collection Tools**

The Skills Questionnaire developed by Weaver (1986) as adapted from Stahl et al. (1983) was used in this study. Weaver (1986) indicated that the perceived competencies investigated in the study were those competencies that were believed to be important nurse manager skills. The author (Weaver, 1986) indicated that the Skills Questionnaire items were numbered according to three categories and reflected those competencies required for patient care management, human resource management, and operational management.
The 45-item questionnaire developed by Stahl et al. (1983) was adapted by Weaver (1986) using a four-step process. First, the following question was developed to define the competencies or skills as perceived by the nurse managers and supervisors: How often do you think a nurse manager should use this skill? A 4-point Likert scale was devised and used for the nurse managers and supervisors to respond to each skill: 4-always, 3-usually, 2-sometimes, 1-seldom. Second, the 45 typical activities listed by Stahl et al. (1983) were reviewed and translated into clear skills terminology. Additional skills were added by Weaver (1986) for a total of 60 competencies. The third step involved randomly scattering the items in the questionnaire.

As with the Weaver study (1986), the first part of the questionnaire used in this study reflected categories related to patient care management, operational management, and human resources management. Subjects were asked to indicate the importance of the item by ranking the frequency with which they thought a nurse manager should use the selected skill. A 4-point Likert scale was used as follows: 4-always, 3-usually, 2-sometimes, and 1-seldom. The subjects were instructed to darken their chosen response.

As with the Weaver study (1986), the questions associated with each category are listed as follows:

**Patient Care Management:** 1, 7, 10, 23, 26, 42, 44, 45, 47, 52.

**Human Resource Management:** 3, 5, 12, 13, 15, 16, 18, 19, 20, 22, 24, 25, 27, 29, 31, 33, 34, 35, 36, 37, 39, 40, 46, 49, 50, 53, 55,
Operational Management: 2, 4, 6, 8, 9, 11, 14, 17, 21, 28, 30, 32, 38, 41, 43, 48, 51, 54, 59.

The tool was piloted and analyzed for content and face validity by a panel of experts (Weaver, 1986). Reliability analysis was performed on the 60 competencies and on each section using the Chronbach's Alpha Reliability Test. The results for each section are as follows:

<table>
<thead>
<tr>
<th>Competencies</th>
<th># of items</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Patient Care Management</td>
<td>10</td>
<td>.7880</td>
</tr>
<tr>
<td>Perceived Human Resource Management</td>
<td>31</td>
<td>.8287</td>
</tr>
<tr>
<td>Perceived Operational Management</td>
<td>19</td>
<td>.6353</td>
</tr>
<tr>
<td>All Perceived Competencies</td>
<td>60</td>
<td>.8592</td>
</tr>
</tbody>
</table>

A demographic tool was developed by the researcher. The tool included the categories of current position within the organization (nurse manager, staff nurse, or other); employment status; educational preparation (associate, diploma, bachelor's, master's or doctoral degree); years in nursing; and previous experience as a nurse manager.

Description of Data-Gathering Procedures

Each subject received one questionnaire (Appendix A or B), a cover letter (Appendix C), and one self-addressed, stamped envelope. Each questionnaire had a numerical code in the upper right-hand corner to correspond with the name and address of the subject for follow-up
mailing purposes. The letters NM or SN were included with the numerical code for use in sorting the questionnaires once they were returned to the researcher.

The cover letter included the purpose of the study, information about the graduate student researcher, the name of the graduate student's major advisor, and a two-week deadline for return of the questionnaire to the researcher. The cover letter also indicated that a copy of the results could be obtained by enclosing a self-addressed, stamped envelope when the questionnaire was returned.

Each questionnaire had an introductory statement that included a sample question to serve as an example for completion. The subjects were instructed to return the completed questionnaire within two weeks by placing it in the self-addressed, stamped envelope provided by the researcher. Follow-up postcards (Appendix D) were sent two weeks from the return deadline to those subjects who had not returned the questionnaire.

**Protection of Rights of Subjects**

The subjects consisted of individuals licensed as registered nurses in the state of Iowa who function as staff/general duty nurses or nurse managers. The participants' consent to participate was assumed by their return of the questionnaire.
There were no risks to the subjects because all responses were kept confidential. The researcher had the only key to the file cabinet in which the questionnaires were kept. All data were reported in the aggregate.

The benefits result from gaining an increased knowledge of the perceptions that exist about the nurse manager role. Nursing will be better able to define and communicate the actual competencies needed to function in the nurse manager role. Communication between nurse managers and staff nurses will be improved and a greater emphasis can be placed on the staff development needed to prepare nurses to become nurse managers. In addition, greater retention of staff nurses and nurse managers can occur as a result of an increased understanding of the competencies needed to function in the nurse manager role.

Methods of Analysis

The research hypotheses were tested using an independent t test to determine whether there was a significant difference between nurse manager and staff nurse perceptions regarding the importance of all competencies and the three competency categories of patient care management, human resource management, and operational management needed to function in the nurse manager role. The results were analyzed using a level of significance of $p > .05$. 
Demographic data were summarized using descriptive statistics. Tables are used to present this data.
CHAPTER IV
FINDINGS

The purpose of this study was to determine whether there is a significant difference between the perceptions of nurse managers and staff nurses regarding the importance of selected competencies needed to function in the nurse manager role. In this chapter, a description of the subjects, results of hypothesis testing, and additional analyses are presented.

Description of Subjects

Questionnaires were sent to 100 nurse managers and 100 staff nurses. The initial return rate was 65% for nurse managers and 37% for staff nurses. Three staff nurse questionnaires were returned because they could not be forwarded. There were 2 nurse manager questionnaires that could not be forwarded. These 5 questionnaires were not included in the response-rate totals. The son of another nurse manager subject reported, by telephone, that his mother was out of the country and would be unable to respond to the questionnaire. After reminder postcards were sent, the return rate was 82% for nurse managers and 50% for staff nurses. A total of 22 questionnaires from the nurse manager group were discarded. Twelve of the 22 questionnaires were discarded because the subjects indicated that they did not have 24-hour responsibility in their position. Additionally, 4 of
the nurse manager subjects indicated that they had changed positions and were no longer functioning as nurse managers. Two nurse manager subjects held positions that were not considered to be nurse manager positions and 4 other nurse manager respondents did not complete major portions of the questionnaire.

Seven staff nurse responses were discarded because the questionnaires were not completed. In several cases the subjects cited reasons for not completing the questionnaire (e.g., the questions were not applicable to the operating room, retired, and too many forms to complete).

As Table 1 indicates, responses from a total of 103 subjects were used in the study; 60 were nurse managers and 43 were staff nurses. In assessing the highest educational preparation of the subjects, it was found that the majority of the subjects held a nursing diploma (ND) or associate degree (AD). It is interesting to note that 50% of the nurse manager subjects were diploma/associate-degree graduates. Twenty-two percent of all subjects had a baccalaureate degree in nursing (BDN); 19 of these subjects were nurse managers and 4 were staff nurses. An extremely small percentage of the subjects had educational preparation higher than the baccalaureate-degree level--a total of 3 nurse managers.
Table 1

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All Subjects (N=103)</th>
<th>Nurse Managers (n=60)</th>
<th>Staff Nurses (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>ND/AD</td>
<td>67</td>
<td>65%</td>
<td>30</td>
</tr>
<tr>
<td>BDN</td>
<td>23</td>
<td>22%</td>
<td>19</td>
</tr>
<tr>
<td>Baccalaureate Other Than Nursing</td>
<td>10</td>
<td>10%</td>
<td>8</td>
</tr>
<tr>
<td>Master's Degree in Nursing</td>
<td>1</td>
<td>1%</td>
<td>1</td>
</tr>
<tr>
<td>Master's Degree Other Than Nursing</td>
<td>2</td>
<td>2%</td>
<td>2</td>
</tr>
</tbody>
</table>

As seen in Table 2, the majority of the subjects were employed full-time (74 of the 103 subjects: 59 were nurse managers and 15 were staff nurses). Only 1 nurse manager indicated employment at less than 40 hours per week. Nine of the 103 subjects (staff nurses) indicated that they were retired.
Table 2

Employment Status

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All Subjects (N=103)</th>
<th>Nurse Managers (n=60)</th>
<th>Staff Nurses (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Full-Time</td>
<td>74</td>
<td>72</td>
<td>59</td>
</tr>
<tr>
<td>Less Than 40 Hours/Week</td>
<td>19</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Retired</td>
<td>9</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

As displayed in Table 3, the majority of the sample subjects were employed in acute care (71 out of 103): 50 nurse managers and 21 staff nurses. Long-term care represented the next highest area of employment: 2 nurse managers and 9 staff nurses for a total of 11 subjects. The category of ambulatory care/clinic represented the place of employment for 8 subjects: 4 were nurse managers and 4 were staff nurses.
Table 3

Place of Employment

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All Subjects (N=103)</th>
<th>Nurse Managers (n=60)</th>
<th>Staff Nurses (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Acute Care</td>
<td>71</td>
<td>68.9</td>
<td>50</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>11</td>
<td>10.7</td>
<td>2</td>
</tr>
<tr>
<td>Public Health</td>
<td>3</td>
<td>2.8</td>
<td>1</td>
</tr>
<tr>
<td>Home Health</td>
<td>3</td>
<td>2.8</td>
<td>1</td>
</tr>
<tr>
<td>Ambulatory Care/Clinic</td>
<td>8</td>
<td>7.8</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

As indicated by Table 4, the majority of the subjects had been practicing nursing for 11 or more years. Only two staff nurses and four nurse managers had practiced nursing for 6 to 10 years.

Table 4

Number of Years Practicing Nursing

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All Subjects (N=103)</th>
<th>Nurse Managers (n=60)</th>
<th>Staff Nurses (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>6 to 10 Years</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>11 or More Years</td>
<td>97</td>
<td>94</td>
<td>56</td>
</tr>
</tbody>
</table>
An additional finding was that 22 (51%) staff nurses had prior experience in a management position. The remainder did not indicate prior management experience.

Results of the scores on the Skills Questionnaires for each of the subsamples are presented in Appendix E. The mean scores for each of the 60 questions are displayed.

**Hypothesis Testing**

The first research hypotheses tested was as follows: There will be no significant difference between nurse manager and staff nurse perceptions regarding the importance of selected competencies needed to function in the nurse manager role.

Table 5 displays the results of an independent t-test and reveals no significant differences in the perceptions of nurse managers and staff nurses regarding all competencies needed to function in the nurse manager role. Therefore, the null hypothesis was supported.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Mean Score</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Manager</td>
<td>Staff Nurse</td>
<td>Nurse Manager</td>
<td>Staff Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=60)</td>
<td>(n=43)</td>
<td>(n=60)</td>
<td>(n=43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Competencies</td>
<td>3.28</td>
<td>3.34</td>
<td>0.21</td>
<td>0.32</td>
<td>101</td>
</tr>
</tbody>
</table>

* p < .05

** p < .01
The second hypothesis tested was stated as follows:
There will be no significant difference between nurse manager and staff nurse perceptions regarding the importance of patient care management competencies needed to function in the nurse manager role.

Table 6 indicates a significant difference between nurse manager and staff nurse perceptions of patient care management competencies needed to function in the nurse manager role. This null hypothesis was not supported.

Table 6

Differences Between Nurse Manager and Staff Nurse Perceptions of Nurse Manager Competencies Relating to Patient Care Management Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Mean Score</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Manager</td>
<td>Staff Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management Competencies</td>
<td>2.03</td>
<td>2.74</td>
<td>0.55</td>
<td>0.68</td>
<td>101</td>
</tr>
</tbody>
</table>

* p < .05

The third hypothesis tested was as follows:
There will be no significant difference between nurse manager and staff nurse perceptions regarding the importance of human resource
management competencies needed to function in the nurse manager role.

As is evident in Table 7, there were no significant differences between nurse manager and staff nurse perceptions of human resource management competencies. Therefore, this hypothesis was supported.

Table 7

Differences Between Nurse Manager and Staff Nurse Perceptions of Nurse Manager Competencies Relating to Human Resource Management Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Mean Score</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Manager</td>
<td>3.58</td>
<td>0.20</td>
<td>101</td>
<td>1.639</td>
<td>.104</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>3.48</td>
<td>0.37</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05

** p < .01

The fourth hypothesis tested was stated as follows:
There will be no significant difference between nurse manager and staff nurse perceptions regarding the importance of operational management competencies needed to function in the nurse manager role.

Table 8 reveals no significant differences between nurse manager and staff nurse perceptions of operational management competencies.
Therefore, the null hypothesis was supported.

Table 8

Differences Between Nurse Manager and Staff Nurse Perceptions of Nurse Manager Competencies Related to Operational Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Mean Score</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Manager</td>
<td>3.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>3.31</td>
<td>0.33</td>
<td>0.41</td>
<td>101</td>
<td>.589</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>3.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>3.31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(n=60) (n=43)

Additional Findings

Additional analyses of the data were done using selected demographic variables of the subjects. Differences in perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies were calculated by placing all subjects in categories according to education. Table 9 depicts results of analyses of variance when all subjects were categorized according to education. Because only 3 subjects had earned a degree higher than baccalaureate level, these cases were eliminated from the analyses.
Table 9

Differences in Perceptions of Competencies in Subjects by Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.019</td>
<td>0.009</td>
<td>0.136</td>
<td>0.873</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>97</td>
<td>6.617</td>
<td>0.068</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>2.960</td>
<td>1.480</td>
<td>3.372</td>
<td>0.038*</td>
<td>ND/AD-BDN;</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>97</td>
<td>42.568</td>
<td>0.439</td>
<td></td>
<td></td>
<td>NDIAD-BD</td>
</tr>
<tr>
<td>Human Resource Management Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.040</td>
<td>0.020</td>
<td>0.238</td>
<td>0.789</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>97</td>
<td>8.205</td>
<td>0.085</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.051</td>
<td>0.025</td>
<td>0.189</td>
<td>0.828</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>97</td>
<td>13.041</td>
<td>0.134</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05  ** p < .01

Table 9 indicates that there was a significant difference in perceptions of patient care management when subjects were placed in education categories. Posthoc testing of differences among means using the Tukey Honestly Significant Difference (HSD) indicated that subjects who possessed a nursing diploma/associate degree in nursing scored significantly higher on perceptions of manager patient care management competencies than subjects who possessed a
baccalaureate degree in nursing or a baccalaureate degree in a field other than nursing. There were no significant differences in perceptions of all competencies, human resource management competencies, or operational management competencies when subjects were categorized by education.

Table 10

Differences in Perceptions of Competencies in Nurse Managers by Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.016</td>
<td>0.008</td>
<td>0.182</td>
<td>0.834</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>54</td>
<td>2.376</td>
<td>0.044</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.026</td>
<td>0.013</td>
<td>0.045</td>
<td>0.956</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>54</td>
<td>15.554</td>
<td>0.288</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resource Management Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.041</td>
<td>0.021</td>
<td>0.508</td>
<td>0.605</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>54</td>
<td>2.183</td>
<td>0.040</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.148</td>
<td>0.074</td>
<td>0.694</td>
<td>0.509</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>54</td>
<td>5.862</td>
<td>0.109</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05
** p < .01

As indicated by Table 10, differences in perceptions of all competencies, patient care management competencies, human
resource management competencies, and operational management competencies were calculated when nurse managers only were placed in categories according to education. The findings in Table 10 represent the results of these analyses of variance. Because only 3 subjects possessed more than a baccalaureate degree, they were eliminated from the analyses. The findings in Table 10 further indicate that there were no significant differences in perceptions of competencies when nurse managers were placed in categories according to education.

Differences in perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies were calculated when staff nurses only were placed in categories according to education. Table 11 depicts results of analyses of variance when staff nurses were placed in the educational categories of nursing diploma/associate degree in nursing, baccalaureate degree in nursing, and baccalaureate degree in a field other than nursing. The findings depicted in Table 11 indicate that there were no significant differences in perceptions of competencies when staff nurses were placed in categories according to education.
Table 11

Differences in Perceptions of Competencies in Staff Nurses by Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.090</td>
<td>0.045</td>
<td>0.441</td>
<td>0.646</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>40</td>
<td>4.081</td>
<td>0.102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>Within Groups</td>
<td>2</td>
<td>1.008</td>
<td>0.504</td>
<td>1.080</td>
<td>0.349</td>
<td>None</td>
</tr>
<tr>
<td>Competencies</td>
<td>Between Groups</td>
<td>40</td>
<td>18.666</td>
<td>0.467</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>Within Groups</td>
<td>2</td>
<td>0.184</td>
<td>0.092</td>
<td>0.653</td>
<td>0.526</td>
<td>None</td>
</tr>
<tr>
<td>Competencies</td>
<td>Between Groups</td>
<td>40</td>
<td>5.621</td>
<td>0.141</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management</td>
<td>Within Groups</td>
<td>2</td>
<td>0.249</td>
<td>0.124</td>
<td>0.735</td>
<td>0.486</td>
<td>None</td>
</tr>
<tr>
<td>Competencies</td>
<td>Between Groups</td>
<td>40</td>
<td>6.767</td>
<td>0.169</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05  
** p < .01

The results of perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies were calculated when subjects were placed in categories according to place of employment (Table 12). A total of 6 subjects indicated public health or home health as their place of employment--3 in each group.
respectively. Because of these small numbers, the 6 subjects were placed in the "other" category.

Table 12 reveals that there were significant differences in perceptions of all competencies, patient care management competencies, human resource management competencies, when subjects were placed in categories according to employment. Posthoc testing of means using the Tukey HSD indicated that those employed in the "other" category scored significantly higher in perceptions of all competencies than those employed in acute care, long-term care, and ambulatory care/clinic settings. The Tukey HSD indicated that those employed in long-term care, ambulatory care/clinic, and "other" categories scored significantly higher in perceptions of patient care management than those employed in an acute care setting. In addition, those employed in acute care settings and "other" settings scored significantly higher in perceptions of human resource management than those employed in long-term settings. It was also found that those employed in the "other" category scored significantly higher in perceptions of operational management competencies than those employed in long-term and ambulatory care settings. Those employed in acute care settings scored significantly higher than those employed in long-term settings.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Competencies</td>
<td>Within Groups</td>
<td>3</td>
<td>0.814</td>
<td>0.271</td>
<td>4.517</td>
<td>0.005**</td>
<td>'other' - acute care; long-term care; 'other' - ambulatory care/clinic</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>99</td>
<td>5.946</td>
<td>0.060</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>Within Groups</td>
<td>3</td>
<td>5.221</td>
<td>1.740</td>
<td>3.838</td>
<td>0.012*</td>
<td>long-term care - acute care; ambulatory care/clinic - acute care; 'other' - acute care</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>99</td>
<td>44.892</td>
<td>0.453</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>Within Groups</td>
<td>3</td>
<td>1.005</td>
<td>0.335</td>
<td>4.548</td>
<td>0.005**</td>
<td>acute care - long-term care; 'other' - long-term care</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>99</td>
<td>7.294</td>
<td>0.074</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management</td>
<td>Within Groups</td>
<td>3</td>
<td>1.514</td>
<td>0.505</td>
<td>4.215</td>
<td>0.008**</td>
<td>acute care - long-term care; 'other' - long-term care</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>99</td>
<td>11.853</td>
<td>0.120</td>
<td></td>
<td></td>
<td>'other' - ambulatory care/clinic</td>
</tr>
</tbody>
</table>

* p < .05
** p < .01
Differences in perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies were analyzed when nurse managers were placed in categories according to place of employment. The "other" category represents the scores of the two nurse managers employed in a long term setting, a nurse manager in public health and a nurse manager in home health. Table 13 depicts results of the analyses of variance when nurse managers were placed in the categories of employment in acute care, ambulatory care/clinic and "other."

**Table 13**

*Differences in Perceptions of Competencies in Nurse Managers by Place of Employment*

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Competencies</td>
<td>Within Groups</td>
<td>2</td>
<td>0.093</td>
<td>0.046</td>
<td>1.110</td>
<td>0.336</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>57</td>
<td>2.384</td>
<td>0.042</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>Within Groups</td>
<td>2</td>
<td>0.829</td>
<td>0.0415</td>
<td>1.398</td>
<td>0.255</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>57</td>
<td>16.901</td>
<td>0.297</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 13 (cont.)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Management</td>
<td>Within Groups</td>
<td>2</td>
<td>0.072</td>
<td>0.036</td>
<td>0.928</td>
<td>0.401</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>57</td>
<td>2.208</td>
<td>0.039</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management</td>
<td>Within Groups</td>
<td>2</td>
<td>0.426</td>
<td>0.213</td>
<td>2.066</td>
<td>0.136</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>57</td>
<td>5.880</td>
<td>0.103</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* P < .05

** P < .01

As Table 13 indicates, there were no significant differences in perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies when the nurse managers were placed in categories according to place of employment.

Differences in perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies were calculated when staff nurses were placed in categories according to place of employment. Table 14 depicts results of analyses of variance when staff nurses were placed in the employment categories of acute care, long-term care, ambulatory care/clinic, and "other."

As indicated by Table 14, there were significant differences in
perceptions of all competencies, human resource management competencies, and operational management competencies according to employment setting. Posthoc testing of means using the Tukey HSD indicated that those staff nurses employed in "other" settings scored significantly higher in perceptions of all competencies than staff nurses employed in long-term care. Staff nurses employed in "other" settings scored significantly higher in perceptions of human resource management competencies than staff nurses employed in acute care and in long-term care. Staff nurses employed in "other" settings scored significantly higher in perceptions of operational management competencies than staff nurses employed in acute care and long-term care.

Table 14

Differences in perceptions of Competencies in Staff Nurses by Place of Employment

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Competencies</td>
<td>Within Groups</td>
<td>3</td>
<td>0.916</td>
<td>0.305</td>
<td>3.656</td>
<td>0.020*</td>
<td>'other' - long-term care</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>39</td>
<td>3.256</td>
<td>0.083</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>Within Groups</td>
<td>3</td>
<td>1.621</td>
<td>0.540</td>
<td>1.167</td>
<td>0.335</td>
<td>None</td>
</tr>
<tr>
<td>Competencies</td>
<td>Between Groups</td>
<td>39</td>
<td>18.053</td>
<td>0.483</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 14 (cont.)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>f ratio</th>
<th>p level</th>
<th>Significant Pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Management Competencies</td>
<td>Within Groups</td>
<td>3</td>
<td>1.146</td>
<td>0.382</td>
<td>3.197</td>
<td>0.034*</td>
<td>'other' - acute care; 'other' - long-term care</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>39</td>
<td>4.659</td>
<td>0.119</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management Competencies</td>
<td>Within Groups</td>
<td>3</td>
<td>1.655</td>
<td>0.552</td>
<td>4.014</td>
<td>0.014*</td>
<td>'other' - acute care; 'other' - long-term care</td>
</tr>
<tr>
<td></td>
<td>Between Groups</td>
<td>39</td>
<td>5.360</td>
<td>0.137</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05
** p < .01

The differences in perceptions of competencies between full- and part-time staff nurses were also calculated. Table 15 depicts the results of independent t-test analysis comparing staff nurses employed full-time and staff nurses employed part-time on perceptions of all competencies, patient care management competencies, human resource management competencies, and operational management competencies.
As indicated by Table 15, there were no significant differences in perceptions of competencies between full-time and part-time staff nurses. Because all but one of the nurse managers was employed full-time, this analysis was not performed on nurse manager subjects.

The differences in perception of competencies between staff nurses with prior nurse manager experience and those without prior nurse manager experience were also calculated. Table 16 depicts the results of independent t-tests between staff nurses with prior nurse
management experience and those without prior nurse management experience on perceptions of all competencies, patient care management competencies, human resource management competencies and operational management competencies.

Table 16

<table>
<thead>
<tr>
<th>Competency</th>
<th>Mean Score</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Management Position in Past</td>
<td>Management Position in Past</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (n=22)</td>
<td>No (n=21)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>All Competencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.26</td>
<td>3.43</td>
<td>0.31</td>
<td>0.28</td>
<td>41</td>
</tr>
<tr>
<td>Patient Care Management Competencies</td>
<td>2.64</td>
<td>2.86</td>
<td>0.70</td>
<td>0.67</td>
<td>41</td>
</tr>
<tr>
<td>Human Resource Management Competencies</td>
<td>3.39</td>
<td>3.58</td>
<td>0.39</td>
<td>0.33</td>
<td>41</td>
</tr>
<tr>
<td>Operational Management Competencies</td>
<td>3.18</td>
<td>3.45</td>
<td>0.42</td>
<td>0.36</td>
<td>41</td>
</tr>
</tbody>
</table>

* p < .05  
** p < .01

As Table 16 indicates, staff nurses with no prior nurse management experience scored significantly higher on perceptions of
operational management competencies than staff nurses who had prior nurse management experience. There were no significant differences in perceptions of all competencies, patient care management competencies, and human resource management competencies between staff nurses with prior nurse management experience and those with no prior nurse management experience.
CHAPTER V
DISCUSSION AND CONCLUSIONS

This chapter presents a discussion of the significant findings of this research. In addition, limitations of the study, recommendations for future studies, and implications for nursing practice are presented.

Discussion of Findings

The purpose of this study was to determine whether there was a difference between the perceptions of nurse managers and staff nurses regarding the importance of selected competencies needed to function in the nurse manager role. An analysis was completed of all competencies, patient care management competencies, human resource management competencies, and operational management competencies. There was no significant difference between nurse manager and staff nurse perceptions regarding the importance of all competencies, human resource competencies, and operational competencies.

The null hypothesis related to differences in perceptions of patient care management competencies was rejected. A significant difference was found between nurse manager and staff nurse perceptions regarding the importance of patient care management competencies needed to function in the nurse manager role.

Weaver (1986) found that there was no significant difference between the perceived competency ratings of nurse managers and superiors in the areas of patient care management, human resource
management, and operational management. This study found a
difference between nurse manager and staff nurse perceptions in the
area of patient care management competencies.

This researcher views the patient care management area as one
with which health care struggles. It is not a clear-cut area of
responsibility because it is never finished and is the most unpredictable.
Oftentimes, patient care needs are greater than anticipated. The nurse
manager is frequently expected or required to be more directly involved
in the delivery of patient care.

As indicated by Weaver et al. (1991), nurse managers with
clinical interests are more readily identified with by the staff nurse. In
the small study by Meighan (1990), clinical competence was identified
as one of the most important characteristics of a nursing leader.
Results of this study also support the need for nurse managers to be
seen as competent clinicians.

The study by Stahl et al. (1983) identified the areas of nurse
manager responsibility as patient care management, human resource
management, and operational management. The nurse managers in the
Stahl (1983) study indicated that nurse managers, when identifying
activities that represented their role, selected patient care management
activities more frequently than other activities (human resource or
operational management). The nurse manager group's perception of the
patient care management competencies was the lowest of all three
competency areas. In comparing this study's results to that of Stahl's,
it is interesting to note that there is a discrepancy between perception and practice. This is further confirmed by Bunsey et al. (1991), which supports the fact that there is uncertainty in this area because nursing staff believed that nurse managers should be more involved in direct patient care and less involved in other management activities.

Differences in perceptions of patient care management competencies were found between diploma/associate degree subjects and baccalaureate-degree subjects: the diploma/associate-degree subjects scored higher on perceptions of patient care management competencies. This finding might be explained by the fact that the curricula of associate-degree and diploma programs generally have an increased emphasis on direct patient care than do baccalaureate-degree programs, which tend to incorporate management competencies.

When categorized by place of employment, it was found that, with regard to perceptions of all competencies, subjects in the category of "other" (public health and home health) scored significantly higher than those in acute care, long-term care, and ambulatory care/clinic. Nursing staff in the areas of public health and home health tend to be more independent in their practice and, thus, may have more exposure to all competencies. Long-term care, ambulatory care/clinic and "other" subjects scored significantly higher than acute care subjects with regard to perceptions of the patient care management competency. It could be postulated that the nurse managers in these settings are more involved in patient care management competencies than in the acute care
setting. When examining perceptions of human resource management competencies, acute care, public health, and home health subjects scored significantly higher than those in the long-term care setting. Once again, this may be due to increased autonomy in practice, where the subjects are more involved in or aware of this aspect of the nurse manager role.

The conceptual framework for this study was the RAMA. The RAMA focuses on the adaptation of the organization. The role of the nurse manager is integral to the success of the organization. This study has demonstrated the importance of the competencies identified by Stahl (1983). The results can be used to explicate the gap in the RAMA model related to the specific competencies needed by the nurse manager.

Many of the competencies of the nurse manager role (patient care management competencies, human resource management competencies, and operational management competencies) influence all of the RAMA system components (physical systems, role systems, interpersonal systems, and interdependence systems). The findings of this study that there are differing perceptions related to the patient care management competencies would create disharmony with the stabilizer functions of the RAMA. When discrepancies exist in the perceptions of any of the competencies needed to function in the nurse manager role, the organization suffers and experiences instability.

Findings related to highest educational preparation were not
unexpected. The majority of the subjects held associate or diploma degrees. Only a small number held baccalaureate degrees. This is consistent with the findings of a number of other studies (Meighan, 1990; O'Neil & Gajdostik, 1989; Weaver, 1986).

Ninety-eight percent (n=59) of the nurse manager subjects indicated full-time employment and 42% (n=18) of the staff nurse subjects were employed less than 40 hours per week. The nurse manager rate is consistent with the findings in the study by Meighan (1990) where all subjects were employed full-time. This would support the assumptions that full-time employment is necessary to fulfill the competencies needed to function in the nurse manager role.

Limitations to the Study

The following are limitations of this study:

1. The subjects are limited to those who reside in Iowa. This limits generalizability of the findings.

2. The nurse manager subjects were limited to those who were members of the Iowa Council of Nurse Managers. Generalizability of findings are limited.

3. Approximately 21% of the staff nurses indicated that they were retired. This factor may have influenced their perception and, therefore, the results of this study.

4. The size of the facility was not determined. This may have had an impact on the respondents' perceptions related to the nurse manager
role.

5. The specific type of facility was not determined when the respondent answered "other" for demographic question #5. The type of facility may have an influence on the respondents' perception about the competencies needed to function in the nurse manager role.

**Recommendations for Future Research**

Additional studies could be conducted to determine generalizability of the findings to the target population by designing a study that would encompass all nurse managers and staff nurses on a national level. With the majority of the subjects being employed in acute care, it would appear that the findings in this research would most accurately represent this setting. It would, however, be important to further expand the investigation to include type of acute care setting (i.e., private, public, or federal). The study by Miller and Heine (1988) revealed that differences in role perception were indicated by nurse managers and were dependent upon the type of hospital setting. Further research using a variety of settings could facilitate generalizability of these findings to areas other than acute care.

Additional studies could be performed to evaluate specifically factors that may contribute to the differences in the area of patient care management. Future studies may be needed that focus on factors that influence the differing perceptions related to this competency category. Further analysis of the responses could be beneficial to determine
whether individual competencies influenced the results in the patient care management category.

It might have been helpful to have done a field study to determine the degree of difference in the role of the nurse manager in various settings. It was previously determined by a panel of experts that the competencies on the Skills Questionnaire were reflective of the nurse manager role, but perhaps greater specificity of the role to various settings would be helpful. In addition, a study to determine whether a relationship exists between type of setting and level of education would also add to this body of knowledge.

It would be interesting to investigate the perceptions of Chief Executive Officers and Chief Nursing Executives regarding the role of the nurse manager. An emphasis on the perceptions of these groups regarding the percentage of time that the nurse manager should allocate to each area of competency (patient care management, human resource management, and operational management) would also be useful data for the nurse manager.

Expansion of the study to include patients, families, and significant others might also be indicated. The perceptions of these individuals can influence the role of the nurse manager. For example, if it were found that these individuals perceive the patient care management competencies of the nurse manager role to be significantly important, the role may need to change in order to have a positive influence on the satisfaction of these clients.
Further, it would be interesting to conduct a study that could help to determine whether the nursing profession and society have realistic expectations of the nurse manager. Is it possible for a nurse manager to effectively fulfill all of the competencies with which they are faced? The answers to questions such as these might help to narrow the gap between the differing perceptions related to the nurse manager role.

**Implications for Nursing Practice**

Through this research, it was found that differing perceptions about the nurse manager role continue to exist particularly in the area of patient care management. This is consistent with the comments by Barker & Ganti (1980) that indicated that the nurse manager was expected to be "all things to all people" (p. 16) and implied that clarification of the role and increased education continues to be needed.

The American Organization of Nurse Executives (1992) developed an advisory entitled the "Role and Functions of the Hospital Nurse Manager." The advisory established guidelines relating to the nurse manager role. The guidelines indicated that the nurse manager roles and functions include accountability for clinical practice/patient care management, human resource development, standards compliance, and collaborative relationships. The advisory concluded with a statement that organizationally-derived support for the nurse manager role is necessary, but responsibility for professional development, self-assurance, and excellence must come from the nurse
manager.

This study also demonstrated the need for educating staff about the role of the nurse manager. Increased staff knowledge about the nurse manager role could facilitate the accomplishment of organizational goals. Nursing education could use the results of this study when planning curricula. It might also be helpful for nursing to incorporate information about the role of the nurse manager into the orientation of newly hired nursing staff.

Nursing administration might use the results of this study to improve and enhance the relationship between staff nurses and nurse managers. These strategies could, ultimately, influence staff nurse retention in a positive manner.

With health care reform, the nurse manager role can be expected to change. As stated by President Clinton during his September 22, 1993, address on health care reform, the number of administrators has increased four times that of physicians. President Clinton commented that the amount of paperwork required in the provision of patient care is astronomical and needs to be simplified. It appears that health care reform will place a greater emphasis on direct patient care.

Phillips, Carson, Huggins, and Wade (1993) proposed the development of a care manager role that would consist of a blend between the nurse manager and caregiver roles. This researcher does not support such a role but believes that this may be required to narrow the gap between nurse manager and staff nurse perceptions, especially
in the area of patient care management. Implementation of the care manager concept and replication of this study would need to occur to determine if the significant difference continued to exist.

This study has helped to clarify the existing perceptions of nurse managers and staff nurses regarding selected competencies needed to function in the nurse manager role. This study has also demonstrated the need for continued examination of the patient care management competencies required to function in the nurse manager role.

It is imperative that the role of the nurse manager be further clarified in order to respond to the revolutionary changes in health care. These changes will undoubtedly lead to increased complexity in the nurse manager role. Unless the issue of patient care management is clarified, this aspect of the nurse manager role will continue to be under scrutiny, especially during times of financial disparity. Questions regarding the extent of the nurse manager's involvement in direct patient care will continue to surface. Continued clarification is needed to provide chief nurse executives and nurse educators with the data to support and educate current and future nurse managers for this vital role.
REFERENCES


SKILLS QUESTIONNAIRE (Nurse Manager)

This study is designed to determine the degree of congruence between staff nurse and nurse manager perceptions regarding the importance of selected competencies relating to the nurse manager role.

Using the key below, darken the square that corresponds with your perception of how frequently you think the nurse manager should use the skill. PLEASE DO NOT OMIT MAKING RESPONSES TO ANY SKILL. There are no right or wrong choices. This researcher is interested in your opinion/perception.

EXAMPLE

Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

How often do you think a nurse manager should use this skill?

4 3 2 1

Participate in professional organizations

I believe a nurse manager should always be involved in professional organizations.

-continue-
SKILLS QUESTIONNAIRE (Nurse Manager)

Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

4 3 2 1

1. Providing direct patient care on a planned basis to select patients.

2. Meeting regularly with immediate supervisor for feedback and problem solving.

3. Interviewing all applicants for professional staff for the unit.

4. Submitting appropriate reports within lines of communication.

5. Providing feedback to staff on both acceptable and unacceptable performance.

6. Handling all correspondence pertinent to the unit.

7. Coordinating all daily patient care on the unit including communication with physicians.

8. Representing unit at meetings and committees.

9. Participating in research projects.

10. Accepting informational telephone calls regarding patients.

11. Identifying "system" problems and recommending change.

- continue -
- Continue -

23. Utilizing the nursing process to assess, plan,
   implement, and evaluate patient care.

22. Interdepartmental, i.e., interfacility
   physiological, patient's, interdepartmental and
   procedural and resolving conflicts involving shift,

21. Identifying long range goals and plans to meet goals.

20. Constructively handling criticism of self and unit.

19. Performing planned periodic observations of all staff.

18. Developing plan to meet own learning needs.

17. Assuring that unit reports, i.e., narcotic records, time
   records, etc., are accurate.

16. Identifying own learning needs.

15. Participating in teaching of students as necessary.


13. Identifying needs for disciplinary action when
   necessary.

12. Evaluating staff, using reliable and objective criteria on

Key

1 - Seldom
2 - Sometimes
3 - Usually
4 - Always
Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

24. Providing planned educational opportunities for all staff.

25. Communicating openly with staff and encouraging staff do the same.


27. Holding staff conferences on a regular basis on all shifts.

28. Participating in budget planning.

29. Scheduling daily activities of the unit including assignment planning, scheduled and break time, and conferences.

30. Assuming 24 hour responsibility for the unit.

31. Approaching staff directly when there is a problem with work performance.

32. Reviewing budget reports and taking appropriate action.

33. Pursuing and evaluating self improvement.

34. Involving all levels of staff in problem solving as appropriate.

- continue -
Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

4 3 2 1

35. Encouraging leadership among staff.

36. Establishing standards of care.

37. Communicating organizational policy and procedure information to all nurses on all shifts as appropriate.

38. Implementing, evaluating, and revising plans to meet unit goals.


40. Planning and coordinating orientation for each employee assigned to the unit.

41. Participating in hospital plans for emergency situations.

42. Assisting with patient treatments on a daily basis.

43. Aiding in the implementation of new policies and procedures.

44. Taking report, reviewing charts including diagnostic reports daily.

45. Greeting each new patient and seeing all patients daily.

46. Monitoring standards of care.

47. Completing all patient condition reports.
    - continue -
Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

4 3 2 1

48. Negotiating for equipment and staff.

49. Identifying leadership among staff.

50. Participating in professional organizations.

51. Acting as clinical and administrative supervisor of the hospital on weekends and holidays.

52. Performing intravenous punctures.

53. Communicating unit goals and objectives to staff.

55. Consulting staff for ideas and opinions.

54. Complying with requirements of regulatory agencies.

57. Communicating planned change to staff.

58. Encouraging staff to attend continuing education programs.

59. Assuring that the timeschedule is balanced for an even workload distribution.

60. Initiating disciplinary action when necessary.

- continue -
DEMOGRAPHICS - NURSE MANAGER

For this final section of the questionnaire, please provide responses to the following information. Your responses are important to understanding your opinions regarding the nurse manager role.

PLEASE COMPLETE ALL QUESTIONS AND REMEMBER TO COMPLETE THE ENTIRE SECTION.

REMEMBER - CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES.

1. Please indicate your HIGHEST educational preparation:
   - [ ] Nursing Diploma/Associate Degree in Nursing
   - [ ] Baccalaureate Degree in Nursing
   - [ ] Baccalaureate Degree in a field other than Nursing
   - [ ] Masters Degree in Nursing
   - [ ] Masters Degree in a field other than Nursing
   - [ ] Doctoral Degree in Nursing
   - [ ] Doctoral Degree in a field other than Nursing
   - [ ] Other; please specify

2. Sex:
   - [ ] Male
   - [ ] Female

3. Employment Status:
   - [ ] Full-time, at least 40 hours per week
   - [ ] Less than 40 hours per week
   - [ ] Unemployed
   - [ ] Retired

4. Please indicate the number of years that you have been practicing nursing:
   - [ ] 0 to 5 years
   - [ ] 6 to 10 years
   - [ ] 11 or more years

- continue-
5. Please indicate the type of facility that most represents your current place of employment:
   ___ Acute Care
   ___ Long Term Care
   ___ Public Health
   ___ Home Health
   ___ Ambulatory Care/Clinic
   ___ Other

6. Please indicate the title of your present position:

7. Do you have 24-hour responsibility with your position?
   ___ Yes  ___ No

8. Please indicate the number of years that you have been a nurse manager: _____

** THANK YOU FOR YOUR TIME **
SKILLS QUESTIONNAIRE (Staff Nurse)

This study is designed to determine the degree of congruence between staff nurse and nurse manager perceptions regarding the importance of selected competencies relating to the nurse manager role.

Using the key below, darken the square that corresponds with your perception of how frequently you think the nurse manager should use the skill. PLEASE DO NOT OMIT MAKING RESPONSES TO ANY SKILL. There are no right or wrong choices. This researcher is interested in your opinion/perception.

EXAMPLE

Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

How often do you think a nurse manager should use this skill?

4 3 2 1
1 0 0 0 0 0 0

Participate in professional organizations

I believe a nurse manager should always be involved in professional organizations.
SKILLS QUESTIONNAIRE (Staff Nurse)

Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

1. Providing direct patient care on a planned basis to select patients.

2. Meeting regularly with immediate supervisor for feedback and problem solving.

3. Interviewing all applicants for professional staff for the unit.

4. Submitting appropriate reports within lines of communication.

5. Providing feedback to staff on both acceptable and unacceptable performance.

6. Handling all correspondence pertinent to the unit.

7. Coordinating all daily patient care on the unit including communication with physicians.

8. Representing unit at meetings and committees.

9. Participating in research projects.

10. Accepting informational telephone calls regarding patients.

11. Identifying "system" problems and recommending change.

- continue -
Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

4 3 2 1

12. Evaluating staff, using reliable and objective criteria on a yearly basis.

13. Identifying needs for disciplinary action when necessary.


15. Participating in teaching of students as necessary.

16. Identifying own learning needs.

17. Assuring that unit reports, i.e. narcotic records, time records, etc. are accurate.

18. Developing plan to meet own learning needs.

19. Performing planned periodic observations of all staff.

20. Constructively handling criticism of self and unit.

21. Establishing long range goals and plans to meet goals.

22. Confronting and resolving conflicts involving staff, physicians, patients, interdepartmental and intradepartmental, i.e. intershift.

23. Utilizing the nursing process to assess, plan, implement, and evaluate patient care.

- continue -
Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

4 3 2 1

24. Providing planned educational opportunities for all staff.

25. Communicating openly with staff and encouraging staff to do the same.


27. Holding staff conferences on a regular basis on all shifts.

28. Participating in budget planning.

29. Scheduling daily activities of the unit including assignment planning, scheduled and break time, and conferences.

30. Assuming 24 hour responsibility for the unit.

31. Approaching staff directly when there is a problem with work performance.

32. Reviewing budget reports and taking appropriate action.

33. Pursuing and evaluating self improvement.

34. Involving all levels of staff in problem solving as appropriate.

- continue -
47. Complete all patient condition reports.
46. Monitoring standards of care.
45. Greet each new patient and seeing all patients daily.
44. Taking report, reviewing charts, including diagnostic procedures.
43. Aiding in the implementation of new policies and situational
42. Assisting with patient treatments on a daily basis,
41. Participating in hospital plans for emergency employee assigned to the unit.
40. Planning and coordinating orientation for each unit.
38. Implementing, evaluating, and revising plans to meet unit goals.
37. Communicating organizational policy and procedure.
36. Establishing standards of care.
35. Encouraging leadership among staff.

Key:
1 - Seldom
2 - Sometimes
3 - Usually
4 - Always

82
Key
4 - Always
3 - Usually
2 - Sometimes
1 - Seldom

4 3 2 1

48. Negotiating for equipment and staff.

49. Identifying leadership among staff.

50. Participating in professional organizations.

51. Acting as clinical and administrative supervisor of the hospital on weekends and holidays.

52. Performing intravenous punctures.

53. Communicating unit goals and objectives to staff.

55. Consulting staff for ideas and opinions.

54. Complying with requirements of regulatory agencies.

57. Communicating planned change to staff.

58. Encouraging staff to attend continuing education programs.

59. Assuring that the timeschedule is balanced for an even workload distribution.

60. Initiating disciplinary action when necessary.

- continue -
DEMOGRAPHICS - STAFF NURSE

For this final section of the questionnaire, please provide responses to the following information. Your responses are important to understanding your opinions regarding the nurse manager role.

PLEASE COMPLETE ALL QUESTIONS AND REMEMBER TO COMPLETE THE ENTIRE SECTION.

REMEMBER - CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES.

1. Please indicate your HIGHEST educational preparation:
   - Nursing Diploma/Associate Degree in Nursing
   - Baccalaureate Degree in Nursing
   - Baccalaureate Degree in a field other than Nursing
   - Masters Degree in Nursing
   - Masters Degree in a field other than Nursing
   - Doctoral Degree in Nursing
   - Doctoral Degree in a field other than Nursing
   - Other; please specify

2. Sex:
   - Male
   - Female

3. Employment Status:
   - Full-time, at least 40 hours per week
   - Less than 40 hours per week
   - Unemployed
   - Retired

4. Please indicate the number of years that you have been practicing nursing:
   - 0 to 5 years
   - 6 to 10 years
   - 11 or more years

- continue -
5. Please indicate the type of facility that most represents your current place of employment:

___ Acute Care  
___ Long Term Care  
___ Public Health  
___ Home Health  
___ Ambulatory Care/Clinic  
___ Other

6. Please indicate the title of your present position:


7. Is your present position a management position?
   Yes ___ No ___

8. If your response to question # 7 was no, have you ever been in Nursing Management?
   Yes ___ No ___

** THANK YOU FOR YOUR TIME **
Dear Nursing Colleague:

My name is Sheryl L. Barnes RN, BSN and I am a graduate student in the Master of Science in Nursing program at Drake University. In order to complete degree requirements, I am conducting a study to determine the degree of consensus between nurse manager and staff nurse perceptions regarding the importance of selected competencies related to the nurse manager role.

I am requesting that you complete the attached survey which consists of a listing of nurse manager competencies. The nurse manager and staff nurse will be asked to rate the competencies according to their perception of the importance of the skill as it relates to the nurse manager role. Completion and return of the questionnaire indicates your consent to participate in this survey.

All responses to the questionnaire are confidential, although the surveys are coded for follow-up purposes. No respondent (staff nurse or nurse manager) will be identified or used in reporting the study. All data will be reported in the aggregate. The response sheet will be stored in a locked cabinet with the researcher having the only key.

After completing the questionnaire, please return it in the enclosed self-addressed stamped envelope no later than April 15, 1993. If you are interested in receiving the results, please enclose a self-addressed stamped envelope. If you have questions, please feel free to contact the researcher, Sheryl L. Barnes, at (515) 262-4653 or Mary Hansen, Thesis Advisor at (515) 271-2830 (for long distance calls: 1-800-44-DRAKE). I thank you in advance for completing the survey.

Sincerely,

Sheryl L. Barnes, R.N., B.S.N.
1365 E. 15th Street
Des Moines, Iowa 50316
Dear Nursing Colleague,

Approximately two weeks ago, I sent you a questionnaire requesting that you complete and return it in the self-addressed, stamped envelope provided. It has now been more than two weeks since the questionnaire was sent. If you have not already done so, please complete the questionnaire and return it to me. Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Sheryl L. Barnes, R.N., B.S.N.
Graduate Student
Master of Science in Nursing Program
1365 E. 15th Street
Des Moines, Iowa 50316
(515) 262-4653

If you have misplaced the previously provided questionnaire, please contact me at the address or telephone number indicated above.
## Mean Scores per Question

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