



eISSN: 2281-7824

<https://www.pagepressjournals.org/index.php/hls/index>

**Publisher's Disclaimer.** E-publishing ahead of print is increasingly important for the rapid dissemination of science. The **Early Access** service lets users access peer-reviewed articles well before print / regular issue publication, significantly reducing the time it takes for critical findings to reach the research community.

These articles are searchable and citable by their DOI (Digital Object Identifier).

The **Healthcare in Low-resource Settings** is, therefore, e-publishing PDF files of an early version of manuscripts that undergone a regular peer review and have been accepted for publication, but have not been through the typesetting, pagination and proofreading processes, which may lead to differences between this version and the final one.

The final version of the manuscript will then appear on a regular issue of the journal.

E-publishing of this PDF file has been approved by the authors.

Healthc Low-resour S 2024 [Online ahead of print]

*To cite this Article:*

Manoppo IA, Novieastari E, Handiyani H, Nuraini T. **Nursing competency model for nurse manager in hospital: a scoping review.** *Healthc Low-resour S* doi: 10.4081/hls.2024.13008

 ©The Author(s), 2024

Licensee [PAGEPress](#), Italy

Note: The publisher is not responsible for the content or functionality of any supporting information supplied by the authors. Any queries should be directed to the corresponding author for the article.

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

## **Nursing competency model for nurse manager in hospital: a scoping review**

Inggerid Agnes Manoppo,<sup>1,2</sup> Enie Novieastari,<sup>1</sup> Hanny Handiyani,<sup>1</sup> Tuti Nuraini<sup>1</sup>

<sup>1</sup>Faculty of Nursing, Universitas Indonesia, Depok, West Java; <sup>2</sup>Sekolah Tinggi Ilmu Kesehatan Papua, Sorong, Indonesia

**Correspondence:** Inggerid Agnes Manoppo, Faculty of Nursing, Universitas Indonesia, Jalan Lafran Pane RT 12/RW 10, Kelurahan Tugu Cimanggis, Depok, West Java, Indonesia

E-mail: [inggerid.agnes@ui.ac.id](mailto:inggerid.agnes@ui.ac.id)

**Key words:** nursing leadership competency; nursing manager; primary healthcare nurse.

**Conflict of interest:** the researchers declare that they have no interest.

**Contributions:** all authors contributed ideas to the preparation of this review and are responsible for the work presented at the SIGMA Theta Tau International Annual Meeting (STTI) 2023 in conjunction with The 3rd UI International Nursing Scholar Congress

**Funding:** none.

**Ethics approval and informed consent:** not applicable.

**Availability of data and material:** data obtained based on research results analysed

**Conference presentation:** this work was presented at the 3rd International Nursing Scholar Congress 2023, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia.

**Acknowledgments:** we would like to thank the collaborating research team

### **Abstract**

Clinical and structural shifts represent pattern of change in health care. It requires the development of nurse manager leadership competency. This scoping review was conducted to map the nurse manager competency model in the hospital. Adopt the JBI (Joanna Briggs Institute) methodology for a scoping review. The databases used in this review article include the Scientific Information Database, Google Scholar, ProQuest, PubMed, and Science Direct

databases. The search strategy is more comprehensive than the type of study in English, relevant case 15 articles published from 2005-2022. The papers included in the analysis comprised qualitative and quantitative research designs, utilizing keyword combinations such "Nursing competency model for nurse manager." Eligible publications are searched for relevant data, which is then collected in a spreadsheet and imported into Microsoft Word. From there, it is combined into a table with a primary conceptual overview and a description of the study's features. Most studies involve nurse managers at multiple levels (top and middle managers). From the mapping, there are 14 nurse manager competency models. Most of the models emphasize the importance of communication competence, leadership skills, and business management accompanied by an attitude of professionalism and qualified knowledge. The essential skills that a nurse manager must possess emphasize the importance of communication competencies, leadership skills, and business management along with professionalism and knowledge.

## **Introduction**

Competence is the chronic and thoughtful use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice that benefits the individuals and communities served by using science and other abilities.<sup>1</sup> In practice, nurse managers are expected to apply knowledge, skills, and personality in every situation and adapt related knowledge and skills in different conditions. Core competence is collective learning in organizations, especially related skills that produce services, resulting in integration between the necessary knowledge and technology,<sup>2</sup> Competence needs to be made in the form of set standards and become a reference for implementation as a nurse manager in care, service management, and nursing leadership.

Leader competencies are identified with the ability to perform management functions well, including skills, knowledge, and expertise for organizational success. Other competencies may demonstrate skills and behaviours in organizational culture, communicating organizational vision, and managing change.<sup>3,4</sup> A model is needed to carry out the role of nurse managers in nursing management and leadership. Competency is a standard and reference for nurse managers. The model is a pattern of examples, references, and varieties of something that will be made or produced. The model is also a symbol representing practical experience in words, pictures, graphs, diagrams, mathematical notes, or the physical materials that make up its knowledge in an empirical pattern. The Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/425/2020<sup>5</sup> concerning Nurse Professional Standards outlines the nursing leadership competency model in Indonesia. It states that nurses possess core competencies in leadership and management, which include the ability to practice nursing

services, care management, and leadership. Competency models are the responsibility of professional organizations to regulate them. In Indonesia, the nurse manager competency model developed by the professional organization, namely the Indonesian Nurse Manager Association (INMA) is still in draft form and has not yet become a standard that is enforced as a guideline for nurse competency standards.<sup>6</sup> The draft nurse manager competency model developed by INMA includes several competencies, namely ethical legal and cultural practices, management and delivery of nursing care, planning, organizing, directing, managing personnel, implementing monitoring and evaluation, carrying out leadership roles, and developing personal and professional qualities. A standardized nurse manager competency model can guide the management of uniform nursing care and services. In other countries, nurse manager competency models have been developed and uniformly defined by professional organizations. This study aims to delineate the components of the competency model for nurse managers working in hospitals.

## **Materials and Methods**

Writing a scoping review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) reporting checklist and is done in accordance with the Joanna Briggs Institute (JBI) methodology.<sup>7-9</sup>

### ***Search strategy***

The goal of the search method is to locate journal-published publications. Three databases Science Direct, Proquest, and PubMed were searched to find publications related to the covered subjects. Supplementary Table 1 provides the search technique and all specified keywords, search dates, and complete search results. Study designs are not a constraint on the search approach; qualitative and quantitative research are included. The text consists of studies published in English.

### ***Study/source of evidence selection***

Following the search, duplicate articles were eliminated, and all found articles were compiled and posted to the Mendeley desktop. Then, using the inclusion criteria of nurse managers as participants—that is, nurses tasked with overseeing nursing services in a health facility at the middle level (Middle Manager) or top-level (Top Manager) titles and abstracts were vetted by two impartial reviewers. Full text and detailed citations were imported into the JBI System for Integrated Management, Assessment, and Review once relevant papers were searched. The reasons for excluding articles that did not meet the inclusion criteria are shown in Figure I. Discussions were used to settle disagreements developed among reviewers.

### ***Data analysis and presentation***

The data is compiled in one spreadsheet and imported into Microsoft Word 2019 (Microsoft Corporation, Redmond, WA) to be put together into a table which contains a summary of the characteristics of the study, including author, year, design, setting as well as the main conceptual summary that is important to synthesize, namely various competency models of nurse managers who identified along with competency dimensions and sub-dimensions that nurse managers need to have and competency mapping that is important for nurse managers to have in hospitals.

### ***Inclusion and exclusion criteria***

#### *Participants*

This review considers studies that make nurse managers participants. These nurses are responsible for managing nursing services in health facilities at the middle level (Middle Manager) and top-level (Top Manager).

#### *Concept*

This review considers studies that include models of nurse competency as interventions, outcomes or observed phenomena from the study.

#### *Context*

This review includes specific settings in hospitals and other healthcare settings.

#### *Types of sources*

Many mixed-method and qualitative study designs are taken into consideration for inclusion in this evaluation. Opinions and text papers were also taken into consideration for the scoping review.

### ***Data extraction***

Data was extracted from eligible articles by two independent reviewers using data extraction instruments developed by the reviewers (see Figure 1). The extracted data includes details about

study characteristics, nurse managers, nursing leadership competency models (dimensions and sub-dimensions), hospital settings, and critical findings relevant to the review questions. Any disagreements that arose between the reviewers were resolved through discussion.

## **Results**

### ***Study inclusion***

After entering keywords according to PCC, 29,353 articles were identified and filtered based on the inclusion criteria and 25 articles were eligible but 10 articles were excluded because they did not have full text and did not display the nurse manager competency model. From this process, 15 studies were included in the review (Figure 1).

### ***Review findings***

From the mapping results (Table 1), most models emphasize the importance of communication competence, leadership skills, and business management accompanied by an attitude of professionalism and qualified knowledge. Communication skills are often associated with relationship management<sup>10-12</sup> and technology. Leadership ability is associated with the nurse manager's ability to lead others and create the character of a leader both in general and specifically.<sup>13-14</sup> Conflict and complaint resolution, team/staff management, financial management, risk management, time management, and human resource management are examples of business management competencies.<sup>3,15-20</sup>

## **Discussion**

Leadership roles in health services have changed over time. Clinical and structural shifts show patterns of change in healthcare. Nurse managers are expected to be able to master several concentrations, such as business administration, leadership, and financial management. Essential competencies for nurse leadership are expressed in several items.<sup>17-19,21,22</sup>

*Business management competency:* financial management, preparation of planning, and budget management. By having this competency, a nurse manager can understand and apply economic concepts in analysing effective financing and appropriate business models to determine priorities and measurable goals.

*Communication skills:* speaking, writing, and assertiveness. Able to articulate ideas, ask provocative questions, be able to listen to diverse opinions, and be assertive. Effective communication competence allows nurse managers to build trust with stakeholders.

*Clinical knowledge:* the ability to articulate nursing work and nursing contributions. A nurse manager who has good clinical knowledge competencies can ensure the delivery of safe, evidence-based patient care. Nurses have the ability to maintain patient safety in the nursing environment.

*Critical thinking and leadership spirit:* conceptual, *out-of-the-box*, theoretical, and innovative. Nurse managers are able to identify and analyze problems objectively. With critical thinking skills, nurses can generate alternative solutions in making recommendations and decisions, delegate appropriately, develop professional governance in terms of philosophy and structure.

*Professionalism:* collaboration and team skills. Nurse managers who have professionalism as part of their competence can support health nursing policies at all levels of government, resulting in safe, quality, accessible, and effective health care.

In addition to structural competence, a nurse manager must have leadership competence in the emotional aspect. This is broken down into three aspects, namely<sup>17,23,24</sup> self-awareness, self-management and social awareness. The ideal leader can read individual emotional states and be aware of the elements of life experience that can challenge and change moods. This emotional status allows the leader to control his heart and align in the expression of leadership because negative moods can affect relationships with staff.

Leaders must take corrective action and ensure that negative moods are not transferred to staff and the rest of the team. Self-management ability is evidence of integrity in work. In addition to skills in managing personal emotions, leadership effectiveness is also related to the ability to assess the emotions and moods of other people, namely staff and teams. This intuitive skill is expressed in empathy, which confirms that leaders are sensitive and aware of social realities in their leadership.<sup>21</sup>

Changing times and service models require leaders to take a more vital role to be implemented in health care. A clear vision of the direction of change and skills in responding to change is needed by leaders who must be able to translate the reality and demands of change to become a reference for planning formulations easily understood by the team. Active involvement in dealing with the variability of change puts leaders in a condition that must be willing to face the demands of internal change and accept that staff cannot be expected to accept significant changes in work and relationships at work if not preceded by their superiors. Optimization of nursing services and relations between staff at work is strongly influenced by the leadership style applied

by the manager. A management style that applies high leader visibility and a shared decision-making process positively impacts nurse retention. Their relationship with the manager becomes an important factor in job satisfaction—a charismatic, optimistic nurse with practical interpersonal skills for a nurse manager position.

## Conclusions

The various research designs included in this study included both quantitative and qualitative research. Most of the studies involved nurse managers (top and middle managers) at various levels. From the mapping of 15 articles, most models emphasized the importance of communication competencies, leadership skills, and business management along with professionalism and knowledge. Organizations can design plans to generate competent managers in healthcare organizations with the help of the competencies required of nurse managers.

The literature supports employing instruments to create, measure, and assess competences, which is another significant finding of this study. But this is not something that can be stated clearly from the model that was used to choose nurse managers. This suggests that the competency model can be applied when selecting managers—nurses—for the company and, consequently, for the administration of patient care. The review's scientific discoveries will broaden the corpus of nursing knowledge pertaining to nurse management.

## References

1. Ličen S, Plazar N. Developing a universal nursing competencies framework for registered nurses: A mixed methods approach. *J Nurs Scholarsh* 2018;51:459–70.
2. Fukada M. Nursing competency: Definition, structure and development. *Yonago Acta Med* 2018;61:1–7.
3. García AG, Pinto-Carral A, Villorejo JS, Marqués-Sánchez P. Nurse manager core competencies: A proposal in the Spanish health system. *Int J Environ Res Public Health* 2020 1;17.
4. Robbins SP, Judge TA. Organizational behavior. In 2021.
5. The Ministerial Decree of Ministry of Health Republic of Indonesia No: HK.01.07/MENKES/425/2020 on the standard of nursing profession 2020
6. American Organization of Nurse Executive. Nurse Executive Competencies. [Internet]. Chicago: American Organization of Nurse Executives; 2015. 11 p. Available from: <https://www.aonl.org/sites/default/files/aone/nec.pdf>
7. Peters MDJ, Godfrey C, McInerney P, et al. JBI manual for evidence synthesis. Chapter 11: Scoping reviews. 2020. Available from: <https://synthesismanual.jbi.global/>



8. McGowan J, Straus S, Moher D, et al. Reporting scoping reviews-PRISMA ScR extension. 2020.
9. Munn Z, Aromataris E, Tufanaru C, et al. The development of software to support multiple systematic review types: the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information (JBI SUMARI). *Int J Evid Based Healthc* 2019;17:36-43.
10. McCarthy G, Fitzpatrick JJ. Development of a competency framework for nurse managers in Ireland. *J Contin Educ Nurs* 2009;40:346–50.
11. Goktepe N, Turkmen. Development of managerial competencies for first-level nurse managers in Turkey. *Int J Caring Sci* 2018;11:1096.
12. Mbango C. Incorporating global and cultural competencies in nursing education. *Nursing* 2023;53:15-17.
13. Parchment J, Stinson A. Clinical nurses: leading through the complexity of human trafficking. *Nurs Adm Q* 2020;44:235-43.
14. Kvas A, Seljak J, Stare J. Training needs assessment for leaders in nursing based on comparison of competency models. *Organizacija* 2014;47.
15. Saifman H, Sherman RO. The experience of being a millennial nurse manager. *J Nurs Adm* 2019;49:366-71.
16. Sherman RO, Bishop M, Eggenberger T, Karden R. Development of a leadership competency model. *J Nurs Adm* 2007;37:85-94.
17. Miltner RS, Jukkala A, Dawson MA, Patrician PA. Professional development needs of nurse managers. *J Contin Educ Nurs* 2015;46:252-8; quiz 259-60.
18. Clemmons-Brown CA. Addressing Human Trafficking Through Nurse Leadership. *Nurse Lead* 2020;18:581-5.
19. Bleich MR, Zimmermann D, Hancock B. Unprecedented leadership: how nurses responded to the COVID-19 pandemic. *Nurse Lead* 2021;19:453-5.
20. Joslin D, Joslin H. Nursing leadership COVID-19 insight survey: key concerns, primary challenges, and expectations for the future. *Nurse Lead* 2020;18:527-31.
21. AONE. Nurse executive competencies. Chicago: AONE; 2015. 11 p.
22. Munyewende PO, Levin J, Rispel LC. An evaluation of the competencies of primary health care clinic nursing managers in two South African provinces. *Glob Health Action* 2016;9:32486.
23. Gunawan J, Aunguroch Y, Fisher ML, et al. Managerial competence of first-line nurse managers in public hospitals in Indonesia. *J Multidiscip Healthc* 2020;13:1017-25.
24. Kim AY, Sim IO. Communication skills, problem-solving ability, understanding of patients' conditions, and nurse's perception of professionalism among clinical nurses: A structural equation model analysis. *Int J Environ Res Public Health* 2020;17:1–14.

25. Gottlieb LN, Gottlieb B, Bitzas V. Creating empowering conditions for nurses with workplace autonomy and agency: how healthcare leaders could be guided by Strengths-Based Nursing and Healthcare Leadership (SBNH-L). *J Healthc Leadersh* 2021;13:169-81.
26. González-García A, Pinto-Carral A, Villorejo JS, Marqués-Sánchez P. Competency Model for the Middle Nurse Manager (MCGE-Logistic Level). *Public Health* 2021;18:3898.
27. Julie Van Orne, Branson K. Using an innovative clinical nurse leader practice model to sustain high-quality patient care and promote a positive work environment during the COVID-19 pandemic. *Nurse Lead* 2022;20:208-14.

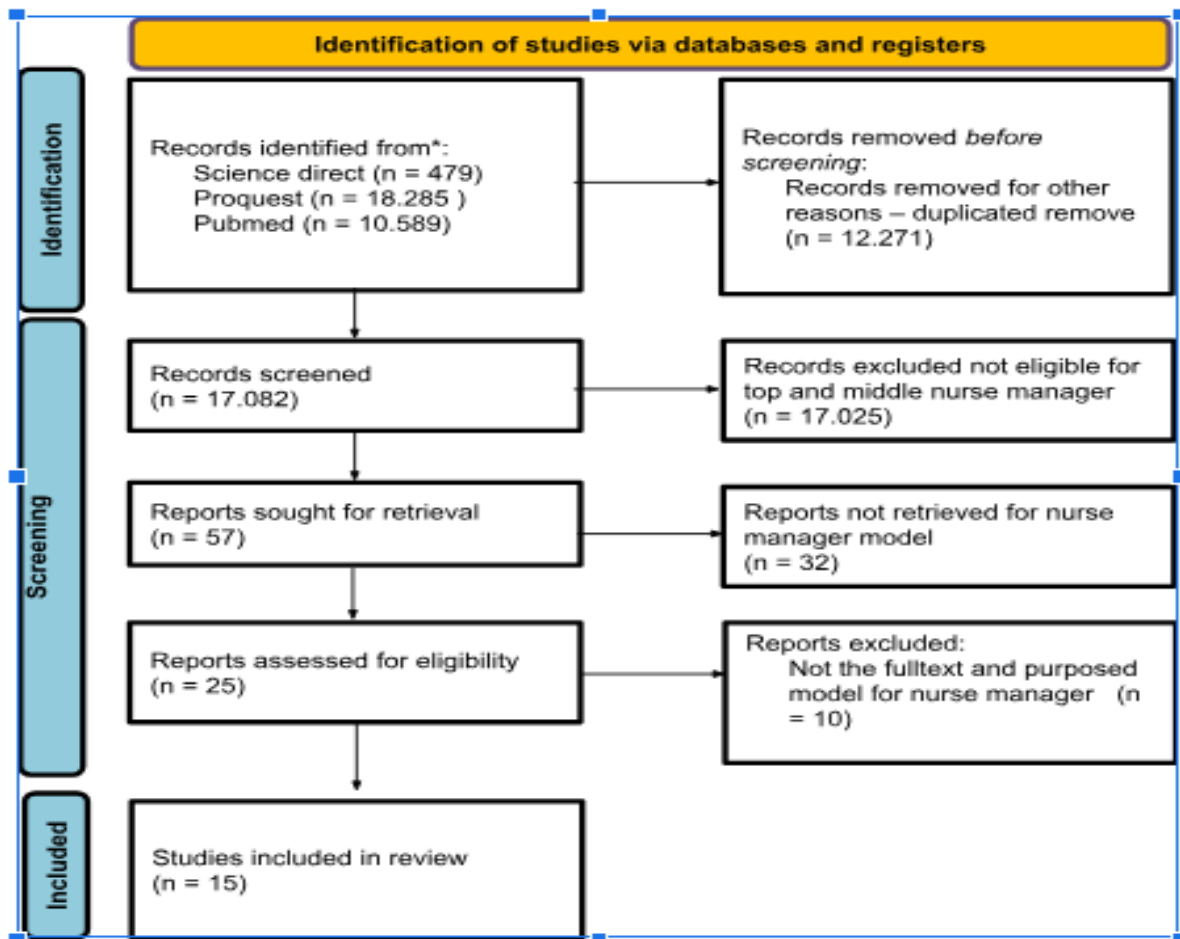


Figure 1

Online Supplementary Materials

Table 1. Mapping of competency models and main competencies that are important to nurse managers.