The critical influence of nurse managers in shaping healthy work environments is undeniable. Of every leadership role in health care today, a nurse manager has the most direct impact on the care and services that patients and families require throughout their health care experience. Theirs is a far-reaching role with particular impact on achieving a professional culture that successfully recruits and retains expert nurses.

In today’s dynamic and complex health care environments, safe and effective care will only be assured when health care leaders can make their optimal contribution to the effort. Nurse managers must not only fulfill their daily responsibilities, they must lead the change demanded that will secure a bright future for American health care.

To make their optimal contribution, nurse managers require well-honed skills in coaching, motivating, and leading a professional team so that safe and effective care is delivered—supported by systems where quality improvement and effective stewardship of scarce resources are complementary.
The Nurse Manager Inventory Tool captures the skills and behaviors that are envisioned for the successful nurse manager. This inventory allows the nurse manager to perform a self-evaluation that can be paired with the nurse manager’s supervisor’s assessment to create an individualized professional development plan. The inventory is based on the three domain model initially developed by three national nursing associations. The successful nurse manager must gain expertise in all three domains. This tool is presented to assist with that professional assessment and development.

1. The three national nursing associations were the American Organization of Nurse Executives (AONE), the American Association of Critical-Care Nurses (AACN), and the Association of peri-Operative Registered Nurses (AORN). In 2006, AONE and AACN formed the Nurse Manager Leadership Partnership (NMLP) to continue this leadership work.

Methodology for How to Use the Nurse Manager Inventory Tool

I. The nurse manager uses the tool to review and rate himself/herself in each of the content areas, along a scale from minimal skill/experience to expert.

II. The nurse manager’s supervisor does the same, rating the nurse manager in his/her specific role.

III. The nurse manager and supervisor meet to review the two assessments. For areas where assessments differ they can:
   a. discuss why the perceptions differ
   b. discuss and develop plans for improvement/professional development

IV. The tool can become the basis for career pathway planning and delineating professional targets.
# THE SCIENCE

## Managing the Business

<table>
<thead>
<tr>
<th>I. FINANCIAL MANAGEMENT</th>
<th>NOVICE EXPERIENCE/SKILL</th>
<th>COMPETENT EXPERIENCE/SKILL</th>
<th>EXPERT PRACTICE</th>
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<tbody>
<tr>
<td>1. Understanding of health care economics and health care public policy as it applies to the delivery of patient care – includes reimbursement, Medicare, Medicaid, managed care, third party providers, challenges to the current health care policies, key legislative initiatives at local, state, and national level</td>
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<td>2. Unit-/department-based budgeting – includes development methodologies, report formats, analysis rules, how to read a report, balance sheets, and cost report interpretation</td>
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<tr>
<td>• Creating a budget</td>
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<td>• Monitoring a budget</td>
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<td>• Analyzing a budget</td>
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<td>• Reporting on budget variance</td>
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<td>• Revenue forecasting</td>
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<td>• Expense forecasting</td>
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<tr>
<td>• Interpreting financial information</td>
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<td>3. Concepts of capital budgeting – includes financial definitions for capital categories, depreciation, justification and return on investment (ROI) and return on asset (ROA)</td>
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<td>• Cost-benefit analysis (e.g. new program assessment, purchase versus lease options)</td>
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<tr>
<th>II. HUMAN RESOURCE MANAGEMENT</th>
<th>NOVICE EXPERIENCE/SKILL</th>
<th>COMPETENT EXPERIENCE/SKILL</th>
<th>EXPERT PRACTICE</th>
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<tbody>
<tr>
<td>1. Recruitment techniques – includes an understanding of institution’s recruitment strategies and initiatives, various alternatives, competition, marketing of facility/unit/department</td>
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<td>2. Interviewing techniques – includes individual and team interviewing, skills and techniques, and “key success criteria” interviewing programs</td>
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<tr>
<td>3. Labor laws pertaining to hiring – includes state scope of practice laws and federal and state human resource (HR) laws, such as family medical leave</td>
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<td>4. Hiring policies and procedures from the facility HR department</td>
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<tr>
<td>• Identification of key skills and attributes for each role</td>
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<tr>
<td>• Ability to implement changes in roles based on changing department and health care environment needs</td>
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<td>5. Orientation of new employees – includes development and implementation of appropriate plans for each employee</td>
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### III. PERFORMANCE IMPROVEMENT

1. **Knowledge of performance improvement tools** – includes Continuous Quality Improvement (CQI), Total Quality Management (TQM), Six Sigma, Balanced Scorecards, or whatever model is used to measure quality and outcomes in the facility; also includes quality improvement tools such as pareto charting, control charts, workflow charting, and process charting

2. **Patient safety** – includes sentinel event monitoring and reporting, root cause analysis, The Joint Commission requirements, incident reporting, medication safety policy and procedures

3. **Workplace safety** – includes knowledge of regulatory requirements (Department of Public Health, The Joint Commission, OSHA, etc.)

4. **Promoting intradepartmental/interdepartmental communication**

### IV. FOUNDATIONAL THINKING SKILLS

1. **Systems thinking knowledge as an approach to analysis and decision-making**

2. **Complex adaptive systems definitions and applications**

3. **Understanding organization behaviors** – includes planning, organizing, and leading; also includes four skills essential in influencing nursing practice: self-awareness, dialogue, conflict resolution, and navigating change

4. **Decision making skills** – includes use of data-driven decision-making profiles and models

5. **Problem solving skills** – includes defined models for problem solving

### V. TECHNOLOGY

1. **Basic computer skills** – includes word processing and data management, Internet/email, skills to access information as it applies to facility information systems

2. **Information technology** – includes an understanding of the effect of information technology (IT) on patient care and delivery systems to reduce work load (i.e. bar coding, processing patient charges, understanding of master and patient billing, computerized physician order entry (CPOE), staff scheduling program)
   - Knowledge of the patient medical record utilized in the institution
   - Knowledge of the supply/medication management systems utilized in the institution
   - Ability to integrate technology into patient care processes
   - Using information systems to support business decisions
VI. STRATEGIC MANAGEMENT

1. **Project management** – includes understanding roles, timelines, milestones, and resource utilization; ability to develop or participate in the development of a project plan

2. **Business development** – includes knowing the content of a business plan

3. **Business plan development** – includes the ability to create a business plan for specific projects

4. **Presentation skills**
   - Written – includes reports, program descriptions, evaluations, and correspondence
   - Oral – includes educational presentations, project presentations, media, and meetings skills

5. **Persuasion skills** – includes influencing/selling skills

6. **Developing strategic plans** – includes various methodologies for strategic planning, such as scenario planning and environmental scanning

7. **Developing operational plans** – includes annual tactics that support and move the unit/department to accomplish a strategic plan

VII. APPROPRIATE CLINICAL PRACTICE KNOWLEDGE

(determined by specific role and institution)

1. Each role and institution has expectations regarding the clinical knowledge and skill required of the role. These expectations should be established for the specific individual based on organizational requirements.
I. HUMAN RESOURCE LEADERSHIP SKILLS

1. **Performance management** – includes staff annual evaluation, goal setting, continual performance development, “crucial conversations,” corrective action and disciplinary processes, and termination

2. **Staff development** – includes staff education/needs assessment, education programming, and competency assessment (recommendations and development)

3. **Succession planning** – includes developing leadership capacity of staff

4. **Coaching and guiding skills** – includes demonstrating behaviors and role modeling

5. **Mentoring** – includes modeling behaviors of leadership and developing staff as mentors

II. RELATIONSHIP MANAGEMENT AND INFLUENCING BEHAVIORS

1. **Communication skills** – includes active listening, feedback, inquiry, and validation

2. **Emotional IQ** – includes how well you know yourself and how you relate effectively with your environment

3. **Self awareness** – understanding one’s values, beliefs, and attitudes and how they affect your responses and behaviors

4. **Effective use of dialogue** – understanding and practicing the process to encourage the free flow of ideas within groups to discover insights and lead to shared meaning

5. **Team dynamics** – understanding the functions of group process; ability to facilitate effective groups, both for nursing and intradisciplinary/multidisciplinary groups

6. **Collaborative practice** – the presence of trust, respect, and good communication among colleagues; how well is this developed and supported?

7. **Conflict management** – understanding the process to work through opposing views in order to reach a common goal; and skill in conflict resolution

8. **Negotiation** – using conflict resolution techniques to maintain collaboration: isolate the facts, ask clarifying questions, reach common ground, and interpret what is said verbally and with body language; includes the use of “crucial conversations”

9. **Mediation** – use of a neutral party to help reach resolution; skill in functioning as a mediator
III. DIVERSITY

1. Cultural competence – includes understanding the components of cultural competence as they apply to the workforce

2. Social justice – includes maintaining an environment of fairness and processes to support it

3. Generational diversity – ability to capitalize on differences to foster highly effective work groups

IV. SHARED DECISION-MAKING

1. Includes understanding the structure and processes of shared governance

2. Implementation of shared decision-making structures and processes on the unit
I. PERSONAL AND PROFESSIONAL ACCOUNTABILITY

1. **Personal growth and development** – includes education advancement, continuing education, career planning, and annual self-assessment and action plans

2. **Ethical behavior and practice** – includes practice that supports nursing standards and scopes of practice

3. **Professional association involvement** – includes membership and involvement in an appropriate professional association that facilitates networking and professional development

4. **Certification** – achieving certification in an appropriate field/specialty

II. CAREER PLANNING

1. **Knowing your role** – understanding current job description/requirements and comparing those to current level of practice

2. **Knowing your future** – planning where you want to go in your career and what you need to get there; what are the needs of health care in the future and where will you fit?

3. **Positioning yourself** – the development of a career path/plan for you that provides direction while offering flexibility and capacity to adapt to future scenarios

III. PERSONAL JOURNEY DISCIPLINES

These skills assist in developing the individual strengths of a leader.

1. **Shared leadership/council management** – includes knowledge of, and skill in, managing councils that promote shared leadership

2. **Action learning** – includes use of techniques of “action learning” to problem-solve and personally reflect on decisions

3. **Reflective practice** – includes knowledge of, and active practice of, reflection as a leadership behavior
IV. REFLECTIVE PRACTICE REFERENCE BEHAVIORS/ TENANTS

Utilizing a set of guidelines and tenants that facilitate reflective practice; these may be individually developed or can be based on specific models developed by others; below are the “Dimensions of Leadership” developed by the Center for Nursing Leadership, which offer an example of a set of guidelines/tenants that can be used as a tool to guide personal reflection of an individual’s leadership behaviors

1. **Holding the truth** – the presence of integrity as a key value of leadership

2. **Appreciation of ambiguity** – learning to function comfortably amid the ambiguity of our environments

3. **Diversity as a vehicle to wholeness** – the appreciation of diversity in all its forms: race, gender, religion, sexual orientation, generational, the dissenting voice, and differences of all kinds

4. **Holding multiple perspectives without judgment** – creating and holding a space so that multiple perspectives are entertained before decisions are rendered

5. **Discovery of potential** – the ability to search for and find the potential in ourselves and in others

6. **Quest for adventure towards knowing** – creating a constant state of learning for the self, as well as an organization

7. **Knowing something of life** – the use of reflective learning and the translation of that learning to the work at hand

8. **Nurturing the intellectual and emotional self** – constantly increasing one’s knowledge of the world and the development of the emotional self

9. **Keeping commitments to oneself** – creating the balance that regenerates and renews the spirit and body so that it can continue to grow
COMMENTS

Nurse manager's comments:

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Supervisor's comments:

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Date: ____________________________
The Nurse Manager Leadership Partnership is a collaboration between the American Organization of Nurse Executives (AONE) and the American Association of Critical-Care Nurses (AACN).