The Role of the Wider Organization and Community in Meaningful Nurse Manager Recognition

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The span of control of the nurse manager role argues for an interdependent approach to generate meaningful nurse manager recognition. As part of a larger descriptive qualitative study, nurse managers, directors, and chief nursing officers (CNOs) were interviewed using open-ended semistructured questions to examine a culture and climate of meaningful recognition. The purpose of this article is to advance the call to improve nurse manager recognition by the wider health care organization and community. Triggers and best practices to enable nurse manager recognition are presented based on observations with key stakeholders: CNOs, the C-suite, internal departments, and the wider community.

Nursing has a social contract with society to enable health indirectly or directly. Within this social contract the nurse manager’s (NM) influences health through others and steers organizational culture at the unit level to achieve health systems outcomes and organizational excellence.¹,² This creates an interdependency with stakeholders within and without of the institution which calls for a wider organizational and community approach to ensure NM recognition (Figure 1). Meaningful NM recognition can help improve the satisfaction, joy, and resiliency of people serving in this high stress/high burnout role at the intersection of nursing care and organizational goal attainment.³

The purpose of this article is to advance the call for broader recognition of NMs by presenting findings from a larger qualitative descriptive study regarding nurse manager recognition.⁴ These results will illustrate how internal and external stakeholders can contribute to NM recognition due to the interdependency of the NM role with their unit, health care executives, departments, and the wider community. Triggers for NM recognition and best practices will be presented for the chief nursing officer (CNO), C-suite, internal departments, and the wider community.

THE CALL FOR NM RECOGNITION
In a 2021 American Organization for Nursing Leadership (AONL) longitudinal study with more than 2,000 participants, 11% reported a desire for increased recognition. To address this gap The DAISY Foundation and the American Organization of Nurse Leaders (AONL) Foundation, partnered to launch the campaign Beyond Gratitude: A Tribute to Nurse Managers with support from symplr and Careismatic Brands, Inc. The aim of this national campaign was to bring awareness and recognition to the role of the NM and to provide resources to impact NM recognition. To address the research needs of this campaign, a qualitative descriptive study was conducted with 30 nurse leaders. This article describes the role of the

KEY POINTS
- Nurse managers’ large span of control calls for increased stakeholder involvement in meaningful recognition.
- Recognition of the nurse manager may be garnered through interdepartmental teamwork, innovation, and collaboration by meeting organizational and community outcomes.
- Despite professional and volunteer organizations offering ways to recognize nurse managers, nurse managers continue to feel invisible and unrecognized for their efforts in the community.
wider organization and community in contributing to NM recognition and, ultimately, to workforce management.

THE COMPLEXITY AND CHALLENGES OF THE NM ROLE

Nurse managers provide a critical role within their organization and frequently interact with health care executives and ancillary departments. They are not only responsible for the unit environment in which their staff work, and their patients reside, but also serve as advocates for patients, team members, and the health and welfare of members of the wider community. The broad scope and complexity of managing clinical operations is expansive, requires 24 hours a day, 7 days a week accountability, and is closely tied with health care system outcomes, which, in many instances, are now nationally benchmarked.4,5

Nurse managers feel pulled between hospital leadership goals and the high expectations of their frontline staff and patients to provide excellent care. Despite this ongoing pressure, NMs find satisfaction in their work through peer collaboration, staff recognition, mentorship by their director, and support. This, in turn, impacts their ability to continue to drive positive outcomes.5 However, a large span of control and 24-hour accountability may result in lower organizational commitment, which is sometimes triggered by a lack of NM recognition. Further, this large span of control may be linked to poor organizational alignment and the inability to embrace their Professional Identity in Nursing (PIN), resulting in dissatisfaction, tension, and uncertainty.5

USE OF INTERDEPENDENCY LENS FOR NM RECOGNITION

The conceptual model for Professional Identity in Nursing (PIN) illustrates that nursing is global and is influenced by societal, political, historical, and cultural influences. The authors call for the public, family members, and other stakeholders to contribute to the PIN of all nurses, either in direct or indirect roles, by ensuring positive actions to reinforce and embrace their PIN and as they transition into new roles either in practice, industry, regulation, or academic careers.6 This additional span of control for NMs requires greater reinforcement of their PIN (values and ethics, knowledge, nurse as leader, and professional comportment) because the role transcends across the wider organization and community and requires interactions and interdependence with other stakeholders to achieve outcomes.7

Interdependence is the structure and process through which people interact, exchange information, interpret observations, adapt, and exert efforts for performance.10,11 The theory of interdependence states that embedded in every interaction are cognition and motivational factors. Therefore, interactions may be best understood by adopting an interdependence-based lens. Interdependence with NMs may be fostered by increased knowledge of team members’ roles, gauging the quality of relations, building trust, using affirmations, showing respect, ensuring adequate information for decision-making, and knowing how best to communicate for goal attainment.9-11

METHODS

The University of Iowa Institutional Review Board approved this qualitative descriptive design study. Individual interviews were conducted using semi-structured questions. Thirty participants were interviewed, of which there were 10 NMs (unit level responsibility), 10 CNOs (1 to 2 hospitals responsibility), and 10 chief nursing executives (CNEs) (multi-hospital or system responsibility). Qualitative software was utilized to conduct conventional content analysis.

ANALYSIS

Conventional content analysis was conducted by looking for observations during data analysis.12 Thirty transcripts consisting of 219 pages were generated in Zoom interviews and transcripts were then analyzed in MAXQDA, a qualitative software program for computer-assisted qualitative and mixed methods data.13,14 A team of 2 researchers individually coded the raw data from beginning to end for 15 semi-structured questions. The unit of analysis was a phrase to answer a specific question. After the initial coding, preliminary codes were assigned, and subcategories were identified. These subcategories were then analyzed to determined super categories and themes. Triggers and best practices for NM recognition will be
presented based on their interactions with organizational and community stakeholders.

RESULTS
Four super categories emerged as triggers for NM recognition and are listed below. They include meeting organizational outcomes, innovation, collaboration, and saving the day. Beyond these 4 super categories, a theme of NM invisibility pervaded participants’ responses. In addition to the listed triggers, super categories and anecdotes related to best practices for key stakeholders are presented and listed by the CNO, C-suite, internal departments, and wider community categories (Tables 1, 2, 4, and 4).

WHAT TRIGGERS NM RECOGNITION?
Meeting Organizational Outcomes
Meeting organizational outcomes was shared as a frequent trigger for recognizing NMs when the NM demonstrates positive efforts in improving patient, financial, and operational outcomes. Some anecdotal comments for triggers of NM recognition are when they achieve, “great quality outcomes, innovation, customer experience,” “excellent care that our patients receive,” “results for safety and quality because that’s who we are, and what we’re obliged to do,” and “really going above and beyond.”

Innovation
Identifying issues, sharing solutions, and knowing when to elevate problems with associated solutions was a primary trigger for recognition. One participant’s response included, “I appreciate them bringing the problems, because they also bring solutions. I think the CNOs have learned that the nurse managers are the best solutionists.” The scope of the NM influence is also recognized when it can provide guidance and leadership across an organization. Another participant mentioned the following traits as being valued

| Table 1. CNO Best Practices and Quotes for NM Recognition |
|---------------------------------|---------------------------------|
| **Best Practices**              | **Exemplary Quotes**            |
| Public recognition              | • Well, I think she truly recognizes the hard work that we do. Every single minute, of every single day, and she’ll call you out on it, too...she’s very visible. |
|                                  | • She does value recognition, she’s the one who wrote me a letter for the great 100, that meant so much. |
|                                  | • I do believe that the managers are the clinical directors [that] are called out, especially when there is a positive patient experience, or that that the team goes above and beyond. |
| Developing and mentoring         | • It’s a joy and a privilege to lead people and serve them in their roles, and it’s an absolute privilege and a joy to do that, so you want to mentor and coach and help people be the very best version of themselves, and then...stay connected to their joy in being a nurse and stay connected to why they’re doing what they’re doing, because all of us could be doing work that would be so much easier than we are doing today. |
|                                  | • We developed our own new nurse/nurse manager education. So, if you’re new as a manager, you’ll go through educational modules, and it takes about 6 months to complete. We recognize that there are some other online courses, but there is value in classroom learning. |
|                                  | • I poke at our senior leaders to get more nursing philanthropy. And I’m on the verge of getting several million dollars’ worth of gifts right now that will go to scholarships. |
| Positive interactions            | • The last CNO I had recognized us and recognized the value in each of us. |
|                                  | • I value them as people first, and then I value their position, and I think that’s important. |
|                                  | • When you get to know them as people and then you support them in their position, and if you do it in that order, I think you gain trust and respect, and that helps in recognizing them. |
boundary spanning leadership, people who work across teams and who really help to breakdown organizational silos, teamwork, and improve workflow.

**Collaboration**
Nurse managers are valued for their ability to collaborate with other departments and organizational team members to improve processes and contribute to increased patient satisfaction. Participants reported that many organizational projects require nursing input, and NMs are valued for being able to provide insight to improve outcomes. One participant stated, “When I say I’m a nurse manager, I think people don’t really know what that is…I will say I work in surgery or I work with children, and they will say thank you for working with children, but I don’t think they really know what the nurse manager does.”

**Save the Day**
Nurse managers are highly valued and respected for their practical, real-time problem-solving skills that have organizational impact. Participants referenced instances where a NM provided staffing support to a struggling unit and resolved complex clinical issues impacting other departments. One participant stated, “You’ll hear stories of how someone was struggling, and the nurse leader stepped in and helped with the situation, and they are so grateful for (the nurse leader’s) willingness to be a part of a solution.”

**Invisible**
A theme of invisibility pervaded comments from multiple participants. One participant stated, “When I say I’m a nurse manager, I think people don’t really know what that is…I will say I work in surgery or I work with children, and they will say thank you for working with children, but I don’t think they really know what the nurse manager does.”

The feeling of the community not understanding their role was expressed by several participants: “I don’t think people understand that we’re getting our staff and our projects and everything in line to support strategic goals which support the community, our patient

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**Table 2. C-Suite Best Practices and Quotes**

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<th>Best Practices</th>
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| **Gather value stories** | • When I think about the C-suite at my hospital, and even our C-suite at the system level…my president will attend some of my nursing leadership meetings, and I do this intentionally. I’ve always believed that you must take them to where the people are. He’ll attend both the nurse manager meetings specifically, and sometimes a nurse leadership meeting, every month.  
• She wants to know the process is working and that we are going to be performing, but she values people first and foremost and making the hospital a good place to be at and that the values trickle down from that.  
• One of the things that we do well during our monthly leadership meeting, there is a value story. So, a different member of the team across the organization has an opportunity to share their story of how they live their organizational values. |
| **Recognition of efforts** | • They understand the value of nursing, and they say it all the time.  
• I will tell you that just last week we rolled out a massive market adjustment, and that was inclusive of our nurse managers. Because we also believe that they’re so critical to the evolving success of the organization that we wanted to send a message to them.  
• She called me out on how hard it is to work within budget, and reasons why we’re tied on our budget, right now, so in a sense, that’s positive recognition if that makes sense. |
| **Rounding and alignment with frontline staff** | • Formal rounding that really brings the C-suite to the clinical director when rounding he always takes the time to connect with the person and know something about them.  
• So, if I’m out rounding…I want to know that someone in that department, let’s say, has done something above and beyond…and then being visible and out, and calling it out when you see people to let them know that their work has been recognized. |

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community, patient satisfaction, patient safety, and patient outcomes. I don’t think people realize that, so when I tell people I’m a nurse manager to the outside community, unless they’ve been a nurse manager, they’re just like, ‘Oh, paperwork.’” There were also mentions of recognition for the staff nurse role, but there was a lack of awareness of what the nurse manager is responsible for. In one response from a participant, “It’s just the visibility of the work that a nurse leader does, most folks are ignorant of what that work is.”

**BEST PRACTICES FOR MEANINGFUL NM RECOGNITION**

Best practices and supportive anecdotes are presented in Tables 1 through 4 for all stakeholders. Best practices and anecdotes generated for the CNO are presented in Table 1. These include positive interactions, developing and mentoring nurse managers, and engaging in public recognition of NM work. Best practices and anecdotes for the C-suite are presented in Table 2. These include gathering value stories and recognition of efforts, and rounding and alignment with frontline staff. Best practices for ancillary departments are presented in Table 3. These include teamwork, improving patient care, and recognition returns recognition (reciprocation). Best practices for the wider community are presented in Table 4. These include volunteer organization, community, and nursing college/university partnerships; promote awareness for scope of work of the NM; and public awards and recognition.

**DISCUSSION**

Interdependency with stakeholders that synchronizes work activities is crucial to attaining optimal outcomes at the health care system level and fulfilling our social contract with society. Organizations with collaborative relationships function more efficiently with reduced cost and improved responsiveness. The interdependency of the NM role within the organization and the wider community is an opportunity to...
enhance the PIN of NMs. A healthy PIN requires alignment between self, role, and context whereas poor alignment of self, role, and context results in stress, tension, uncertainty, and lower retention.\(^7,8\) Successful collaborations, partnerships, and alignment with NMs’ PIN may result in gratitude for the NMs’ contribution, positive relationships, reduced stress, better patient outcomes, satisfaction, retention, and, overall, the development of a sense of meaning and purpose in the work.\(^7,15\)

From the participants interviewed several themes for best practices emerged that reflected when NMs felt most appreciated and recognized. They include ways to ensure the NM develops positive connections as they engage with the CNO, C-suite, internal departments, and the wider community, which in turn leads to ways in which their efforts are recognized. Implementing these best practices may enhance the PIN of nursing and improve satisfaction, resiliency and intent to stay of NMs and teams.\(^8\)

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<th>Table 4. Community Best Practices and Quotes</th>
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<td><strong>Volunteer organization and community nursing college and university partnerships</strong></td>
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<td><strong>Promote awareness for scope of work of the NM</strong></td>
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<td><strong>Public awards and recognition</strong></td>
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CNO
Public recognition, developing, and mentoring, and positive interactions were themes that emerged relating to NM recognition. Recognizing NM efforts, verbally acknowledging their work through personal interactions, publicly sharing positive outcomes associated with their specific unit, and being visible and present to the NMs help NMs feel appreciated. Developing mentoring relationships with NMs helps not only build NMs into stronger leaders but also helps them continue to find joy in their work.8 Offering education and financial aid for NM-specific training can help NMs feel valued and develop a sense of trust and respect between the NM and the organization. These actions may enhance the PIN domain of knowledge.8

C-Suite
Gather value stories, recognition of efforts, and rounding for alignment with frontline staff were identified as best practices from the C-suite for NMs to feel recognized. Participants mentioned that the C-suite clearly valued nursing and recognized how NMs can impact the success of the organization from meeting budget goals to learning patient stories through formal rounding practices. Monetary compensation for the worth of the NM’s scope and skill was also mentioned as an important way to recognize NM efforts. Rounding with the NM and engaging with the frontline staff helped validate the feelings of appreciation for the NM meeting organizational goals. As one participant said, “Of course, you know the talent and the ability to be able to do the work, but I think they also value those skills and leadership that go beyond just the transactional interactions.” In addition to providing meaningful recognition, these actions may enhance the PIN domain of values and ethics.8

Departments
Participants mentioned teamwork, improving patient care, and recognition returns recognition (reciprocity) as best practices. One participant felt that teamwork was imperative to share the best ideas and improve patient care. Several participants mentioned the importance of meaningful recognition in creating an organizational culture of gratitude. These actions may contribute to enhancing the PIN domain of professional comportment.9

Community
Volunteer organizations and local nursing schools and universities promote awareness for scope of work of the NM, and public awards and recognition were mentioned as a way NMs are recognized in their community when unit and patient outcomes are achieved, and especially when NMs are actively engaged in community and educational endeavors. Acknowledging and honoring NM leadership is imperative as they impact nursing student development and create community collaborations to improve and raise awareness for specific health populations. While the community may more easily be able to celebrate and recognize the role of a nurse, they may need more information regarding the scope of the NM role to fully appreciate how the NM position improves health for patients and populations everywhere. Utilizing these actions may enhance the PIN domain of nurse as leader.8

IMPLICATIONS AND RECOMMENDATIONS
Nurse managers have a social contract to enable health either directly or indirectly, and they are expected to influence health through others with 24-7 accountability. This expectation is great and requires collaboration and support from stakeholders and the public. The following are recommendations to ensure NMs’ satisfaction, visible pride, and a stronger PIN through meaningful recognition:

- Due to the interdependency of the role, NM recognition should not rest solely on the department of nursing but the organization, and wider community.
- Health care executives have an obligation to publicly acknowledge and celebrate the contributions of nurse managers. By doing so, executives reinforce the professional identity and value of nurse managers.
- Future research needs to be developed to determine additional interventions to consistently engage the wider community in nurse manager recognition and the c-suite.

CONCLUSION
The invisibility of the NM role has many consequences for health care and the individual NM’s PIN.2,9 The absence of PIN and meaningful recognition has been linked to stress, tension, and uncertainty.7,8 Nurse managers hold a vital and complex role in the organization, and intentional efforts to recognize their demanding work and achievements need to be engrained in institutional processes that transcend the unit level and the overall organization. In the wider community, NMs reported a lack of understanding regarding their role. NMs only feel recognized as direct care nurses when volunteering but have the desire to be recognized for their span of control expertise. Mobilizing all stakeholders who work interdependently with nurse managers to participate in their recognition is a necessary first step.
REFERENCES


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