


The effect of a nurse manager's authentic leadership intervention on nurses' well-being: A single unit QI project

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Abstract

Introduction: Nurse well-being is at the forefront of nursing leadership's focus, particularly with the impact of the ongoing COVID-19 pandemic. Nurse managers, as authentic leaders, should understand their role in supporting the spectrum of nurse well-being. At the negative end of well-being, leaders must address staff burnout as it increases nurse turnover, shortage of nurses, and poor patient outcomes.

Purpose: The specific aim for this quality improvement (QI) project was to implement a program that could guide a nurse manager of a single inpatient unit on how to improve well-being in their nursing staff as measured by: (a) improved well-being scores to a composite score of 3.5 or greater as indicated by follow-up Culture Pulse surveys distributed in 2021; and (b) reduced absenteeism among nursing staff by 18%.

Results: Five surveys identical to the organization's work culture survey, that measures well-being, were sent to staff each month starting in January 2021 and ending in May 2021. The average composite score from all five surveys was 2.8, indicating an overall improvement. Absenteeism was reduced during implementation by 39%.

Discussion: This QI project guides nurse managers in the evidence-based interventions that can promote well-being in their staff.

KEYWORDS

authentic leadership, burnout, Maslow's hierarchy, nurse managers, nurses, well-being

1 | INTRODUCTION

Increasing attention on employee well-being and efforts to improve well-being have been instituted in healthcare organizations as its impact on patient care and staff retention has been recognized.¹ The spectrum of well-being ranges from positive to negative within interconnectedness between physical, emotional, societal, workplace, and economic realms.² Positive well-being has been equated to being healthy and resilient; places of employment with high positive well-being tend to have employee engagement, higher rates of staff

retention, more experienced staff, and job satisfaction.³ At the other end of the spectrum, negative well-being is equated with illness, burnout, compassion fatigue, high rates of staff turnover, incivility, and job dissatisfaction.³

A small community hospital, part of a large academic-based healthcare system in the Southeastern United States, identified the need to focus efforts on nursing staff well-being. Their 2019 work culture survey distributed by Press Ganey™ indicated opportunities for improvement: several inpatient units reported low scores for well-being and 40.6% of nursing staff reported symptoms of burnout.

Thus, this magnet appraised hospital had the desire to improve the well-being of their valued staff.

2 | REVIEW OF THE LITERATURE

2.1 | Well-being

The Institute of Hospital Improvement (IHI) has set a goal called the Triple Aim which involves improving patient experiences, population health, and reducing healthcare costs.⁴ The Triple Aim has now shifted to a Quadruple Aim, with the fourth dimension focusing on the well-being of healthcare providers.⁴ Promoting nurse well-being aligns with Healthy People 2030s vision and mission statement: "Vision: a society in which all people can achieve their full potential for health and well-being across the life span; Mission: to promote, strengthen, and evaluate the nation's efforts to improve the health and well-being of all people."⁵ (p. 6) In addition, Healthy People 2030 has listed well-being as one of their leading health indicators.⁵

Well-being generates the experience of health, happiness, and prosperity.² The five realms of well-being promote an individual's capacity to perpetuate well-being when being challenged with the everyday stressors in life experiences.² Emotional well-being creates resilience that leads to happiness and can be managed by one's ability to practice stress-management techniques. Physical well-being promotes functional capacity and ability to perform activities of daily living and can be regulated through healthy eating and exercise. Social well-being is maintained through communication skills, developing meaningful relationships, and maintaining a support network. Workplace well-being is determined by the ability to pursue personal interests, values, and purpose and can be attained through professional enrichment. Finally, societal well-being is the ability to actively participate in a community's culture and environment.² All of these forms of well-being are interconnected and can be deleteriously affected by life-threatening or prolonged sources of stressors, leading to the negative spectrum of burnout.

Burnout is a state of physical and emotional exhaustion and depletion due to constant stress, most commonly from occupational stress.⁶ Occupational stress impairs nurses' well-being and includes anxiety, depression, poor sleep quality, and somatic symptoms.⁶ Somatic symptoms associated with burnout include tachycardia, headache, nausea, and muscle pain.⁷ Burnout is a public health epidemic that threatens the well-being of nurses and can lead to depression and suicide.¹ Burnout is costly to healthcare organizations as its expenses can be accumulated from turnover, absenteeism, healthcare costs, and poor patient outcomes.⁶

As such, burnout is an important topic of interest for nurse managers as it increases nurse turnover, shortage of nurses, and poor patient outcomes.⁶ Whenever nurses experience prolonged psychophysical discomfort there is a risk for increased absenteeism and decreased work performance.⁷ Burnout can be triggered by several events, including excessive workload, inadequate recognition, lack of feedback, and contrast between personal values and organization

needs.⁷ Therefore, it benefits healthcare organizations to focus on promoting staff engagement in well-being as a means to improve patient care and reduce burnout and its effects on staff productivity.

2.2 | Authentic leadership

Authentic leadership has been shown to be an effective management style to inspire their team, create a healthy work environment, guard against burnout, and decrease an intent to leave the workplace.^{8,9} Laschinger et al.⁸ and Lee et al.⁹ found that authentic leadership contributed to positive and supportive environments that improve nurse and organizational outcomes. Effective communication, genuine collaboration, and authentic leadership positively improve the working environment.¹⁰

Nurse managers can promote emotional and workplace well-being by engaging their employees. Laschinger et al.⁸ and Wei et al.¹¹ found that an effective strategy for engagement was when nurse managers helped nurses identify their personal strengths and encouraged them to use their strengths in the work setting. Empowering nurses is another form of engagement. Orgambidez-Ramos et al.¹² found that there was a negative correlation to burnout when nurses had access to information, support, resources, and opportunities.

Nurse managers can role model resiliency practices that promote self-care.¹³ Wei et al.¹¹ implemented an intervention using seven resilience-building strategies in efforts to increase well-being and reduce burnout: "facilitating social connections, promoting positivity, capitalizing on nurses' strengths, nurturing nurses' growth, encouraging nurses' self-care, fostering mindfulness practice, and conveying altruism (p. 683)." Specific resilience tools that were noted to be effective included: Random Acts of Kindness, Three Good Things, and Practicing Gratitude.¹¹ Self-care was promoted for nurses to take their lunch breaks and engage in a half-mile walk outside the hospital.¹¹ Nurse managers mentioned that genuine and meaningful recognitions were great ways to show nurses that they care¹¹ and can be replicated in other nursing care areas.

2.3 | Maslow hierarchy of need framework

Authentic leaders are characterized by high levels of self-awareness, meaning they have reached Maslow's highest level of needs.⁸ Maslow's framework¹⁴ considers the complete physical, emotional, social, and intellectual qualities of an individual and how they impact well-being. Maslow stated that people are motivated to achieve certain needs: physiological, safety, love and belonging, esteem, and self-actualization.¹⁴ These needs are often displayed in a pyramid to represent five separate levels with physiological needs at the bottom ascending to self-actualization; once a need is fulfilled then motivation is found by completing the next level up. Physiological needs represent biological requirements for human survival, are most

important, with all other needs secondary until these needs are met. The second level, safety, denotes the need for protection and security. The third level involves feeling love and belonging; people need social interactions and feelings of belongingness. The fourth level incorporates the need for self-esteem and respect from others. At the top of the pyramid, the fifth level, is self-actualization with the realization of personal potential and self-fulfillment. Maslow describes this level as the desire to accomplish everything possible and reach one's fullest potential.¹⁴ This fifth level is where most managers of any organization want their employees to perform as their outcomes match the mission and goals of the organization. Therefore, nurse managers may opt to use Maslow's theory¹⁴ as a guide to assess an employee's specific level of need and incorporate well-being strategy to meet their need.

3 | PURPOSE

The aim of this quality improvement (QI) project was to implement a program guiding a nurse manager on how to improve nursing staff well-being. This was measured by: (a) improved well-being scores to a composite score of 3.5 or greater as indicated by follow-up work culture surveys distributed in 2021; and (b) reduced absenteeism among nursing staff by 18%.

4 | INTERVENTION

The well-being program compiled several strategies aimed to create a positive work environment; promote employee engagement; and assist nurses with resilience. Specific strategies included encouraging a manager to use authentic leadership skills such as trust, transparency, consistency, effective communication, and self-reflection.⁸ The nurse manager and team lead reviewed webinars that instructed them about different resilience tools and how they can influence their staff to use these tools.¹³ The manager and team lead were instructed to encourage their staff to take a full 30-min lunch break. The manager and team lead were also encouraged to perform leadership rounding, promote employee celebrations, and recognize employees for their hard work.¹⁰ In addition, the nurse manager was expected to help a specific employee with professional growth and development.¹²

4.1 | Implementation plan

Using Maslow's framework,¹⁴ the project manager guided the nurse manager in specific well-being strategies for individual employees. The interventions for this project are listed for each level of Maslow's hierarchy moving up the pyramid from meeting physiological needs to self-actualization (see Figure 1).

4.1.1 | Physiological

As the employee is not meeting their most critical needs, the employee exhibits a high amount of stress, which impacts their ability to attend work and be productive,¹⁵ thus absenteeism is greater for employees struggling at meeting this level. Strategies the nurse manager can offer include instructing the charge nurse to encourage each employee to take a full 30-min lunch break. Taking a lunch break is essential to an employee well-being, as it allows the employee to recharge and improves their resilience.¹¹ The employee was expected to hand off their phone to assigned coverage and the nurse manager was expected to intervene if a lunch was not taken. The project manager hosted a contest among the staff so whenever a staff member took a lunch break, they would receive a ticket. Whoever had the most tickets at the end of the project would receive a 25-dollar gift card as their reward.

4.1.2 | Safety

To create a safe and secure work environment, nurse managers need to provide a work environment free from physical and verbal abuse from patients, visitors, and coworkers.¹⁵⁻¹⁷ During this project, the nurse manager demonstrated and expected respectful communication. Interventions at this level involved having the nurse manager spend at least 30 min each workday rounding on staff. The project manager participated in the rounding experience as an opportunity to bond with the staff. During the rounding experience, they were expected to ask employees if they needed anything and show an effort to meet that employee's need. Also, during rounding, the nurse manager was encouraged to have a personal conversation with an employee about their family, health, pets, vacations, and so on. During this conversation, it was important that the nurse manager showed transparency and shared something personal about themselves.

4.1.3 | Love and belonging

Nurse managers can help employees feel love and belonging when they promote teamwork and support employee commitment to the organization.¹⁷ Results can decrease employee stress and withdrawal behaviors, such as absenteeism.¹⁵ The nurse manager was instructed to have the team lead plan an onsite celebration. The recommendations for the celebration were to celebrate a staff member's birthday, recognize staff for having a month without any patient falls, and a baby or wedding shower. The project manager rounded on staff to seek ways to celebrate the staff. In addition, the project manager helped the team lead by planning, bringing in snacks and decorations, and participating in the employee celebrations.

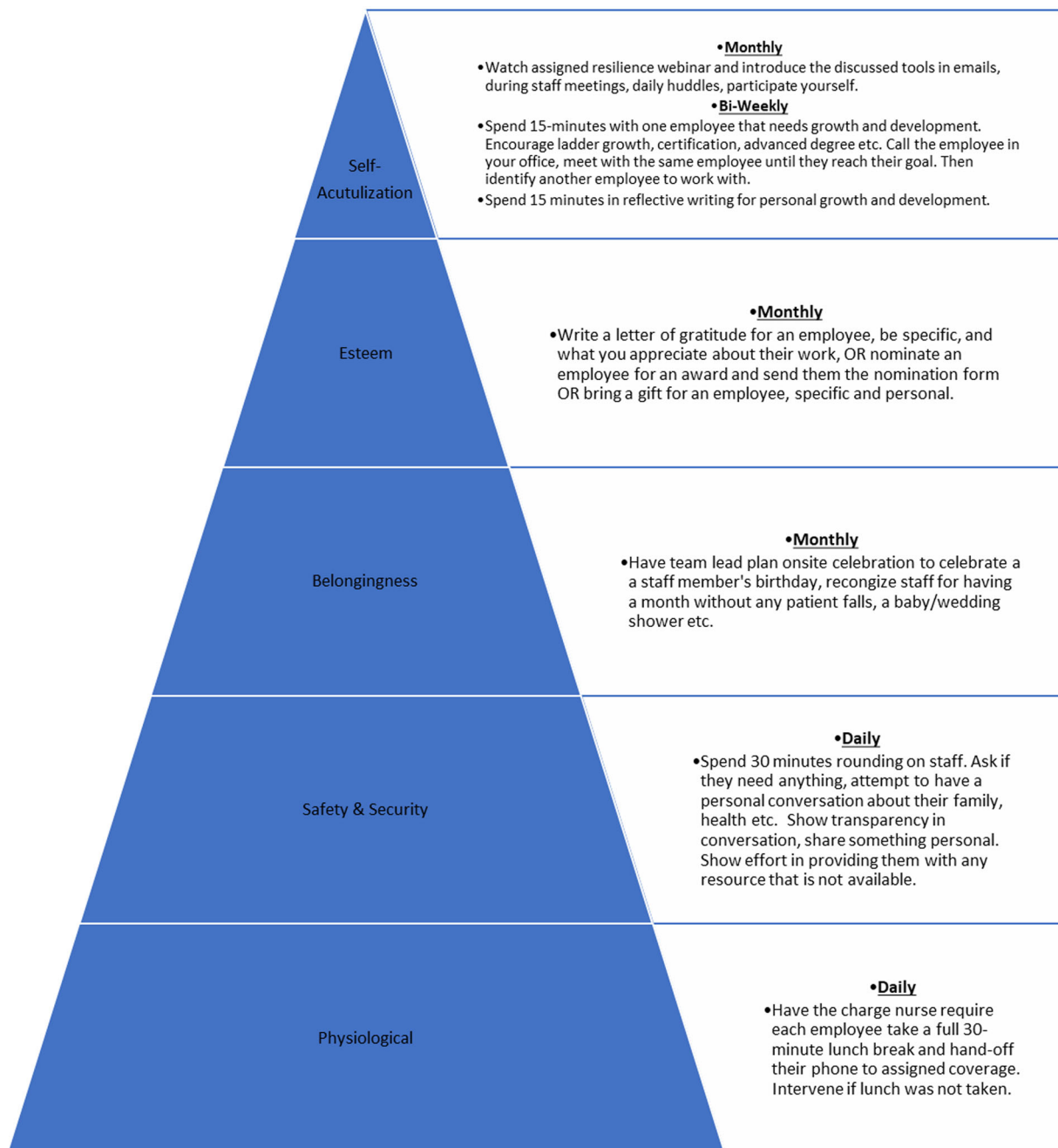


FIGURE 1 Program checklist for nurse managers

4.1.4 | Self-Esteem

Nurse managers can help an employee reach the esteem level when there is a work culture that supports wellness.^{15,17} “Esteemed employees are secure with themselves and confident in their roles”¹⁵ (p. 358). Interventions that supported an employee's esteem needs involved the nurse manager choosing one of three interventions and performing this intervention at least once a month. The first option was that the nurse manager could write a letter of gratitude to an employee. The instruction for the gratitude letter was that it needed to be specific of what the nurse manager appreciated about the employee. Another option was that the nurse manager could nominate an

employee for an award and send them the completed nomination form. The third option involved bringing a gift to an employee that was specific to the employee's personal interest. The project manager was available to support the nurse manager by providing educational materials and templates for these interventions.

4.1.5 | Self-actualization

Nurse managers supporting employee self-actualization at the highest level of Maslow's hierarchy perceive lower employee stress, and greater productivity and growth.^{15,17} Interventions to promote

self-actualization involved encouraging the nurse manager to watch one assigned resilience webinar each month and then introducing the resilience tools discussed in the webinar to staff members. The project manager and nurse manager encouraged staff participation through emails, during staff meetings, posted flyers, and daily huddles. The specific tools used during the project were three good things, personal strengths, mindfulness, and acts of kindness. The project manager was responsible for designing emails, creating flyers, and presenting at staff meeting to encourage staff participation. The nurse manager was expected to work with one nurse that was interested in professional growth and development. The nurse manager helped this employee with a specific goal such as clinical ladder growth, certification exam, or obtaining an advanced degree. The nurse manager was expected to have one-to-one time with the employee in a private location such as the nurse manager's office. The manager worked with this one employee for at least 15 min, bi-weekly, until the employee met their desired goal. After that employee met their goal then the nurse manager would identify another employee to work with. The nurse manager was expected to spend 15 min in reflective writing about the well-being interventions in efforts to promote their own personal growth development. The reflections were shared during the QI project's monthly meetings with the project manager to gain insight into the project's progress.

5 | METHODS

5.1 | Plan, Do, Study, Act cycle

The Plan, Do, Study, Act (PDSA) cycle is a method that is used for QI projects.¹⁸ The PDSA framework is often used to make small changes and measure improvements while the project progress to larger-scale changes.¹⁸ The PDSA cycle is an ideal framework because the manager's needs, employees' needs, and current work environment requires an ongoing assessment, and the well-being strategies should be tailored to meet those needs.¹⁰ This QI project was a follow-up PDSA project that implemented employee engagement strategies and reduced absenteeism on a general surgery unit.¹⁵ King et al.¹⁵ determined that according to the PDSA cycle, the next steps for the QI project should involve more measurements within a larger population. This QI project was determined to meet QI exempt definitions by the healthcare system's Institutional Review Board (IRB), Pro00106728.

5.2 | Setting and sample

This QI project was performed in a single surgical nursing care unit at a small community hospital, in the Southeastern United States. This acute care facility has 369 inpatient beds and offers a comprehensive range of medical, surgical, and diagnostic services, including orthopedics, obstetrics, and heart and vascular services with over 1900 employees. One main facilitator to this QI project is that the health

system has created an interdisciplinary team that is focused on promoting well-being in the health system's staff. The project site's Healthcare Safety and Quality Team has created an extensive website that provides many free well-being resources for nurse managers and employees. Some of the interventions for this project were extracted from the website such as webinars and resilience tools.

The surgical unit contained 41 inpatient beds with nursing staff typically providing care for patients recovering from various neurological and orthopedic surgeries. The average daily census was 18 patients that included both regular and stepdown accommodations. During the implementation of the intervention, the COVID-19 pandemic was in its first surge; the implementation unit was chosen by nursing leadership as nursing staff faced great potential COVID-19 exposure, and the uncertainty of working in an unfamiliar medical environment serving patients diagnosed with COVID-19. Therefore, nursing leadership wanted this nursing staff to have additional opportunities to receive the proposed benefit of the intervention.

Nursing staff consisted of a total of 60 nurses: one manager, one clinical team lead, 37 registered nurses (RNs), and 21 nursing assistants (NAs). Staff were diverse in age, backgrounds, race, and ethnicity; the majority were female ($n = 57$). The health system has a clinical ladder that allows nurses to advance their career from a Clinical Nurse I (CNI) to a Clinical Nurse IV (CNIV). This advancement is awarded based on years of service, project implementation, and unit, committee, and community involvement. There were only two CNIIIs and one CNIV, which indicates a large potential for individual growth and development.

5.3 | Implementation team

The project team consisted of the project manager, a Doctor of Nursing Practice (DNP) student, who was responsible for designing the nurse manager program, providing the educational material that the nurse manager needed to implement well-being strategies, and acted as a coach and guide for the nurse manager during the implementation period. In addition, the project manager was available to assist the nurse manager with any task that would allow them to dedicate more of their time to the well-being program. The project site champion was also the CNO at the acute care facility. The unit's nurse manager and clinical team lead were primarily responsible for implementing the project interventions. The nurse director of the unit was an important member of the team as their approval and support were needed for the project's success.

5.4 | Outcome measures

The outcomes from the implemented strategies used by the nurse manager to promote nurse well-being were assessed using survey level data and attendance data. Work culture survey¹⁹ measured staff perception in four areas: well-being, safety, management/leadership skills, and workplace security; each is individually scored, based on a

BOX 1. Work Culture Survey Items

Using the following scale, rate each of the following to your level of agreement:

- a. Disagree strongly
 - b. Disagree Slightly
 - c. Neutral
 - d. Agree Slightly
 - e. Agree Strongly
1. Events in my work unit/department affect my life in an emotionally unhealthy way.
 2. I feel fatigued when I get up in the morning and have to face another day on the job.
 3. I feel frustrated by my job.
 4. I feel burned out from my work.
 5. I feel I am working too hard on my job.
 6. I am aware of resources to support my well-being

¹⁹Sexton JB, Adair KC. Forty-five good things: a prospective pilot study of the three good things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness. *BMJ Open*. 2019;9:e022695. Used with permission.

scale of “1” (low) to “5” (high). This healthcare system identified a score below “4” as a potential area for concern. Six items measured employee well-being; all answer selections are captured in a Likert scale. The defined scores for each of the six questions along with the unit's overall composite score was reported for evaluation and compared to the targeted benchmark score of 3.5. The six well-being items were entered into the institutional Qualtrics survey platform and sent to all nurses on the selected unit, including the nurse manager and team lead, every month beginning January 2021 through April 2021. Each survey was active for staff response for 10 days; staff were reminded to take the survey during rounding and emails.

As burnout is associated with higher rates of absenteeism,^{7,15} the benchmark of reducing absenteeism by 18% was established from facility experience with a previous QI project¹⁵ that exceeded their benchmark and reduced absenteeism by 27.5%. To measure employee attendance, the facility's attendance software program was queried through a standard reporting mechanism. This program requires the nurse manager or team lead to enter a specific code reporting employee absenteeism. Pre-intervention absenteeism for January through April 2020 was compared with post-intervention absenteeism during the same timeframe, January through April 2021. Data inclusion for project outcomes was limited to employees who worked on the unit before October 5, 2019, and continued employment through post-implementation date April 30, 2021. New employees that were still in their probationary period during the

pre-implementation or those terminated during the implementation phase were excluded. There was a total of 27 employees that met this criterion for inclusion of this outcome.

5.5 | Analysis plan

Descriptive statistics were performed (frequency, mean, and *SD*) on aggregated survey data. Tests of change included performing t-tests or chi-squares if appropriate, at a two-tailed 0.05 significance level.

6 | RESULTS**6.1 | Well-being**

The first defined outcome was to improve well-being scores to a composite score of 3.5 or greater. A total of five surveys produced results that measured the well-being of nurses on a surgical unit. The survey contained six questions with five Likert-style answer choices. The answers were assigned a designated score of 1–5; answers that were negatively correlated with well-being were scored low, while answers that were positively correlated with well-being scored high. For example, question one states, “Events in my work unit/department affect my life in an emotionally unhealthy way”; the scores were as follows: (a) Disagree strongly was scored as 5; (b) Disagree Slightly was scored as 4; (c) Neutral was scored as 3; (d) Agree Slightly was scored as 2; and (e) Agree Strongly was scored as 1 (see Box 1). The mean score from the six questions was used to calculate the overall composite score for each individual survey.

The composite scores were 2.4, 2.8, 2.7, 3.1, and 2.9, respectively, with an average response rate of 37%. The well-being scores increased from 2.4 in January 2021, to its highest of 3.1 in April 2021, with a final composite score of 2.9 in May 2021 (see Table 1). Although the project goal of 3.5 was not met, the data showed an overall improvement in nurse well-being. Due to small sample sizes in survey responses, change in scores over time were not calculated.

6.2 | Absenteeism

The second defined outcome was to reduce absenteeism among nursing staff by 18%. There were 51 absences total among all eligible staff members during pre-intervention compared to 31 absences post-intervention, accounting for a reduction in absenteeism by 39%.

These results exceeded the project goal of 18% and accounts for a major reduction in absenteeism during the project timeframe.

7 | DISCUSSION

The well-being scores started with a lower score compared to the 2019 Culture Pulse Survey; this indicates the staff were still in a state of burnout at the beginning of the project. The mean score of each

TABLE 1 Well-being survey results

Culture Pulse Survey: well-being composite scores		
Month 2021	Composite score	Response rate (%)
January	2.4	48
February	2.8	33
March	2.7	35
April	3.1	35
May	2.9	35
Project average	2.8	37

question increased slightly in the second survey. During this time, the team lead acted as the nurse manager and was able to implement all nurse manager strategies that were prescribed on the monthly manager checklist. The composite score decreased for the third survey because, during this time, the unit underwent a COVID outbreak, and a new nurse manager was hired. Due to these major changes, some of the interventions listed on the monthly manager checklist were not completed. April received the highest composite score as the new nurse manager was on-boarded and contributed to the project interventions. The hired nurse manager had many years of experience and naturally demonstrated the skills of an authentic leader. The results of the final survey decreased as the project manager was less involved with rounding and encouraging staff to participate in resilience tools. The decreased involvement from the project manager was to test how the team lead and nurse manager could function independently with the prescribed interventions listed in the monthly manager checklist. Attendance was measured in two different time periods and the data were not affected by the monthly PDSA cycles during the project timeframe.

There were several observed benefits that occurred from this project. One employee left the unit to take a promotion as a team lead and since the employee stayed within the health system, there were not any consequences associated with nurse turnover. Another employee was trained and promoted to the role of a charge nurse. During the project, one of the employees was nominated and won a "Partners in Practice" award. In addition, several staff members reported they were taking their lunch breaks and enjoyed using the resilience tools.

Our findings add further support for the correlations found in current literature between authentic leadership and nurse well-being. Adams et al.²⁰ found that nurse managers are in an excellent position to support nurse well-being; however, they may be unable to thrive in such role without upper management support, necessary resources, time, and opportunities for professional development. During this project, the nurse manager received full support from upper management including the CNO at the nursing facility. In addition, the project manager provided the additional support needed with time and resources. Barrientos-Trigo et al.¹⁰ identified that healthy work environments are a crucial component to nurse well-being. Poor staff ratios hindered the QI project's work environment however good interdisciplinary communication among nursing leadership and staff

negated its effects. During the project the unit received reports of higher patient satisfaction levels which supports Boamah et al.'s³ study that links authentic leadership to improved patient outcomes. As a follow-up QI project to King et al.,¹⁵ there were similar results that improved absenteeism when resilience tools were promoted among staff members.

An insight gained from this project is that healthcare systems could benefit from investing in a well-being ambassador. A well-being ambassador could teach nurse managers how to promote well-being in nursing staff. During this project, the project manager acted as a well-being ambassador by encouraging and providing resources to the nurse manager through a standardized well-being program. A well-being ambassador could continuously assess nursing units through well-being surveys and then intervene when necessary. An ambassador can aid in maintenance of a standardized well-being program that is simple and easy to use by all nurse managers.

Nurse managers should adopt authentic leadership styles to reduce burnout and enhance nurse well-being.^{8,9} This project showed that Maslow's hierarchy can be used as a guide to standardize the process and strategies that nurse managers use to promote well-being. Nurse managers can assess each employee's level of need and meet that employee's need using prescribed interventions at each level.

7.1 | Limitations

There were several limitations involved with this QI project. The first limitation observed during this QI project was that an authentic leader was a key component to the success of this program designed for managers. One month before the start of this project, the unit's nurse manager had taken another position, and another unit's nurse manager was appointed the role of interim manager. Therefore, the unit's clinical team lead was the primary driver of the project interventions. In March 2021, a new manager was hired, and the team lead did not receive the desired position of being the unit's nurse manager.

Second, COVID greatly affected employee well-being and had a major impact on the project's results. The unit experienced a COVID outbreak in their staff in February, when eight staff members tested positive for COVID within a 2-week timeframe. In addition, absenteeism has other causes outside of burnout and COVID, such as childcare, illness, and injury. One strategy used for data consistency was to measure absences on two separate occasions during the same exact time periods. Therefore, sensitivities related to the time of year were reduced, such as inclement weather.

Another limitation that occurred during this project was that, shortly after the nurse manager left, the unit's staffing level dropped to 45% capacity, which placed more work strain on the remaining staff and clinical team lead. In addition, at the start of the project, the unit's surgery team decided to place a hold on elective surgeries until

the high volume of COVID patients decreased. This decision forced the unit's nursing staff to care for an unfamiliar patient population.

8 | CONCLUSION

The program taught nurse managers several strategies found in the literature that: (1) contributed to a positive work environment; (2) promoted employee engagement; and (3) assisted nurses with resilience. Nurse managers must demonstrate authentic leadership skills such as trust, transparency, consistency, effective communication, and self-reflection.⁸ Nurse managers should use and teach their staff different resilience tools that enhance their well-being.¹³ Leadership rounding, employee celebrations, and employee recognition are evidenced-based strategies that can improve nurse well-being.^{10,12}

There is limited research on programs for nurse managers that improve staff well-being. In addition, research should be done to test the functionality of a well-being ambassador. Therefore, this was a valuable project to test a standardized program that nurse managers could use to improve well-being. According to the PDSA cycle, the next steps for this project should involve more measurements and a larger population to determine if a nurse manager program can improve nurse well-being, reduce nurse absenteeism, and produce better patient care.

8.1 | Implications for practice

The success of this project indicates that nurse managers can impact the well-being of their staff through a standardized program based on Maslow's hierarchy of needs. Evidence-based practices that promote well-being are the best way to care for healthcare staff. This topic is important to research for fields outside of nursing, as employee well-being is important for all businesses. This project can be replicated in other nursing care units or clinics to promote nursing staff well-being and improve patient care.

The implementation of this project should be sustainable for nurse managers. Nurse managers should be encouraged to focus more of their time toward employee well-being and reducing burnout. The health system provides all nurse managers with designated budgets that funds employee celebrations and recognitions. In addition, nurse managers should practice personal reflection to enhance their own resilience and consider methods that promote well-being in their nursing staff.¹³

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the Supporting Information of this article.

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How to cite this article: King AT, Sherrod B, Orto V, et al. The effect of a nurse manager's authentic leadership intervention on nurses' well-being: A single unit QI project. *Nurs Forum*. 2022;57:694-702. doi:10.1111/nuf.12709