IMPROVING NURSE MANAGERS SKILLS IN THE VETERANS HEALTH ADMINISTRATION

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IMPROVING NURSE MANAGERS SKILLS
IN THE VETERANS HEALTH ADMINISTRATION

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“Improving Nurse Managers’ Skills in the Veterans Health Administration”

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ABSTRACT

The Veterans Health Administration (VHA) provides an education module for nurse managers that prepares them for unique duties and responsibilities. This project explores the self-reported confidence in knowledge learned of nurse managers who participated in an online management and leadership training program through measurement of pre- and post- training participation.

The aim of this study is to analyze an online training program for nurse managers in regards to improvement in leadership/management skills and promote better management and patient advocacy (Kvas, Seljak & Stare, 2014; American Organization of Nurse Executives (AONE) Nurse Executive Competencies, 2005).

Keywords: nurse managers, competencies, online education
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Chapter 1: Introduction and Background

Nurses should be more involved in the administration of health care. Predicated upon a review of the literature, it appears that nurses are not involved with decision-making that occurs at boards or committees of their organizations. For example, only about 2 to 9 percent of hospital boards have nurses as voting members (Westphal & McNiel, 2014). Thus, health care boards likely make decisions with little nurses’ input, experience, and knowledge in the shaping the processes and systems for providing patient care. (Bail, Draper, Berry, Karmel & Goss, 2018).

Nurse managers are frequently recruited for their knowledge and/or their expertise as a good nurse. They become a nurse manager of a unit and are expected to lead the staff not only in nursing competencies but also health care management competencies (Titzer, Shirey & Hauck, 2014). The VHA’s nurse managers are registered nurses who supervise at least three nurses and who are responsible for a clinical program. Nurse managers receive minimal orientation; thus, they rely on “just-in-time” or “trial-and-error” training as they progress through their careers (Pihlainen, Kivinen & Lammintakanen, 2016). Evidence based education should be used to assist nurse managers to be successful (Spiri & MacPhee, 2013). Presently, the VHA uses 14 online training modules that are assigned to new supervisors in general. Human Resources topics tend to be the focus of these modules (e.g. Equal Employment and preventing sexual harassment). VHA supervisors receive training regarding the regulations and directives established by the Office of Personnel Management and Equal Employment Opportunity Commission. Nurse managers need this type of training. However, nurse managers are leaders and managers of patient care requiring further focused managerial development. Nurse managers are expected to set an example for nurses they supervise encouraging them to advocate for
patients. When managers provide support for their staff, the turnover rate of their staff is lower and retention higher (Shimp, 2017; Currie & Carr, 2012).

**Problem Statement**

Nurse managers are not educationally prepared or trained to be leaders to share their experiences and prepare frontline staff for the challenges of associated with patient care (Jasper, 2012; Keys, 2014). Development of future nurse managers should be transformed to include mentoring programs. Nurse managers are leaders and managers of health care programs that deal with patient care that is unique to them and not to general supervisors. Nursing administration needs to set the example for nurse managers while encouraging them to continue advocating for patients. When nurse managers provide support for their staff, the turnover rate is usually lower and retention higher (Shimp, 2017; Currie & Carr, 2012). Providing a structured online educational program for nurse managers will prepare them to lead and manage the nurses they supervise and improve the turnover rate of staff nurses in an organization (Moran, Duffiend, Donoghue, Stasa & Blay, 2011).

**Study Objectives and Aims**

The overall study objective was to evaluate an existing tool to improve the nurse manager skills in the VHA. By using an already established module, improvements can be made to be more in line with established competences.

Objective:

- Measure the knowledge uptake of nurses after completing a VHA developed intervention (VHA “Passport to Success”) with a pre- and post-intervention survey.
• Validate the VHA Passport to Success administrative training program for nurse managers through a self-reported survey tool based on the Knowledge of Health Care Environment as defined by AONE for nurse managers (AONE Nurse Executive Competencies, 2005).
Chapter 2: Review of Literature

Examining the literature on how nurse leaders and managers are developed revealed the need for nurse managers with appropriate competencies should be further examined and developed. Nurse managers are key for a health care organization and its clinical programs to be successful. As the complexities of patient care have increased, nurse managers need appropriate support in order to create a work environment that supports safe patient care and enriches the staff (Pihlainen, Kivinen & Lammintakanen, 2016).

Three main themes emerged regarding nurse manager competency as a result of the literature search. First, competencies based on evidence should be utilized. Second, nurse managers should receive standardized education for the requirements of the job. Third, online support for nurse managers results in greater success and retention (Moran, Duffiend, Donoghue, Stasa & Blay, 2011). Overall, the literature indicated that nurse managers should be successful with the support of evidenced-based online education.

Standardized Competencies

Often, nurse managers are hired into management positions without any planning or forethought as to whether or not the individual has the necessary skills to perform competently as a manager (Jasper, 2012; Keys, 2014). Management and leadership were often viewed as the same in educational programs. Management of health care programs assigned to nurse managers requires more than being aware of employee relations but also requires skills associated with the health care environment (Pihlainen, Kivinen & Lammintakanen, 2016). However, nurse managers often do not understand the management complexities of their assignment. The nurse manager often attempts to accomplish the task of the position but lacks the knowledge of the requirements of being a nurse manager. This results in a negative impact on the nurses being
supervised (Hsiu-Yueh Hsu, Lai-Liang Lee, Chia-Yun Fu & Chi-Chieh Tang, 2011; Titzer, Shirey & Hauck, 2014). Utilizing evidence-based competencies and supporting nurse managers has demonstrated positive results in their supervisory skills (Spiri & MacPhee, 2013).

**Supporting and Training Nurse Leadership.**

Successful bedside nurses are typically provided an orientation and ongoing training. Organizations with nurse residency programs for new graduates have shown success in retaining the same nurses. Likewise, nurse managers who have been in a nurse manager residency program tend to be more successful (Hsiu-Yueh Hsu, et al. 2011; Titzer, Shirey & Hauck, 2014). Nurse managers who are trained and supported are also more confident in their jobs and demonstrate more commitment to the organization. Subsequently, nurse managers who are have been supported have a positive impact on the work environment and patient outcomes (Cummings, MacGregor, Davey, Lee, Wong, Lo, Muise & Stafford, 2010). Furthermore, effective nurse managers who receive support continue in their organization and develop the leadership and management styles necessary for succession planning and increased responsibility (Trepanier & Crenshaw, 2013).

**Online Support**

Online educational support for nurse managers has been found to be useful in communicating knowledge, skills, and attitudes to new nurse leaders. Nurse manager support has allowed them to feel more confident in their abilities and decisions. Programs developed with AONE competencies have demonstrated effective nurturing of new nurse leaders (Fielden & Hunt, 2011). Similar to mentoring/residency programs for nurse graduates, online education has allowed nursing leaders to progress and be more successful in their careers (Moran, Duffiend, Donoghue, Stasa & Blay, 2011).
Overall, the literature indicated that nurse managers have unique responsibilities and competencies when compared to non-nurse general supervisors. Nurse managers who have a structured educational program are more likely to be successful and remain in their career path. Online educational models utilizing the AONE framework can be successfully used to enhance the educational program.
Chapter 3: Theoretical Models and Methodology

The Institute of Medicine (IOM, 2010) report, *The Future of Nursing: Leading Change, Advancing Health*, suggests that nurses need to be responsible for decision-making in all areas of their practice including leadership. Transformational leadership is a framework for developing nurse managers. Nurse managers using transformational leadership can encourage change at the bedside that allows nurses to be supported (Lacasse, 2013). One of the fundamental components of the transformational leader is empowerment enabling the individual to complete their work more successfully. Transformational leadership engages the individual leader at both the emotional and intellectual level of the followers encouraging nurse managers to reach higher levels of achievement and personal development (Doody & Doody, 2012).

Utilizing the transformational model of leadership, nurse managers who use AONE competencies in the development of leadership have been shown to demonstrate better knowledge, skills, and attitudes (KSAs) associated with the AONE model (Fielden & Hunt, 2011). The AONE competencies were used as a conceptual framework. The model was developed in 2004 by the Healthcare Leadership Alliance specifying necessary competencies for leaders in health care (see Appendix A). This model encompasses communication and relationship management, professionalism, business skills and principles, and knowledge of health care environment with leadership overlapping all four of these domains. This model compares to the transformational leadership framework, where transformational leaders take the initiative in establishing and making commitment to relationships with followers. They recognize they are involved collectively, leaders and followers, in common goals (IOM, 2004). For the purpose of this study, only one competency was analyzed and studied for knowledge uptake:
knowledge of the health care environment as the specific domain of interest in this study (AONE Nurse Executive Competencies, 2005).

**Project and Study Design**

The Institute of Medicine (2010) stated that nurses should work to the highest level of their scope of practice. This is particularly true for nurse managers who are involved with staying abreast of the complex changes in the health care environment (IOM, 2010). The AONE developed evidence-based competencies outlining the appropriate knowledge and skills required of nurse leaders. This is similar to what other health care leadership executives groups (i.e. American College of Healthcare Executives, American College of Physician Executives, Healthcare Financial Management Association, Healthcare Information and Management Systems Society and Medical Group Management) have determined to be essential for competence (Kvas, Seljak & Stare, 2014).

Nurse managers within the VHA system utilize an educational module called “Passport to Success.” This educational module has been prepared to assist managers for their respective roles of leading frontline nurses caring for patients. The online module utilizes a VHA format called the Talent Management System (TMS) employed as a means to educate and maintain manager competencies.

For this study, pre- and post- surveys based on the 2005 AONE Nurse Executive competencies (See Appendix B.) were used to ascertain the knowledge uptake of the nurse manager and effectiveness of the online module (Kvas, Seljak & Stare, 2014; AONE Nurse Executive Competencies, 2005).
Setting and Resources

Nurse managers from a VHA Health Care Facility in California were asked to participate in the study. The researcher presented the study proposal to nursing leadership at the VHA and subsequently was granted access to the list of nurse managers working at the facility. The online module, developed by a group of VHA nurse educators and VHA nurses, allows nurse managers to develop professionally and maintain their skills whether at home or work. The nurse managers were able to participate in the study utilizing their computer access to the VHA network.

Study Population

Nurse managers were recruited from the VHA Health Care System representing a variety of levels of experience. Sixteen managers voluntarily participated in the study from the 36 nurse managers assigned to the TMS training. Nurse managers typical administrate patient care programs that are unique to them and not to general supervisors (Cummings et al, 2010). In the VHA, nurse managers are defined as registered nurses who supervise at least three nurses and are responsible for a clinical program. All nurse managers from this VHA facility were invited to participate in the study. Managers who were on medical leave or vacation during the study were excluded.

The online module is useful in determining current knowledge and areas for improvement. Nurse managers who have more experience learning through trial and error will likely have less of knowledge uptake due to their on-the-job competency (Moran, Duffiend, Donoghue, Stasa & Blay, 2011). Therefore, the VHA nurse managers are more likely to demonstrate less of an uptake of the knowledge from the online module as their respective length of VHA employment expands.
Sources of Data

Utilizing the AONE competency of knowledge of the health care environment as a foundation, a pre-survey was used to determine the managers’ level of knowledge. The managers completed an online education module used by the VHA Office of Nursing Services called “Passport to Success.” After completing the online module, a post-survey was conducted to determine if knowledge uptake occurred. Aside from the demographic items used only in the pre-survey, the post-survey was identical to the pre-survey.

The pre- and post- surveys were based on competency of Knowledge of Health Care Environment from AONE (AONE Nurse Executive Competencies, 2005). The surveys utilize the same format as the Nurse Manager Inventory Tool designed by American Association of Critical Care Nurses (AACN). This format was used because the AONE and the AACN have joined in an alliance called the Nurse Manager Leadership Partnership (NMLP) which has created a framework for the development and certification of nurse managers. AONE competencies are a common evidence-based standard that increases the likelihood of successful nurse managers (AONE Nurse Executive Competencies, 2005). Each component of the health care environment was listed. The participant rated their perceived competence on a Likert scale ranging from 1 to 5 with 1 representing “not competent” to 5 representing “highly competent” (see Appendix B).

Data Analysis

The study design was a pre-test/post-test study with a small, non-random sample size (nurse managers, n=16). The self-perceived measurements were calculated by obtaining the scale scores in each area by calculating the mean of each item response. Data obtained from the assessment tools were analyzed using the Statistical Package for the Social Sciences, 22.0
computer program. A non-parametric Wilcoxon signed-rank test was conducted to determine a difference between self-perceived competency levels (Clinical Practice Knowledge, Delivery Models, Healthcare Economics, Healthcare Policy, Governance, Evidence-Based Practice/Outcome Measurement, Patient Safety, Utilization/Case Management, Quality Improvement/Metrics, and Risk Management) immediately prior to training commencement (baseline) and immediately post training completion. An alpha level of .05 was used for all statistical tests. The effect size for the Wilcoxon signed-rank test was calculated by dividing the z value by the square root of N (the number of observations over the two time points). Cohen’s (1988) criteria was used to determine effect size, with 0.1 = a small effect, 0.3 = a medium effect and 0.5 = a large effect. The descriptive statistics of mean, median, minimum, maximum and standard deviation were calculated for numbers of years as a nurse and years in a leadership role.

**Quality**

Ensuring that individuals cannot be identified, participants’ specific information was not connected to individual demographic results and aggregated into groups of participants. Answers to the survey questions about demographic results were not connected to individual results. For those individuals who opt out of the study after taking the pre-survey, online module or the post-survey, their answers/results were discarded. Since the data for the study was from online surveys and an online education module, the results and the data were secured behind a firewall and password protected server. The data was transferred to an encrypted laptop with password protection. In order for participants to use the TMS online module, a unique identification and password were used to access the system.
Ethics and Human Subjects Protection

Participants were recruited from nurse managers who work in the VHA by means of email groups listing individuals as managers and consulting with nurse executives at the VHA. Consent information, the purpose of the study, risks to enrolling in the study, and how data was handled were provided to the participants to read before consenting to enroll in the study. Additionally, participants were notified that participation in the study was voluntary, given the estimated time to participate in the study, and informed that questions could be skipped in the surveys. Participants were presented with a consent form that outlined the study and who could be contacted if they had questions about the study or wished withdraw from the study. These contacts included the author, the faculty member supervising the study, and the chair of the department. “I agree” and “I do not agree” buttons on the online survey were placed to indicate the participant’s choice. Participants voluntarily submitted to the study and sign a consent form showing that the information was used to anonymously demonstrate the effectiveness of the online competency tool. Demographic data was secured on a laptop computer with password protection and on a network computer that is password protected. Participants were de-identified through the assignment of random identification numbers. No personal identifying information was collected in the data or analysis.

Timeframe

After completing the consent forms, the participants were able to take the pre-survey. Immediately after taking the pre-survey, the participant gained access to the online module regarding knowledge of the health care environment. Two weeks after completing the training, the participant was allowed to take the post-survey to measure the knowledge uptake from the online module. After four weeks, the post-survey closed. The timeframe allowed enough
individuals to enroll in the study and enough time to take the surveys and the online module about knowledge of the health care environment. The total timeframe for the pilot study from initiation to completion was one year.

**Budget**

There were no costs to the participants and the researcher. The costs of administering the training module and the pre- and post- surveys was facilitated by the VHA. The VHA allowed this online module to be assigned to the managers as it edifies the skills of their employees. The online module is a pre-existing component of the VHA system. Permission to use the system was granted by the specific VHA medical facility. Creating and loading the modules and surveys was done by the author. Software had already been purchased by the VHA and was utilized for the module and data analysis.
Chapter 4: Results and Discussion

Results

Thirty-six individuals were invited to participate in the study. Eighteen started the pre-survey. Sixteen completed all three components of the study. Table 1 describes the demographic frequency distribution of those who completed the study. The groups consist of 87.5% female (n=14) and 12.5% male (n=2). The highest degree of each nurse consisted of 25% Bachelors in Nursing (n=4), 6.3% Bachelors in another field (n=1), 56.2% Masters (n=9), and 12.5% Doctorate (n=2). Data related to years as a nurse and years in a leadership role was also collected. The years as a nurse ranged from 8 to 34 years, with the mean of 21.44 years (SD=8.05). The number of years in a leadership role ranged from 2 to 23 years, with a mean of 9.25 years (SD=6.202).

<table>
<thead>
<tr>
<th>Table 1: Participant Demographics</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency Distribution for Gender and Highest Degree</td>
<td>Frequency N=16</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>Variable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>87.5</td>
</tr>
<tr>
<td>Highest Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate or Diploma</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bachelors in Nursing</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Bachelors in Another Field</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Masters</td>
<td>9</td>
<td>56.3</td>
</tr>
<tr>
<td>Doctorate</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Descriptive Statistics of Years as a Nurse and Years in a Leadership Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Variable</strong></td>
<td>Mean</td>
<td>Median</td>
</tr>
<tr>
<td>Years as a Nurse</td>
<td>21.44</td>
<td>5.00</td>
</tr>
<tr>
<td>Years in a Leadership Role</td>
<td>9.25</td>
<td>7.00</td>
</tr>
</tbody>
</table>
Self-Reported Competence

Table 2: Pre- and Post- Scores

<table>
<thead>
<tr>
<th>Competency Domains</th>
<th>Md (pre-survey)</th>
<th>Md (post-survey)</th>
<th>z value</th>
<th>p value</th>
<th>r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice Knowledge</td>
<td>3.5</td>
<td>3.7</td>
<td>1.70</td>
<td>.087</td>
<td>0.30</td>
</tr>
<tr>
<td>Delivery Models/Work Design</td>
<td>4.3</td>
<td>4.3</td>
<td>1.31</td>
<td>.190</td>
<td>0.23</td>
</tr>
<tr>
<td>Healthcare Economics</td>
<td>1.5</td>
<td>3.0</td>
<td>2.29</td>
<td>.022</td>
<td>0.41</td>
</tr>
<tr>
<td>Healthcare Policy</td>
<td>1.9</td>
<td>2.3</td>
<td>3.21</td>
<td>.001</td>
<td>0.57</td>
</tr>
<tr>
<td>Governance</td>
<td>2.2</td>
<td>2.8</td>
<td>2.85</td>
<td>.004</td>
<td>0.50</td>
</tr>
<tr>
<td>Evidence-Based Practice/Outcome Measurement</td>
<td>3.9</td>
<td>4.0</td>
<td>1.94</td>
<td>.052</td>
<td>0.34</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4.1</td>
<td>4.4</td>
<td>2.68</td>
<td>.007</td>
<td>0.47</td>
</tr>
<tr>
<td>Utilization/Case Management</td>
<td>3.5</td>
<td>3.8</td>
<td>1.92</td>
<td>.055</td>
<td>0.34</td>
</tr>
<tr>
<td>Quality Improvement/Metrics</td>
<td>3.9</td>
<td>3.9</td>
<td>1.08</td>
<td>.282</td>
<td>0.19</td>
</tr>
<tr>
<td>Risk Management</td>
<td>3.5</td>
<td>4.0</td>
<td>2.98</td>
<td>.003</td>
<td>0.53</td>
</tr>
</tbody>
</table>

Table 2 shows results of non-parametric Wilcoxon signed-rank tests for each leadership domain competency. No statistically significant differences were observed in the domains of clinical practice knowledge, delivery models/work design, healthcare economics, evidence-based practice/outcome measurement, patient safety, utilization/case management and quality improvement/metrics.

Significant differences were observed in the domains of healthcare policy, risk management and governance. In the healthcare policy domain, there was a statistically significant increase in the uptake of knowledge following the completion of the education module, \( z=3.21, p=0.001 \), with a large effect size \( r=0.58 \). The median score on the healthcare policy domain increased from pre-intervention \( (Md=1.88) \) to the post-intervention \( (Md=2.25) \). In the risk management domain, there was a statistically significant increase in the uptake of knowledge following the completion of the education module, \( z=2.98, p=0.003 \), with a large effect size \( r=0.53 \). The median score on the risk management domain increased from pre-intervention \( (Md=3.50) \) to the post-intervention \( (Md=4.00) \). In the governance domain, there
was a statistically significant increase in the uptake of knowledge following the completion of the education module, $z=2.85$, $p=0.004$, with a large effect size ($r=0.50$). The median score on the governance policy domain increased from pre-intervention ($Md=2.20$) to the post-intervention ($Md=2.80$).

**Discussion**

The results of this study show that the online education module had a large effect on increasing the knowledge of nurse managers in 8 out of the 10 domains. A statistically significant difference was found in 3 (healthcare policy, governance and risk management) of the 10 identified domains. Healthcare policy had the greatest percentage change. This particular competency is related to one’s understanding of policy in relation to being a manager. As the education module is created to inform VHA nurse managers about the expectations and multiple directives, this may have related to the largest increase occurring in this domain.

The governance domain demonstrated the second highest percentage of change in knowledge uptake. As the participants completed the online module, the basics of how the VHA is governed were presented with chain of command explained and demonstrated. The connection and importance of how the nurse manager informs the organization about patient care issues and role of the nurse manager to oversee nursing practice are described. The module stresses the importance of the nurse manager role in value of nursing care at the delivery of care.

The third domain that had an increase in knowledge uptake was the risk management domain. These competencies deal with identifying areas that could lead to lack of compliance with directives and possible adverse effects to the organization. As the VHA stresses the importance of compliance with regulatory agencies, managers are often exposed to multiple reminders and directives related to this competency. The education module concentrates heavily
on compliance with national directives with references to those directives. The managers are reminded of their responsibilities in relation to compliance with directives.

The remaining seven domains did not demonstrate a significant increase in knowledge uptake, which include clinical practice knowledge, delivery models/work design, health care economics, evidence-based practice/outcome measurement, patient safety, utilization/case management and quality improvement metrics. The sample group of 16 nurse managers who were involved with this study had a mean of over 20 years of experience and almost a decade in a leadership role. The education module may not have provided new information to the seasoned group. In addition, the sample of nurse managers have a large percentage of graduate education (68.8%). This may have contributed to the small uptake of knowledge in the remaining competencies as the formal education may have contributed to their already established knowledge.

Limitations

Several limitations were identified with this capstone project. First, the small sample size may not allow for inference of VHA nurse managers. The sample size was taken from one VHA medical center in California. Since the education online module will be used for all VHA nurse managers, the results may not be applicable to the general population of nurse managers outside of the VHA. The VHA has specific policies, directives and memorandums that are not applicable to medical centers not associated with the VHA. In addition, the online education tool cannot be validated based on the small sample size. Second, the time frame for uptake of knowledge may not be adequate for application of the information provided in the online module and an increase of knowledge uptake may not be evident in one month. The information in the module could be applied over a longer timeframe with a possible larger effect. Third, the online educational
module may not be the only intervention to increase knowledge of perceived competencies of the
nurse managers. Other variables may effect a change on the knowledge uptake during the time
frame managers such as journals, additional education, work experiences, consultation with
peers/mentors, etc.

Overall, the module is based on the information and knowledge with in the VHA. The
AONE competency tool has been used in limited studies to validate nurse executive
competences. In 2015, the AONE competencies were revised. Future replications of this study
would require revisions to the most current version (AONE, 2015). Likewise, the online
educational module was not originally designed to the AONE competencies and should likely be
revised.

Implications

This study demonstrated that the current online education provided to nurse managers
within a VHA medical center may increase some AONE competencies. However, a survey with
a larger group of nurse managers and multiple medical centers would likely demonstrate
additional significant results. The AONE competency tool is most likely an effective method of
evaluating knowledge gap of nurse managers within a VHA medical center. With a larger group
of managers, this tool may be further validated to determine gaps of knowledge within a group of
nurse managers allowing education to be tailored to meet the needs of the nurse managers of an
organization.

The Institute of Medicine’s 2010 Future of Nursing Report called to healthcare
organizations to provide education to nurses in competencies of leadership and health policy
(Institute of Medicine, 2010). As leadership is informed of the results of the AONE tool, health
care leaders can invest resources to educate nurse managers. On the basis of evidence and
potential demonstrated in this project, ongoing research is necessary to support that an online educational module within the VHA is an effective intervention in increase nurse manager competencies.

**Conclusion**

Competent nurse managers are necessary for the safe and effective functioning of health care organizations (Jasper, 2012). Nurse managers have frequently not been provided the support to be successful in their career which can hinder the progress and retention of the nurses they supervise (Cummings et al, 2010). Nurse managers have specific competencies that are necessary for success as evidenced by the AONE Competencies. Further evaluation is needed to determine if VHA organizations can improve the nurse manager knowledge by utilizing an evidence-based online education module focused on nursing manager competencies.
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doi:http://dx.doi.org.ezproxy.apollolibrary.com/10.1016/j.ijnurstu.2012.01.001


Appendix A

Diagram of AONE Competencies (AONE Nurse Executive Competencies, 2005).
Appendix B
Pre and Post Intervention Surveys

AONE Competency—Knowledge of the Healthcare Environment (AONE Nurse Executive Competencies, 2005).

Please rate your knowledge level of the following areas:

**Clinical Practice Knowledge**

A. Maintains knowledge of current nursing practice and the roles and functions of patient care team members

B. Articulates patient care standards as published by TJC, CMS, and professional nursing literature

C. Understands, articulates, and ensures compliance with the State Nurse Practice Act, State Board of Nursing regulations, regulatory agency standards, and policies of the organization

D. Ensures that written organizational clinical policies and procedures are reviewed and updated in accordance with evidence-based practice

E. Role models lifelong learning, including clinical subjects such as disease processes, pharmaceuticals, and clinical technology
**Delivery Models/Work Design**

A. Maintains current knowledge of patient care delivery systems and innovations

B. Articulates various delivery systems and patient care models and the advantages/disadvantages of each

C. Serves as a change agent when patient care work/workflow is redesigned

D. Determines when new delivery models are appropriate, and then envisions and develops them

**Healthcare Economics**

A. Articulates federal and state payment systems and regulations, as well as private insurance issues, which affect the organization’s finances

B. Understands and articulates individual organization’s payer mix, CMI and benchmark database

**Healthcare Policy**

A. Articulates federal and state laws and regulations that affect the provision of patient care (e.g., tort reform, malpractice/negligence, reimbursement)
B. Participates in the legislative process concerning health care through membership in professional organization and personal contact with public officials

C. Educates patient care team members on the legislative and regulatory processes and methods for influencing both

D. Interprets impact of state and federal legislation on nursing and health care organizations

**Governance**

A. Articulates the role of the governing body of the organization in the following areas: Fiduciary responsibilities, Credentialing and Performance management

B. Represents patient care issues to the governing body

C. Participates in strategic planning and quality initiatives with the governing body

D. Interacts with and educates the organization’s board members regarding healthcare and the value of nursing care

E. Represents nursing at the organization’s board meetings
Evidence-Based Practice/Outcome Measurement

A. Interprets information from research

B. Utilizes research findings for the establishment of standards, practices, and patient care models in the organization

C. Disseminates research findings to patient care team members

D. Participates in studies that provide outcome measurements

E. Allocates nursing resources based on measurement of patient acuity/care needed

Patient Safety

A. Supports the development and implementation of an organization-wide patient safety program

B. Designs safe clinical systems, processes, policies and procedures

C. Monitors clinical activities to identify both expected and unexpected risks

D. Supports a non-punitive reporting environment and a reward system for reporting unsafe practices
E. Supports safety surveys and responds and acts on safety recommendations

F. Ensures staff is clinically competent and trained regarding their role in patient safety

G. Articulates and takes action to support the JC National Patient Safety Goals

**Utilization/Case Management**

A. Articulates organization decision-making for the criteria model adopted by the organization

B. Communicates key points of the model to a variety of audiences (nursing, financial, medical staff)

C. Involves physicians in ongoing utilization management practices

D. Designs continuum of care options for managing patient throughput (long term care units, urgent care centers, admission/discharge units, etc.)

**Quality Improvement/Metrics**

A. Articulates the organization’s QI program and goals

B. Determines patient care
C. Defines metrics as related to process improvement

D. Explains and utilizes metrics as a unit of measure for any process

E. Articulates the link between metrics and goals

F. Articulates the link between organization metrics and national quality initiatives/metrics

G. Targets outcomes that are evidence-based (comparison data benchmarking)

**Risk Management**

A. Identifies areas of risk/liability

B. Ensures staff is educated on risk management and compliance issues

C. Develops systems which encourage/require prompt reporting of potential liability by staff at all levels

D. Envisions and takes action to correct identified areas of potential liability