Enhancing Frontline Nurse Management in Long-Term Services and Supports

Research Brief

**LeadingAge
LTSS CENTER
@UMass Boston**

Research bridging policy and practice

About this Report

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About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington, DC and Boston, MA.

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Key Takeaways

⊙ **Frontline nurse managers have a complex and multi-faceted role** in the field of long-term services and supports (LTSS) and are in a unique position to influence how care is provided in LTSS settings. Despite their importance, however, nurse managers do not typically begin their careers with a mastery of the skills and competencies they need to care for older adults who have complex needs and to lead and support caregiving teams.

⊙ **Nurse managers need more robust training** to enhance their management and supervisory skills. That training has the potential to stabilize and significantly improve the quality of the direct care professional workforce[1] and, ultimately, to improve quality of care and quality of life for residents and clients.

⊙ **Direct care professionals working with effective nurse managers** have higher job satisfaction, lower turnover, greater effectiveness in personal care skills, greater support to make decisions, lower job stress, and an enhanced ability to use research findings in their practice.

⊙ **The skills and behaviors of effective nurse managers** fall into six categories: interpersonal, administrative, relationship, supervisory, technical, and educational.

⊙ **Recommended actions to improve nurse management** in the LTSS sector include:

- **Nursing programs at educational institutions** must take steps to develop faculty expertise in LTSS, prepare students for LTSS careers, and create leadership curricula specifically for licensed practical nurses and licensed vocational nurses.

- **LTSS providers** must work with academic partners to create meaningful clinical placements for nursing students, define the role of the nurse manager, make organizational changes and develop quality improvement initiatives aimed at improving the quality of nurse management, build nurse management principles into nurse training, and educate directors of nursing about the importance of nurse management.

- **Policymakers and regulators** must define and develop core competencies and standards for nurse managers, use incentive payments to strengthen the frontline nursing workforce, and understand and operationalize nurse delegation and scope of practice policies.

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[1] In this research brief, the term "direct care professional" refers to the nursing assistants, personal care aides, and home health aides who provide services and supports to older adults living in a variety of care settings.

Introduction

Frontline nurse managers or supervisors have a complex and multi-faceted role in in the field of long-term services and supports (LTSS). Nurses have multiple obligations embedded in their role. They are responsible for reporting and administrative work designed to ensure regulatory compliance. They must balance their clinical and administrative responsibilities and their supervisory role while also carrying a heavy workload. These registered nurses (RN), licensed practical nurses (LPN), and licensed vocational nurses (LVN):

- Monitor and supervise care provided by direct care professionals.
- Provide care to residents and clients.
- Conduct assessments of residents and clients.
- Administer medications.
- Work with residents and clients to develop care plans.
- Attend meetings with family members of residents and clients.
- Manage some aspects of operations—including addressing staffing shortages—within LTSS organizations.
- Ensure that the LTSS organization complies with regulatory requirements.
- Assure quality of care (Chu et al., 2016; McGilton et al., 2016a).

Nurse managers are in a unique position to influence how care is provided in LTSS settings. They exert this influence through their formal and informal supervision of direct care professionals and through their experience in care provision and care systems. These managers can have a critical impact on outcomes experienced by residents and clients and by aides (McGilton et al., 2013; McGilton et al., 2016a; Bethell et al., 2018; McGilton et al., 2009; Harvath et al., 2008).

Despite their importance, however, nurse managers do not typically begin their careers with a mastery of the skills and competencies they need both to care for older adults who have complex needs and to lead and support a caregiving team in a regulatory environment. Immersed in carrying out their demanding duties, they often do not recognize or practice leadership skills.

More robust training is the key to enhancing the management and supervisory skills of nurse managers. That training also has the potential to stabilize and significantly improve the quality of the direct care professional workforce and, ultimately, to improve the quality of resident and client care. Nurse managers who undergo management training related to operational issues and financial stewardship can also enhance the business success of LTSS organizations and improve the transparency and accountability of these organizations.

This research brief summarizes the state of frontline nurse management in LTSS settings, identifies the challenges facing frontline nurse managers, and points out opportunities to ensure their success. Finally, the brief offers recommendations for actions that educational institutions, LTSS providers, and policymakers can take to strengthen the skills and competencies of these important direct care professionals.[2]

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[2] While the role of other nurse leaders was not within the primary scope of this review, the authors recognize the importance of nurse leaders at all levels within the LTSS sector, including directors of nursing and nurses at the corporate level.

Snapshot of the LTSS Nursing Staff

The hierarchy of nursing staff in LTSS provider organizations is relatively flat. Nursing homes employ few RNs, and those nurses fill mostly administrative and supervisory positions. LPNs/LVNs and direct care professionals provide most of the direct resident or client care (Corazzini et al., 2011). Each state has its own nurse practice acts, rules, or regulations that define the procedures, actions, and processes that RNs and LPNs/LVNs are permitted to undertake, based on their education, experience, and demonstrated competencies. Each jurisdiction also has laws, licensing bodies, and regulations that describe requirements for nurse education and training. As a result, scopes of practice for RNs and LPNs/LVNs differ substantially from one jurisdiction to another.

Registered Nurses

RNs provide comprehensive nursing care and are responsible for assuring the quality of clinical care in LTSS settings. RNs typically:

- ➔ Assess the health conditions of residents and clients.
- ➔ Plan, implement, and evaluate care.
- ➔ Teach residents, clients, and nursing staff about care.
- ➔ Delegate caregiving tasks to LPNs/LVNs and direct care professionals.

Most nursing home RNs hold administrative and supervisory positions. By law, the director of nursing (DON) in a skilled nursing facility (SNF) must be an RN. Home health RNs assess the home environments of clients, care for clients, instruct clients and their families in self-care, and supervise home health aides (Harahan & Stone, 2009).

Licensed Practical Nurses/Licensed Vocational Nurses

The scope of practice for LPNs/LVNs is more limited than the scope of practice for RNs. LPNs/LVNs have traditionally provided direct care to residents and clients. However, their scope of practice is gradually expanding. Increasingly, LPNs/LVNs provide most of the licensed nursing care to residents and clients in LTSS settings and may manage direct care professionals. Some states allow LPNs/LVNs to delegate nursing care tasks to direct care professionals and to supervise aides (Corazzini et al., 2011).

Interchangeable Roles in LTSS

The RN and LPN/LVN roles can be ambiguous. LTSS providers do not always differentiate between these licensed nurses when developing job descriptions and defining positions.

Mueller and colleagues (2018) found that the interchangeability of RNs and LPNs/LVNs in LTSS settings was influenced by corporate policies, the educational background of RNs, and the director of nursing's knowledge and awareness of the scopes of practice for RNs and LPNs/LVNs.

Staffing levels also can impact the interchangeability of the RN and LPN/LVN roles. When working with teams experiencing staffing shortages, RNs spend time completing tasks that take them away from their assessment, care planning, and staff oversight responsibilities. In these cases, the scope of practice for LPNs/LVNs can include assessment, planning, and oversight responsibilities. This merging of the RN and LPN/LVN roles can result in RNs not operating at their full scope of practice and LPNs being stretched beyond their scope of practice (McGilton et al., 2016b).

Table 1:
Demographics and Employment of RNs and LPNs/LVNs in LTSS Settings

	RNs	LPNs/LVNs
Number employed in LTSS (2015)*	434,500	361,700
Percentage employed in LTSS by setting (2015)	Nursing Home: 58% Residential Care: 6% Home Health: 36%	Nursing Home: 61% Residential Care: 10% Home Health: 29%
Age**	<35 years (14%) 35-54 years (23%) 55-64 years (27%) ≥ 65 years (11%)	≤ 35 years (30%) 36-50 years (36%) 51-65 years (30%) >65 years (4%)
Female (2013) *		91%
Foreign-born (2013) *		14%
Race (2015)		
White	65%	54%
African American or Black	19%	29%
Hispanic or Latino	6%	10%

* Data not available for RNs.
** RN data is from 2021 and LPN/LVN data is from 2013.

Source: US Department of Health and Human Services, 2018; Coffman et al., 2015; T. Bates & J. Spetz, personal communication, August 5, 2021.

Impact Of Effective Nurse Management

Several studies have examined the association between effective nurse management and particular outcomes experienced by direct care professionals, nurse managers, and residents and clients.[3] Most of this research took place in the nursing home setting. There is a dearth of research taking place in assisted living and home health care settings.

Direct Care Professionals

Positive associations between effective nurse management and direct care professional outcomes have been identified by several studies. Direct care professionals who work for effective nurse managers have:

- ➡ **Higher job satisfaction** (Anderson et al., 2003; McGilton et al., 2009; McGilton et al., 2016a).
- ➡ **Lower turnover and intention to leave the job** (Eaton, 2001; Bowers et al., 2003; McGilton et al., 2009; Bethell et al., 2018; Stone et al., 2017; McGilton et al., 2016a).
- ➡ **Greater effectiveness** in personal care skills and the ability to meet the needs of residents (McGilton et al., 2016a).
- ➡ **Greater support to make decisions** (McGilton et al., 2016a).
- ➡ **Lower job stress** (McGilton et al., 2016a).
- ➡ **Enhanced ability to use research findings in their practice** (McGilton et al., 2016a).

Effective nurse managers also can help improve the workplace environment and enhance relationships among team members (McGilton et al., 2016a).

Nurse Managers

Proper training can improve outcomes for nurse managers, according to McGilton and colleagues (2016a). The researchers found that RN supervisors who do not feel prepared for their leadership positions are more likely to leave their jobs or experience lower levels of job satisfaction. Unprepared nurse managers are often overwhelmed by the high level of management skills required to perform their roles.

Residents and Clients

Research has supported the hypothesis that effective staff and supervisor relationships may influence the quality of care that staff deliver to residents, and can lead to fewer resident falls, reduced restraint use, and higher resident satisfaction (Harvath et al., 2008; Chu et al., 2016; Eaton, 2001; Bowers et al., 2003).

Studies also have found that high turnover in nursing homes, associated with ineffective supervision, is a major contributor to poor staffing, which has been shown to negatively influence quality of care (Castle & Engberg, 2007; Kim et al., 2009).

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[3] These studies have several limitations. For example, some of the studies reviewed for this research brief consisted of descriptive or single pre- and post-test designs. In addition, most of the studies have taken place in the nursing home setting and have yielded mixed findings.

Characteristics Of Effective Nurse Managers

Researchers have begun to identify the skills and behaviors of effective nurse managers. These characteristics fall into several categories, which are outlined in Table 2 and Table 3, and should be considered when developing competencies for and identifying traits of effective nurse managers working in LTSS.

Table 2:
Skills of Nurse Managers

Category	Skills
Interpersonal Skills	☑ Reliability. ☑ Commitment to the job. ☑ Empathy. ☑ Demonstration of willingness, knowledge, and courage. ☑ Critical thinking. ☑ Communication. ☑ Time management. ☑ Ability to manage change. ☑ Active listening. ☑ Professionalism. ☑ Positive attitude at work.
Administrative Skills	☑ Financial and budgetary planning. ☑ Resource allocation. ☑ Negotiation. ☑ Conflict resolution. ☑ Development of policies and procedures to foster a safe workplace for staff.

Table 3:
Traits of Nurse Managers

Category	Traits
Relationship Traits	☑ Respects, values, encourages, and empowers direct care staff. ☑ Promotes professional development. ☑ Builds connections. ☑ Treats direct care professionals as equal members of the health care team.
Supervisory Traits	☑ Provides direction. ☑ Exercises discipline when required. ☑ Encourages teamwork. ☑ Informs staff. ☑ Determines how direct care professionals can best be deployed. ☑ Occasionally helps direct care professionals complete their duties. ☑ Serves as teacher and mentor. ☑ Provides feedback on staff member performance. ☑ Seeks feedback and insights from direct care professionals regarding resident or client care and other areas. ☑ Informs staff about decisions that affect them. ☑ Coaches staff. ☑ Offers emotional support to staff.
Technical Traits	☑ Manages quality assurance. ☑ Mitigates clinical risk to residents or clients to improve care. ☑ Exercises clinical competence.
Educational Traits	☑ Encourages informal learning opportunities through knowledge sharing, on-the-job teaching, and guidance.

Sources for Table 2 and Table 3: McGilton et al., 2013; McGilton et al., 2009; Harvath et al., 2008; McGilton et al., 2016a; Chu et al., 2016; Hall et al., 2005

Challenges for Nurse Managers in LTSS

Lack of Supervisory Training

Research suggests that RN and LPN/LVN nurse managers lack adequate preparation and do not have the resources they need to carry out their supervisory responsibilities. These nurses often are promoted to management positions after demonstrating their clinical expertise. However, they frequently have little or no training—or requirements for training—to help them navigate the challenges of their management roles.

In one study, only 25% of RNs reported that formal supervisory training was included in their nursing programs (Siegel et al., 2008). Most RNs learn their supervisory roles through on-the-job training and life experience. As a result, many nurse managers are ineffective, lack leadership skills specific to LTSS, and are not prepared to delegate tasks and responsibilities to other staff. Nurses attributed these deficits to a lack of professional development opportunities and the numerous barriers standing in the way of creating better practice (Dwyer, 2011; Warshawsky & Cramer, 2019).

Nurses also lack knowledge about gerontological nursing. In 2005, only one-third of students in baccalaureate nursing programs were required to take a course in geriatrics. In addition, more than half (58%) of nursing programs do not have full-time faculty certified in geriatric nursing. As a result, students in baccalaureate-level nursing programs are rarely exposed to the complexities of the geriatric care that LTSS residents and clients need (Harahan & Stone, 2009).

Structure of the Nurse Manager Job

Researchers have uncovered several challenges that nurses face as they navigate their nurse management role (McGilton et al., 2009; Siegel et al. 2008; Prentice et al., 2017; Chu et al., 2016):

- ⊙ **Multiple responsibilities** that remove nurse managers from the floor and limit their availability to other staff.

- ⊙ **Unpredictable clinical and non-clinical tasks** that require nurse managers to step in to help other team members. Nurse managers often find themselves filling work gaps left from a previous shift, assisting residents or clients when their health status changes or there is an accident, and helping direct care professionals carry out caregiving tasks.

- ⊙ **The need to interact with a variety of stakeholders,** including residents and clients, family members, direct care professionals, and the director of nursing, care setting administrator, physician, pharmacist, or social worker.

- ⊙ **The need to supervise direct care professionals.** Nurse managers often do not realize their leadership potential and do not pay attention to the leadership dimension of their role.

> **Research suggests that RN and LPN/LVN nurse managers lack adequate preparation and do not have the resources they need to carry out their supervisory responsibilities.**

In addition to these challenges, nurses in assisted living and home care settings may have limited opportunities to implement nurse supervisory practices and effective nurse supervision. Because not all states require the presence of on-site nurses in assisted living communities, there may be few nurses at a community to supervise direct care professionals. In home care settings, the extent of nurse supervision of aides can vary, leading to a disconnect between direct care professionals and supervisors.

Lack of Support and Resources

Many LTSS providers do not have structured processes and formalized systems to help nurse managers perform at their best. Administrators of provider organizations must help nurse managers develop leadership skills and practice leadership behaviors (Fiset et al., 2017). In addition, providers need adequate resources to help them develop a systematic and objective leadership development process that identifies the skills required to be an effective frontline nurse manager within the organization.

Opportunities to Ensure Success of Nurse Managers in LTSS

Establish Competencies and Skill Sets

Nurses, researchers, members of academia, and LTSS providers can collaborate to define the competencies that nurse managers in LTSS should demonstrate (McGilton et al., 2016b; McGilton et al., 2020). According to several studies, comprehensive leadership training programs should address four skill sets that nurse managers need (McGilton et al., 2020; Prentice et al., 2017):

- ➔ **Interpersonal skills:**
  - Communicating.
  - Building the team.
  - Resolving conflicts.
  - Motivating team members.
  - Listening and soliciting feedback.
  - Setting role expectations.
  - Enhancing information flow.

- ➔ **Clinical skills:**
  - Using best practices and research translation.
  - Training direct care professionals to manage challenging resident and client behaviors.
  - Serving as the primary resource to other staff, residents and clients, and families.

- ➔ **Organizational skills:**
  - Strategic planning and visioning.
  - Change theory.

- **Management skills:**
  - Regulatory compliance.
  - Financial and budgetary planning.
  - Time management.
  - Situational leadership.
  - Empowerment of staff.
  - Employee supervision.
  - Mentoring.

All nurses can benefit from this training content. However, the unique needs of individual care settings will influence the identification of leadership practices, competencies, and requirements for nurse managers in those settings and for nurse managers in particular positions. Identifying specific leadership competencies can guide the development of leadership enhancement programs and facilitate the evaluation of those programs (Harvath et al., 2008).

Develop Education and Training

Nursing students require a strong educational foundation that allows them to develop leadership competencies and acquire practical learning experiences throughout their core academic coursework (Marcellus et al., 2018). Ongoing professional development should also have a nursing leadership focus and offer opportunities for nursing students to work with mentors to hone their leadership skills. Leadership development can also be integrated into specialty practice courses (Marcellus et al., 2018).

Rees and colleagues (2020) found that the satisfaction, knowledge, and skills of nurse managers could be improved through short supervision interventions, such as half-day trainings, and extended-duration interventions, such as yearlong trainings. Both trainings relied on mixed pedagogies involving active and/or experiential learning and social learning. Both training models also set aside dedicated time for nurses to attend the training.

Provide Mentorship and Administrative Support

Nurse managers must have access to ongoing support and mentorship opportunities so they can gain real-life experience in carrying out various aspects of their leadership roles (Harvath et al., 2008). Nurses who feel unsupported will leave the profession early in their careers (Marcellus et al., 2018). Support for nurse managers can include:

> **Ongoing professional development should also have a nursing leadership focus and offer opportunities for nursing students to work with mentors...**

- Opportunities to practice leadership behaviors (Fiset et al., 2017).
- Formal plans and processes that nurse managers can use to mentor new nurses and help them hone their leadership skills.
- Clinical placements designed to help student nurses gain meaningful experiences in LTSS. These opportunities can help student nurses understand the nuances and complexities of the care that nurses provide as part of a care team, as well as the leadership role of nurses in LTSS (McGilton et al., 2016b).

Address Structures, Behaviors, and Practices That Influence Performance

Given the complex nature of the nurse manager role, a multifaceted approach can support effective nurse supervision in LTSS. In addition to providing training to help nurse managers develop leadership knowledge and skills, LTSS operators must address nursing structures, organizational structures, and the behaviors and practices that could influence the supervisory performance of nurse managers (Chu et al., 2016; Siegel et al., 2008; Dwyer, 2011).

Nursing structures include the characteristics of the nurse manager, including the manager's:

- ➡ Perceptions of the supervisory role.*
- ➡ Personal qualities.*
- ➡ Tenure in the supervisory role.
- ➡ Confidence.
- ➡ Skill sets.
- ➡ Perception of the manager's lack of authority due to the organization's hierarchical structure.

* Most influential in influencing supervisory performance.

Organizational structures refer to the characteristics of the LTSS organization that could influence supervisory performance. These include:

- ➡ Organizational support for management practices.
- ➡ Adequate staffing levels.
- ➡ Job descriptions and role clarity.
- ➡ Patterns of work.
- ➡ Performance evaluations to reinforce expectations for the supervisory role.
- ➡ Hierarchal structure.
- ➡ Environmental barriers.
- ➡ Positive and healthy workplace environments that foster development of clinical, leadership, and governance skills.
- ➡ The organization's communication practices, including communication between direct care professionals and nurses when there is a change of shift.
- ➡ Involvement of nurses in training direct care professionals.
- ➡ Routine performance appraisals of the direct care workforce using standardized forms and involving management (Siegel et al., 2008).

Behaviors and practices affecting nurse manager effectiveness are described in Table 2 and Table 3. A recognition of the skills and traits that influence a nurse's ability to be an effective supervisor can influence an organization's approach to recruitment, hiring, training, and support of nurses. Managers responsible for hiring staff should evaluate whether nurse applicants demonstrate these attributes.

Why Structures and Behaviors are Important

A comprehensive understanding of structures and behaviors/practices can:

- ➲ Help guide nursing education, practice, and performance evaluation.
- ➲ Lead to the development and implementation of strategies to support nurse managers in their roles.
- ➲ Provide insight about current barriers to effective nurse supervisory performance.
- ➲ Add a dimension of accountability to performance evaluations of individual nurse managers.

Promising Practices

Several promising practices implemented by education and training programs for nurse managers can be found in the literature. Here are a few examples.

St. Joseph's Health Centre Guelph Demonstration Project

The Excelling as a Nurse Leader in Long Term Care certificate program is an online course offered through Silver Meridian and initially funded by the Nursing Secretariat of Ontario's Ministry of Health and Long-Term Care (O'Brien et al., 2010). The online training provides leadership knowledge and skills to nurse managers in LTSS with a focus on team building, time management, and conflict resolution. The program provides:

- ➲ Three days of training with time in between training sessions to practice and integrate the material and complete the practicums assigned each day.
- ➲ A day to educate supervisors to whom program participants report so those supervisors will understand the concepts and skills taught to the participants, the changes in leadership style being sought, and how to support and guide nurses after they complete the program.

An evaluation of the program at St. Joseph's Health Centre Guelph found that nurses improved their leadership knowledge and managers perceived positive behavioral changes in nurses' leadership skills in five areas: providing positive feedback, empowering others, using different leadership styles, dealing with conflict, and overall leadership effectiveness (O'Brien et al., 2010).

Geriatric Nurse Leadership Academy for Long-Term Care

The Geriatric Nurse Leadership Academy for Long-Term Care was developed for RNs working in LTSS settings in the Midwest region of the U.S. (Culross et al., 2018). The academy was one component of a research grant aimed at improving the competency and enhancing the leadership skills of RNs in nursing home settings.

Nurses could participate in the leadership academy if they first completed training for any of three certifications: the *Gerontological Nurse Certification* or the *Nurse Leader Certification*, both offered through the American Nurses Credentialing Center (ANCC); or the *Director of Nursing in Long Term Care Certification* offered through the American Association for Long Term Care Nursing. The academy provided a venue for peer networking and mentoring in nursing home leadership, formal recognition and awards for leadership excellence, and resources to help nurses earn continuing education credits required for certification renewal.

Participants reported that the leadership academy empowered nurses, strengthened their ability to make evidence-based practice changes, and improved their management practices and job satisfaction (Culross et al., 2018).

Pacific Northwest Nurse Leadership Institute

The Pacific Northwest Nurse Leadership Institute is a consortium of nurse leaders formed to support the development of nurse managers (Harvath et al., 2008). The institute provides a two-day retreat and seven, one-hour seminars that address a variety of topics, including the following.

- Fiscal management.
- Employee performance.
- Communication.
- Coaching.
- Teamwork.
- Process improvement skills.
- Personal effectiveness.

The leadership institute significantly increased participants' intent to stay in their current position but had no effect on job satisfaction. There was a significant attrition of participants in the program, which was attributed to job stress (Harvath et al., 2008).

Nurse Leadership Enrichment and Development

The LeadingAge Nurse Leadership Enrichment and Development (Nurse LEAD) program is an online education curriculum designed to help nurse managers become more effective coaches, leaders, and supervisors of direct care professionals (Harahan et al., 2011). Nurse LEAD consists of learning modules covering six topics:

1. Leadership, coaching, and supervising direct care professionals.
2. Critical thinking.
3. Communication.
4. Managing conflict.
5. Diversity.
6. Working with management.

The comprehensive training program features an implementation guide and companion activities to prepare employers and nurses for the educational intervention and to help nurses practice what they are learning.

A pilot test of Nurse LEAD showed the program was effective in enhancing nurse leadership skills. Managers attributed several behavior changes to the program, including improved critical thinking and problem-solving skills and better collaboration between managers and direct care professionals. Nurses recognized themselves as leaders who had a responsibility to manage their units, communicate and mentor aides, and develop a team approach to service delivery (Harahan et al., 2011).

Sigma Gerontological Nursing Leadership Academy

The Gerontological Nursing Leadership Academy was developed through a partnership between the Honor Society of Nursing, Sigma Theta Tau International, and The John A. Hartford Foundation (Bailey et al., 2016). The academy, funded by the Hearst Foundations and Hill-Rom, was an 18-month mentored leadership development program designed to prepare and position nurses in various healthcare settings to lead interprofessional teams in the improvement of the healthcare quality for older adults and their families. The program is designed for experienced gerontological nurses.

ANCC Pathway to Excellence in Long-Term Care Program

Pathway to Excellence in Long-Term Care Program is designed to create a positive practice environment in which nurses can excel. Leadership is one of the six standards of the program (ANCC, n.d.). The leadership standard focuses on role-specific orientation for nurse managers, retention strategies for nurse managers, and strategies to maintain a positive practice environment in the event of a planned and unplanned executive leadership transition.

Recommendations For Action

On August 19, 2021, LeadingAge and the LeadingAge LTSS Center @UMass Boston convened a virtual meeting attended by 37 stakeholders: leaders of nursing and aging services provider associations, researchers, educators, policymakers, and providers of aging services. The meeting was designed to better understand frontline nurse management and to brainstorm action steps that would help to promote better LTSS nurse management and supervision in nursing homes, other residential settings, and in client homes. In addition, conveners sought to forge relationships with key stakeholders who would be willing to advance strategies for improving nurse management in the LTSS field.

At the end of the half-day meeting, which was supported by The John A. Hartford Foundation, participants issued the following recommendations for action that various stakeholders could take to improve nurse management in the LTSS sector. Whenever possible, recommendations presented in this paper should be built into existing initiatives to avoid redundancy.

Recommendations for Nursing Programs at Educational Institutions

1. **Develop faculty expertise in LTSS.** Educational institutions should work with providers of aging services to ensure that faculty members demonstrate clinical experience in the LTSS sector, have better exposure and training in LTSS, and are more proactive in introducing students to the LTSS field.

2. **Prepare students for LTSS careers.** Educational institutions must integrate aging services and geriatric content into the nursing curriculum to enhance the knowledge, skills, and competencies of nursing students and improve their preparation for clinical placements in the LTSS sector.

3. **Develop leadership curricula for LPNs/LVNs.** Curricula and programs covering supervision and management must be developed specifically for LPNs/LVNs, who assume frontline management positions in many organizations. While these courses are available for nursing students interested in leadership positions, most are offered through master's programs that are not available to LPNs/LVNs.

Recommendations for LTSS Providers

1. **Work with nursing school academic faculty to create meaningful clinical placements for nursing students.** Providers should ensure that clinical placements for nursing students at their sites use students' critical-thinking skills, provide more realistic expectations about the complexity and appeal of working in LTSS, and provide an understanding of the leadership role of nurse managers.

2. **Define the role of the nurse manager.** This definition should describe the nurse manager as a supervisor of unit staff or direct care professionals who work in nursing homes, assisted living communities, and home health and home care settings. The definition should also include additional nurse manager responsibilities, including attention to the paperwork required for documentation of care and compliance with government regulations. Administrators, the director of nursing, or another supervisor of the nurse manager must accept the nurse manager definition; otherwise, it is unlikely to be translated into practice.

> " **Providers should ensure that clinical placements for nursing students at their sites use students' critical-thinking skills, provide more realistic expectations about the complexity and appeal of working in LTSS, and provide an understanding of the leadership role of nurse managers.** "

3. **Make organizational changes and develop quality-improvement initiatives** aimed at improving the quality of nurse management. Providers should view the effort to improve quality of nurse management as a culture change effort. They should identify and implement organizational changes that must take place, over the long-term, to promote the quality of nurse management. In addition, they should develop and implement more targeted quality-improvement initiatives that can have an immediate impact on groups of staff or at the unit level.

4. **Build management principles into nurse training.** Nurse management principles must be emphasized in provider-based nurse education programs. The knowledge gained from this education should be incorporated into day-to-day activities at the workplace. Nurse management training must be hands-on, internalized, and repetitive. Training topics should be discussed in staff meetings, and the ability to translate training topics into practice should be part of a nurse's performance evaluation.

5. **Educate directors of nursing about the importance of nurse management.** Directors of nursing (DON) play a critical role in supporting frontline nurse managers. Yet, most DONs have limited training or expertise in leading and supervising these managers, who have a direct impact on recruitment and retention of direct care professionals and quality-of-care outcomes. DONs must understand the important role of frontline nurse managers and must have the knowledge and skills they need to lead efforts to improve nurse supervision.

Recommendations for Policymakers and Regulators

1. **Define and develop core competencies and standards for nurse managers.** National bodies regulating and overseeing nursing should work collaboratively to define and develop core competencies and standards that apply to all settings and are specific to LTSS. Examples of these competencies include coaching and mentoring, conflict resolution, cultural competency, shared decision making, quality improvement, team building and team leadership, human capital, and the soft skills that help nurse managers interact with others and succeed in the workplace.

   Experts and staff representing all provider settings should be part of discussions to develop competencies; otherwise, they will view these efforts as unfunded mandates. Competencies for nursing managers that have been outlined by the American Nurses Association, American Organization for Nursing Partnership, and Nursing Association of Directors of Nursing can be a good starting point for this effort. However, these existing standards and competencies, designed for acute-care settings, will not translate seamlessly into the LTSS sector. The process of developing LTSS-specific competencies for nursing managers will require dialogue among the professional associations involved in developing these competencies.
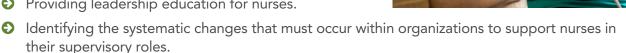
2. **Use incentive payments to strengthen the frontline nursing workforce.** Medicare, Medicaid, and other payers should offer incentive payments to providers who meet benchmarks for workforce improvement. Workforce measures relating to supervisory roles can be built into regulations as a condition of participation in Medicare and Medicaid.

3. **Understand and operationalize nurse delegation and scope of practice policies.** Many policymakers do not understand variations in the scopes of practice affecting the LPN/LVN and RN roles in LTSS settings. That variation—including the roles LPNs/LVNs and RNs can carry out, the tasks that can be delegated to other caregivers, who delegates and supervises the handling of those tasks, and how delegation affects the functioning of the team—should be clarified and codified. These discussions should be carried out in partnership with state boards of nursing.

> " **The process of developing LTSS-specific competencies for nursing managers will require dialogue among the professional associations involved in developing these competencies.** "

Conclusion

The LTSS workplace is a complex environment where nurse managers must constantly navigate competing demands on their time. Employers, policymakers, members of academia, and existing education programs can fill critical gaps in the preparation of nurses for supervisory roles by:

- ➲ Recognizing the different roles that nurses play in the LTSS sector.
- ➲ Better designing the nurse manager position.
- ➲ Developing nurse manager competencies.
- ➲ Providing leadership education for nurses.
- ➲ Identifying the systematic changes that must occur within organizations to support nurses in their supervisory roles.
- ➲ Taking steps to ensure that regulations, payment mechanisms, and best practices promote the quality of nurse management in all settings.

Any initiatives to strengthen nurse management in the LTSS sector must build on generic approaches that apply across the continuum while also developing approaches that can be targeted to specific settings and staffing patterns. For example, efforts to improve nurse management must focus on home health care and home care as well as nursing home care.

There is no one policy, education, or workplace solution to ensure the quality of nurse management in all LTSS settings. Effective solutions will require a multi-faceted approach to achieve better quality practices and outcomes across LTSS settings.

Action to design and implement this approach is long overdue. Key stakeholders—including the Centers for Medicare & Medicaid Services, state regulatory agencies and boards of nursing, LTSS providers and staff, educational institutions, and consumer representatives—must come together now to take that action.

These stakeholders must find ways to elevate the role of nurse managers in the LTSS sector and to provide both education and support to the nurses we rely on to lead our LTSS caregiving teams. Otherwise, our field will not be able to adequately serve residents and clients who need long-term services and supports today—or the growing population of older adults and people with disabilities who will have LTSS needs in the future.

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