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Assistant Nurse Managers Connecting and Engaging with Professional Peer Networks

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Background

Nursing workforce over 3 million nurses (Advancing Health, 2011)

Nursing leadership is required for safe and effective patient care (Omoike et al., 2011; Omoike et al., 2011)

Charge Nurse (CN) is most recognized title, and is also called Assistant Nurse Manager (ANM) (Admi & Eilon-Moshe, 2016)

Responsibilities: clinical, administrative, and human relations (Connelly, et al., 2003; Eggenberger, 2012)

Literature Review

Role Description in Acute Care Setting (Admi & Eilon-Moshe, 2016; Cathro, 2016; Eggenberger, 2012)

- Responsible for all patients, all staff, and all operations in a unit

Lack of Formal Training (Eggenberger, 2012; Flynn et al., 2010; Homer & Ryan, 2013; Morris, 2019; Platt & Foster, 2008; Sherman, 2005)

- No specialized education or formal training

Role Highly Demanding & Stressful (Admit & Moshe-Eilon, 2010; Morris, 2019; Patrician et al., 2012; Sherman et al., 2011)

- Unclear job role, work overload, conflict management, lack of resources, lack of support

Need for Support, Mentors, and Professional Peer Networks
(Admi & Eilon-Moshe, 2010; Admi & Eilon-Moshe, 2016; Connelly et al., 2003; Flynn et al., 2010; Krugman et al., 2013; Morris, 2019; Patrician et al., 2012; Sherman, 2005)

- To improve role, develop & strengthen leadership skills

Study Purpose

Examine the
Assistant Nurse Manager's
experiences with and preferences for
engaging in professional peer networks
in the acute care setting

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Methods

Pilot qualitative descriptive study using a cross-sectional design

Convenience sample of 8 Assistant Nurse Managers in the Sacramento, CA area

Data collected from individual 1-hour phone interviews

Semi-structured interview questions

Interviews audio recorded

transcribed by Otter.ai

transcripts reviewed by PI and thesis chair

Data manually coded and analyzed using thematic analysis

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Findings: Transition into the ANM Role

Difficult for some

Experience as a Charge Nurse and Resource Nurse eased transition

"suddenly lose all your peers"

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Findings: Role Training Experiences

Orientation, classes, on-the-job training

Inadequate, inconsistent, lacks administrative & conflict management elements

On-going training not required

for all but 1 participant

Learned on their own by trial and error as a slow and painful process

Mentors helped

They want future ANMs to have a formal, standardized, & structured training that aligns them across their organization

*"There was an expectation for you to lead,
but not an expectation for somebody to show you how"*

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Findings: Middle Management Role Complexities

Difficult to manage people, overwhelming role responsibilities, unique difficulties on night shift

Feel overwhelmed, stressed, scared, lost, unprepared, & unexpectedly lonely, isolated, siloed in unit

Sometimes work as a staff nurse

Perceived as *"stuck in the middle"* between staff and upper management

"we're not a manager … but I'm not quite staff"

Still directly connected to the frontline and connected to upper administration

ANMs are "*the only people that connect upper administration to bedside … and middle management is really hard*"

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Findings: Resources Utilized

People

- Nurse Managers
- Peers

Printed information

- Personal resource book
- California Nurses' Association manual

Findings: Connecting with Professional Peers

Most want and need quality connections

Some connect proactively while others by happenstance

Formed through classes and leadership meetings

Covid-19 pandemic has negatively affected connecting

Connect in person, text, phone, email, Microsoft Teams, core text system, OneNote

"I don't know a whole lot of my peers only because I don't think there is opportunity to get to meet everybody very often. We're all very kind of siloed in our unit."

Findings: Attributes and Perceptions of Professional Peer Connections

- Important to know who peers are and form relationships within their organization, with other organizations, and nationally

- Continuous resource

- Role assistance (clinical & administrative)

- Learning

- Support

- Improves role confidence, job satisfaction

- Influences professional goals

- Believe connecting improves patient outcomes & makes the role and their organizations stronger

"We work at a wonderful facility and we accomplish a lot here at our hospital, but I always think of how much more could we accomplish? How much stronger could we be if we were a little bit more unified and in sync and not so siloed?"

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Conclusion & Implications of Research

ANMs are unprepared, lonely, & siloed

Connecting ANMs can strengthen, unify & improve patient care

ANMs want effective role training & on-going leadership development
- A method of connecting
- Learning from each other

The most common ways ANMs connect are at organizational events

Organizations can use this information as a beginning guide in developing innovative strategies that promote connections, learning, & support

Insights offer initial understanding of ANM peer connections, ways to connect & support their advancement
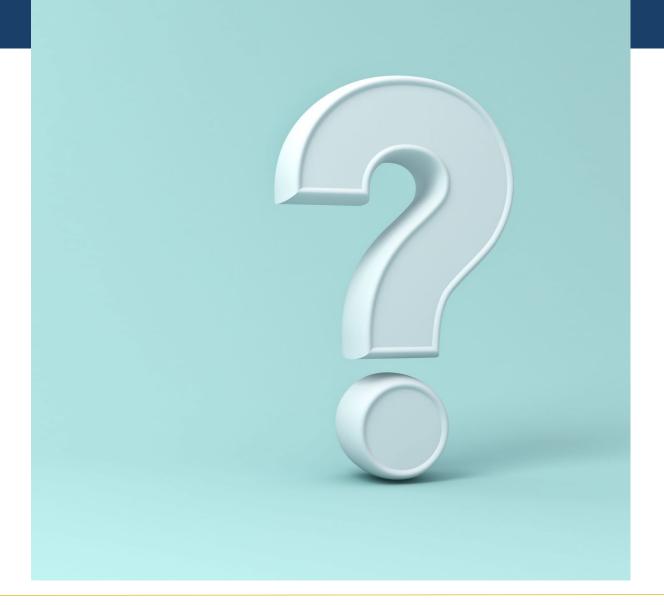
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Gratitude

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Questions?

Feel free to contact me with any questions or comments:

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