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# The Role of the Nurse Manager: Implementing Team-Based Models of Care

AONL is committed to studying evolving health care and workforce conditions. To address the paucity of data for the evolving role of the nurse manager, AONL continues to focus on constructing practice-based evidence to help nurse leaders navigate the necessary support infrastructure for the growth and development of these vital front-line leaders. The agility and attention essential for nurse managers to lead within a volatile, uncertain, complex and ambiguous (VUCA) health care environment creates unique personal and professional stressors for them. The workforce rate of change and production pressures experienced by front-line nurses and caregivers required nurse managers to adopt novel care models in a truncated amount of time. Training and integrating multi-skilled licensed (LPN, paramedic) and unlicensed (patient care associate, patient experience aides) personnel and coordinating activities for top-of-competency nursing care delivery while creating a team spirit de corps is complicated.

For the second release, the AONL workforce subcommittee focused on the role of the nurse manager and how nurse managers were affected by the demand to implement a team-based care model. Through a series of focus groups, AONL gleaned information about the optimum span of control, with recommended competencies for building trust, fostering teamwork and leading change management.

AONL is extremely grateful for our committee volunteers' thoughtful approach and countless hours of work.

## Background

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Ongoing staffing challenges have propelled organizations to adopt innovative, team-based models of care. A lack of experienced nurses and practice-ready new graduate nurses is one example of why the primary nursing care model has been unsuitable for the current health care environment. Team-based models of care, implemented in hospitals as a temporary measure to deal with patient surges during the pandemic (American Hospital Association, 2022), have continued post-pandemic, with approximately 38% of health care organizations planning to continue the use of these models in the future (American Organization for Nursing Leadership, 2022). During the pandemic, the composition of team-based models of care primarily included LPNs and patient support aids/technicians (Beckett et al., 2021). Several studies conducted during the pandemic examined the impact of team-based nursing care models and outcomes for patients, nurses, and organizations. With respect to patient outcomes, no significant difference was found between team-based models and other models of care (Beckett et al., 2021). Studies that examined nursing and organizational outcomes (cost, quality and length of stay), were mixed (Beckett et al., 2021). While available evidence stops short of recommending the long-term adoption of team-based nursing as a model of care, its use during crisis scenarios and periods of staffing shortages is supported as a reasonable option (National Academies of Sciences, Engineering, and Medicine, 2020).

The role of the nurse manager and the impact on them, to change and implement a team-based model of care on the nurse manager role remains elusive in the literature. The AONL Workforce Subcommittee conducted three national focus groups with 48 front-line nurse managers or leaders in equivalent roles who guide team-based care models to understand the operational impact on nurse managers. The majority of participating managers had five or more years of nursing leadership experience (Table 1). For the AONL work, a team-based model of care was conceptualized as having more than one staff member working together to provide patient care.



## Focus Group Results: What We Know

### Nurse Manager Job Demands

Most nurse managers working with team-based models of care reported being responsible for over 50 staff members (full-time, part-time, travelers and per diem) with most having a span of control of up to 75 employees (Table 2). Across focus groups, the majority of nurse managers working with team-based models of care reported spending most of their time on staffing, scheduling, recruiting, and hiring (Table 3). Over 50% of the managers reported they have support from an administrative or program assistant and/or assistant nurse manager or clinical manager (Table 4).

### Drivers of Team-Based Models of Care and Impact on Key Team Members

Most of the nurse managers reported staffing challenges, financial constraints, decreased reliance on travelers and outcome metrics (throughput, patients/staff outcomes) as key drivers for implementing new models of care. LPNs and paramedics were the licensed provider types most frequently incorporated into the care team.

## Impact on Leadership Role/Workload

While some nurses reported the ability to leverage the role of the charge nurse in these new team-based models of care, the vast majority of nurse managers reported an increase in their workload attributed to an increase in their span of control. The increase in the nurse manager's span of control created difficulty in maintaining staff accountability. An increased span of control associated with team-based models of care also resulted in increased scheduling complexity to ensure the appropriateness of the team composition (e.g., RN, LPN, paramedic, tech/aide). Despite the impact on workload of the nurse manager, focus group participants remained committed to staying employed with their organizations for at least another year (Table 5).

## Obstacles and Lessons Learned

A significant challenge when implementing team-based models was differentiating new roles and clarifying scope of practice. Many inexperienced staff nurses showed a lack of proficient delegation skills. Staff buy-in was a barrier at times, as nurses sometimes had trouble trusting new members of the team. With the team-based models of care, the number of patients on a team increased, leaving many nurses too focused on the number of patients rather than on patient acuity and the required holistic care.

Key lessons learned focused on taking a gradual pilot-type approach and using an implementation strategy engaging the right players. It was important to identify the appropriate team composition and to dedicate time for education/orientation that included role-play. Throughout the implementation process, it was optimal for nurse managers to have frequent check-ins with teams, continue to concentrate on positive change, build trust and communication and celebrate small wins.

## New Role Competencies

Approximately 43% of nurse managers implementing team-based models of care reported having more than 10 years of nursing leadership experience (Table 1). Key leadership characteristics identified by participants as important to facilitate the successful implementation of team-based models of care included building relationships, creating role clarity for team members, leading across generations and serving as a change champion.

# How Can You Use This?

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- 1. Building Trust and Teamwork:** Nurse managers leading the adoption of new models of care require a solid foundation and strong teamwork in their care areas to successfully implement this change. With the addition of new team member roles, such as LPNs and patient mobility techs, the team must build trust. The organization should establish clear roles and responsibilities for team members in the care delivery model. In this way, team culture can be improved, with team members learning to work together and delegate tasks appropriately. Building teamwork is not a one-and-done task; it requires time and intention to continually develop the strengths of the team.
- 2. Developing Change Management Competencies:** Nurse managers who successfully drive a transition to new care models are often more experienced managers and motivators for change. They inspire their teams to think differently and approach care delivery as a team. Building and investing in the leadership competency of change management for these front-line nurse managers is a critical step in implementing new models of care successfully. Utilization of AONL's Nurse Leader Competencies, as well as seeking opportunities to support nurse managers in leadership development, is important. This development allows them to build the knowledge and competency surrounding change management, as well as other essential competencies for their professional growth.

- 3. Span of Control and Leveraging other Leaders:** With the transformation to team-based models of care, nurse managers are experiencing an increased span of control, while constantly hiring new recruits and onboarding a variety of new team members. Assessing the span of control for front-line managers as a headcount, not FTE, is important as the composition of teams is shifting to more part-time and fewer full-time employees. Analyze the support structures that are in place for front-line nurse managers, such as assistant nurse managers, nurse educators, charge RNs without patient assignments and other administrative support. In addition to leveraging the strengths of nurse managers, leverage these other support roles in quality, operations, and administration to support front-line nurse managers.

## References

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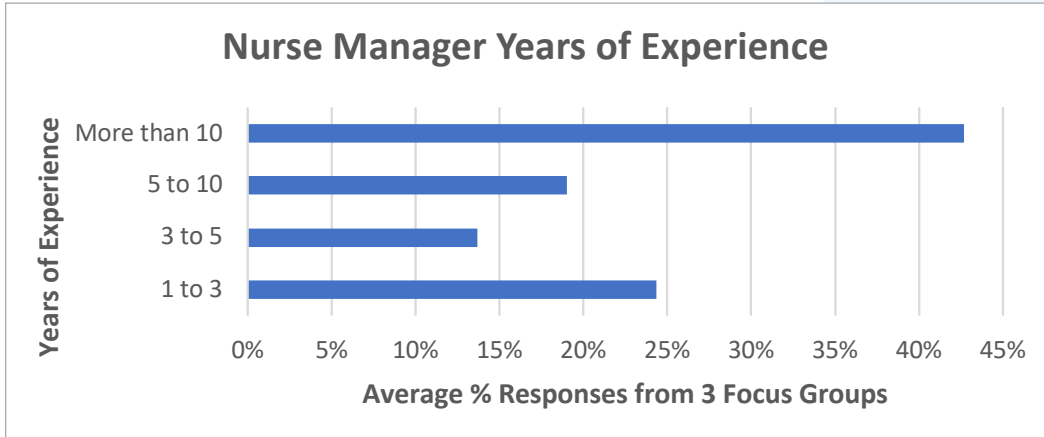
### For More Information

Sherman, R. (2023). *A team approach to nursing care delivery: Tactics for working better together*. Bowker Publishing.

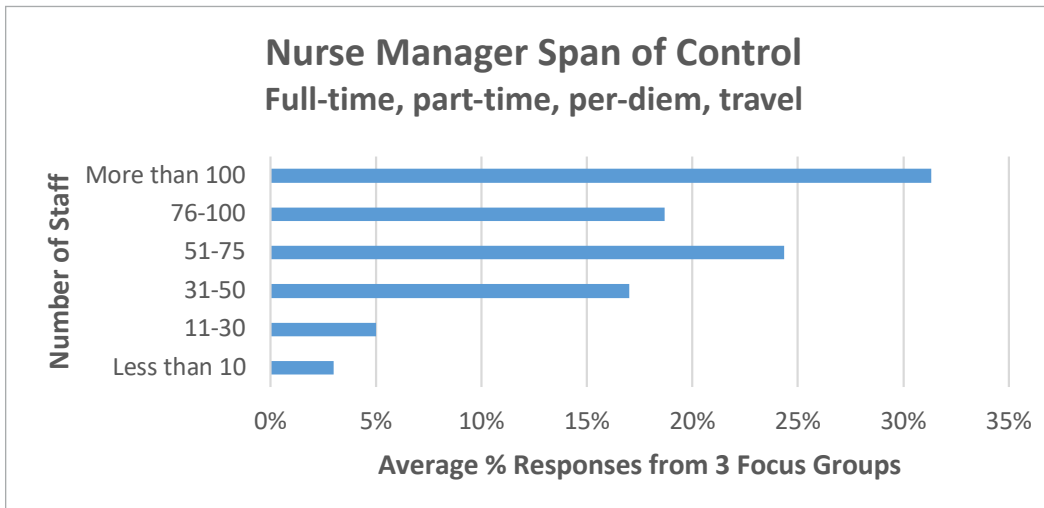
AONL Education and Resources. <https://www.aonl.org/education/overview>

# Supporting Tables

**Table 1: Years of Leadership Experience**



**Table 2: Span of Control**

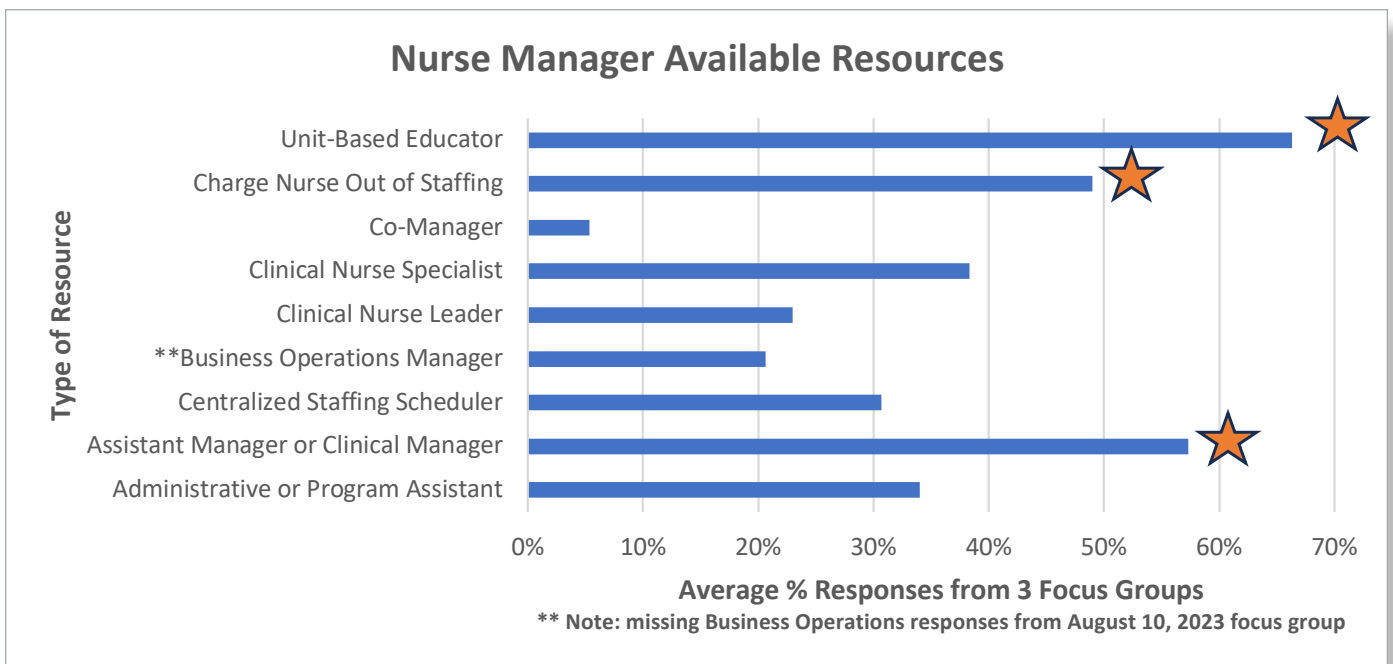


# Supporting Tables

**Table 3: Job Demands**

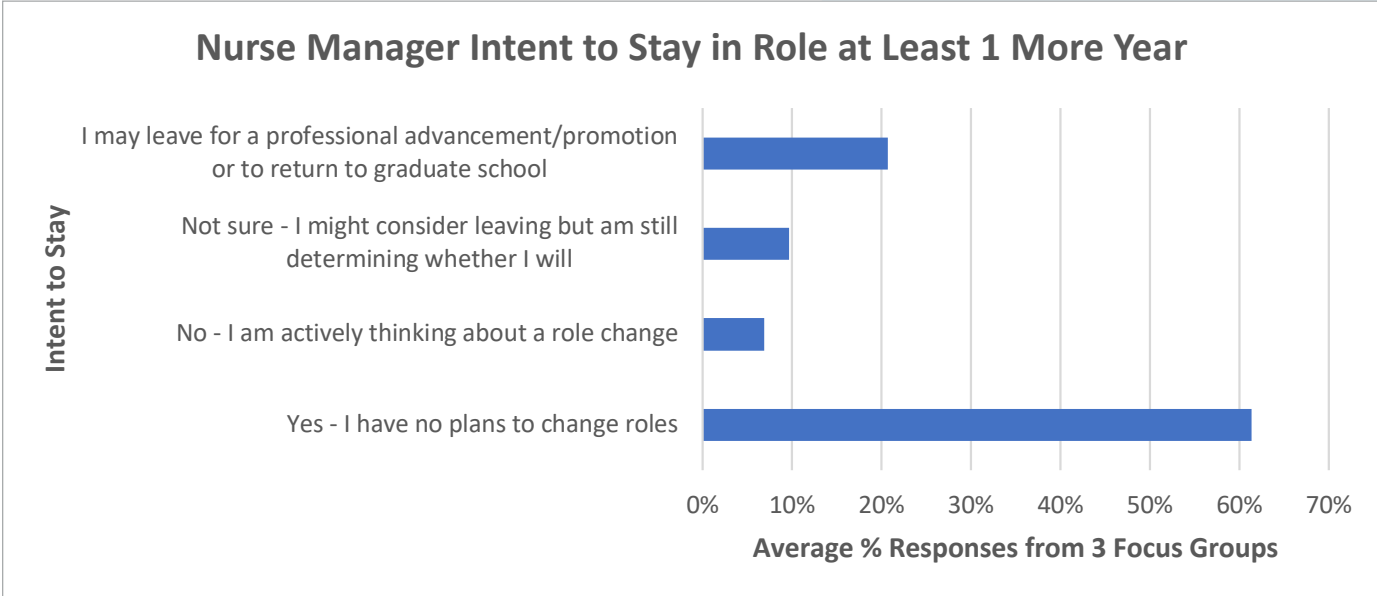


**Table 4: Job Resources**



# Supporting Tables

**Table 5: Nurse Manager Intent to Stay**



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