Nurse unit manager's translation of structural empowerment in daily practice on the unit

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SUMMARY

Background: Nurses play an important role in quality of patient care and therefore, structural empowerment (SE) was introduced in nursing practice. SE consists of access to information, resources and support, the opportunity to learn and grow and (in)formal power and leads to better patient outcomes. Nurse unit managers can have a positive influence on conditions at nursing units when they focus on SE. Little is known about managers thoughts and ideas about nurses' SE and how they experience their role in supporting the nursing staff.

Objective: To describe the nurse unit managers' perception and experience regarding structural empowerment of frontline nurses in hospitals.

Method: This qualitative descriptive study was performed in three teaching hospitals, with a purposive sample of 15 nurse unit managers, positioned between the nursing staff and higher management. Data was collected from January until April 2018 through semi-structured interviews. All interviews were audiotaped, transcribed and analysed with thematic analysis.

Results: Three subthemes were identified 'from managing to leadership on operational level', 'nurses' current position and influence' and 'tomorrow's challenges'. This provided insight into the opportunities and challenges participants experienced in daily practice, supporting their team to more empowerment. This could be captured in an overall theme *leadership on the way;* development was seen from managing the team to become a nursing leader.

Conclusion and recommendation: Unit managers were not familiar with term SE, but they described empowering elements in their managerial role, like coaching, encouraging nurses to learn and grow, implementing skill level differentiation and having a Nursing Council in the hospital. However, managers were struggling with high turnover, lack of resources on the unit and developing their personal skills. In the future it's important to invest in empowerment of unit managers because this will lead to empowered nurses and eventually to better patient outcomes.

Keywords: nurse unit managers, structural empowerment, quality of care
MESH terms: "Quality of Health Care/nursing", "Nurse Administrators"

TITEL: Hoe het afdelingshoofd 'structural empowerment' vertaalt in de dagelijkse praktijk op de verpleegafdeling.

SAMENVATTING

Achtergrond: Verpleegkundigen spelen een belangrijke rol in de kwaliteit van de patiëntenzorg en daarom is 'structural empowerment' (SE) geïntroduceerd in de verpleegkundige praktijk. SE bestaat uit toegang tot informatie, middelen en ondersteuning, de mogelijkheid om te leren en zich te ontwikkelen en (in)formele macht. En dit leidt tot betere patiëntresultaten. Afdelingshoofden kunnen een positieve invloed hebben op werkomstandigheden op de verpleegafdeling wanneer zij zich richten op SE. Er is weinig bekend over ideeën van afdelingshoofden over empoweren van verpleegkundigen en hoe zij hun rol hierin ervaren.
Doelstelling: Beschrijven van de beleving en ervaring van afdelingshoofden met betrekking tot 'structural empowerment' van verpleegkundigen in ziekenhuizen.
Methode: Kwalitatieve beschrijvende studie, uitgevoerd in drie topklinische ziekenhuizen, waarbij 15 afdelingshoofden zijn geselecteerd d.m.v. een doelgerichte steekproef. Afdelingshoofden waren gepositioneerd tussen het verpleegkundig team en hoger management. Gegevens zijn verzameld van januari tot april 2018 d.m.v. semigestructureerde interviews. Alle interviews werden auditief opgenomen, getranscribeerd en geanalyseerd door middel van thematische analyse.
Resultaten: Drie subthema's werden geïdentificeerd: 'van managen naar leiderschap op operationeel niveau', 'huidige positie en invloed van verpleegkundigen' en 'uitdagingen van morgen'. Deze thema's gaven inzicht in de kansen en uitdagingen die participanten ervoeren in de dagelijkse praktijk en hoe het team meer empowered werd, wat gevat kon worden in een overkoepelend thema 'leiderschap op weg'.
Conclusie en aanbeveling: Afdelingshoofden waren niet bekend met de term SE, maar benoemden elementen, zoals coaching, verpleegkundigen aanmoedigen om te leren en zich te ontwikkelen, functiedifferentiatie en een Verpleegkundige Adviesraad in het ziekenhuis. Ze hadden echter ook te kampen met een groot verloop, gebrek aan middelen en het ontwikkelen van hun persoonlijke leiderschapsvaardigheden.
In de toekomst is het belangrijk om te investeren in empowerment van afdelingshoofden, omdat dit zal leiden tot empoweren van verpleegkundigen en uiteindelijk tot betere patiëntresultaten.

Trefwoorden: *structural empowerment, afdelingshoofd, kwaliteit van zorg, veiligheid van zorg*

INTRODUCTION

The growing demand for care[1] requires professionally trained nurses, but also empowerment of nurses, which is strongly related to their work conditions.[2–5] The concept of empowerment of nurses as a condition for their professional practice is described by Laschinger et al. based on Kanters' model.[6,7] Two concepts are distinguished, namely 'structural empowerment' and 'psychological empowerment'. Structural empowerment (SE) labels the conditions at the workplace and contains "access to information, resources and support, the opportunity to learn and grow and (in)formal power".[7] Efforts to introduce SE leads to psychological empowerment of nursing staff, such as increased job satisfaction, reduced burnout and increased commitment in the organisation.[6,8,9]

Research showed that SE resulted in more satisfied patients and improved quality and safety of care.[4,10,11] Risk factors for patients like falling, medication errors and pressure ulcer were reduced.[4,12–14] SE had a positive influence on quality and safety of care and work effectiveness of nurses.[4] Especially the elements 'opportunities to learn and grow', 'access to support and resources' were found to be strongly correlated to effectiveness.[4,15,16]

To achieve SE of frontline nurses, unit managers can help by being a role model as a nurse leader.[15,17] Managers may encourage nurses to take more responsibility in patient care and in their own work environment, making them feel better equipped to cope with work problems.[18] This could be achieved by interacting between manager and nurses.[19–21] A direct effect of the influence of nurse managers' leadership was found at workplace empowerment and control of the workload.[22]

Bogaerts et al. evaluated the implementation of SE during the transition of a hierarchical to a flatter organisation structure.[21,23] Staff nurses reacted positively on the opportunities of SE at the performance of their practice, but they experienced a high workload and lack of time that negatively influenced the quality of care. In their opinion, the nurse manager should play an important role in the transition towards SE.[23] The nurse managers confirmed that SE improved the quality and safety of care as a result of increased responsibility and autonomy of nurses.[21] The structure and communication in the work process of nurses became transparent and they were able to critically reflect on the work process. For nurse managers it required a change in their leadership style and they felt insecure to put it into practice.[21]

In the Netherlands several teaching hospitals[24] are involved in a program to achieve a transition from functional to a professional innovative environment by implementing skill level differentiation in nursing practice.[25] In a recent study in the Netherlands project leaders and staff nurses of 22 hospitals were interviewed about this transition to a professional work environment.[26] The participants believed that nurse unit managers have a crucial role in

transforming the policy at the operational level. But they expressed their concerns about the unit manager's competency and level of education needed for the transition of the work environment.[26]

Despite the importance of the role of nurse unit managers, only a few studies concentrate on the manager's point of view. Little is known about their thoughts and ideas about nurses' SE and how unit managers experience their role during the transition into a professional environment. Insight in their perceptions and experiences can help to understand wether nurse unit managers are sufficiently equipped for the transition and how to facilitate them to grow in their role. The aim of this study is to describe the nurse unit manager's perception and experience regarding structural empowerment of frontline nurses in hospitals.

METHOD

Design

A generic descriptive qualitative approach was performed, including semi-structured interviews and thematic analysis. This was found most suitable to describe and understand the experience and perspectives of nurse unit managers and the social phenomena SE, because of the rich data it provided.[27] An inductive approach of the data was used in data analysis.[28,29] The COREQ was used to check for completeness and transparency of the report.[30]

Setting and participants

The study was performed in three teaching hospitals. These hospitals were involved in a national quality incentive grant [25] of the Dutch Association of Hospitals that focuses on a transition to a professional work environment of nurses.[25] This program provided insight in the level of this transition in the participating hospitals and all selected hospitals had a different level of transition.[26,31]

Participants were nurse unit manager and were responsible for supervision the nursing team, budget and quality of care. They were positioned between the nursing staff and higher management, worked on general or specialised units, had different education levels (mostly bachelor) and varied in age (25-60) and gender (female=9).

A purposive sample was used to select participants, who had work experience as a manager for at least six months. For maximum variation multiple participants were selected varying in age, gender, type of unit, education and number of years of work experience. This

helped to provide a broad insight and increased the chance that findings would reflect different perspectives.[32]

Study procedure

The selected hospitals were approached by email with a request to select nurse unit managers. These request were addressed to the Nursing Councils (NC), involved in transition of nurses' work environment.[33] Participants, that met the inclusion criteria, received a letter of the NC, explaining the objective of the study and stating that their participation was voluntary. The researcher only had contact with participants that had given informed consent by responding to the recruitment email. At the beginning of the interview the participants were asked to reconfirm that informed consent was given.

Researchers

The researchers involved in the study were EV, master student of Nursing Science, CO, PhD and principal investigator who guided EV and HV, positioned as fulltime nursing professor. The interviewer EV had a broad work experience as a nurse and project manager and she is a certified teacher in nursing and trained in several interview techniques. The interviewer had no personal relation with the participants or the hospitals they worked in, which helped to avoid bias of the findings.[32] CO has experience in qualitative research and can be considered an expert in the subject structural empowerment in hospital's. This helped to reflect on the data analysis and to refine the interview guide.

Data collection

Data was collected from January until April 2018. Semi-structured interviews were performed by researcher (EV), the duration of the interview was 30-45 minutes. Interviews were planned at a convenient time and place at the hospital, so the burden for participants was minimal.[28] Data saturation was achieved after 15 interviews.

Main study concepts were the participants' knowledge of structural empowerment as a concept, their perception of and experience with nurses' SE.[7] The manager's contribution towards nurses' SE and their role and position in the organisation were investigated (table-1, interview guide).[27] To give the participants the opportunity to express themselves, non-directive (open) questions were used. The researcher used interview techniques like prompts or probing questions and when useful non-verbal prompts. All interviews were recorded and socio-demographic information was collected. After every interview notes were made to preserve interesting ideas that could help in the analysis.[32]

The first interview was conducted as a pilot to test the interview guide and this was supervised by CO and found appropriate. The interview guide was evaluated and improved. After each interview reflection on the data analysis, collected in the previous interviews, took place.

Data analysis

To analyse the data from the interviews, thematic analysis was chosen, because it is a flexible method to identify, analyse and report patterns within the data. These patterns helped to understand the nurse unit manager's perception of and experience with SE.[34,35]

Data analysis was performed in six phases, based on Braun & Clarke.[34] Two researchers were involved (EV, CO) and data analysis was performed from January until June 2018. All interviews were transcribed verbatim (EV) and a sample of the recordings and transcripts were checked by the principal investigator (CO). Collecting and analysing of the data was performed iteratively. The transcripts were read several times for an overall understanding and trying to get a sense for the data (EV, CO) and ideas were noted. Initial coding took place of the entire data set, based on the noted ideas. Data analysis was performed in Dutch using MAXQDA, version 12.[36] Potential themes were identified and themes were combined into main and sub themes. The selected themes were discussed (EV, CO) and reviewed until consensus was reached. The themes were defined, specified and checked to make sure that they clarified the overall story, and could be related back to the research question.

To validate the findings, a member check took place by sending a resume of the interview to each participant and they all agreed.[28] The results were presented to HV and feedback was processed in the final report. The findings were presented to all participants and the NC's of the participating hospitals.

Ethical considerations

The local medical ethics review board approved the study and waived the need for ethical approval as this study did not involve any interventions or treatments and had no impact on participants' well-being.

Participants were ensured that all data would be handled confidentially and anonymously. All interviews were provided with a random identification number and information that may be traced back to the participant's identity was removed. Socio-demographic data was stored separately from the interviews. Only researchers involved in this study had access to the data. In compliance with the General Data Protection Regulation (AVG)[37] all data was safeguarded.

RESULTS

In total 15 unit managers were interviewed (table-2, participant characteristics). SE wasn't a commonly known term, but participants recognised elements like clinical leadership, autonomy and professionalisation. All participants could give examples of these elements. From the data analysis three main themes were identified: *from managing to leadership on operational level; nurses' current position and influence; tomorrow's challenges*. These themes together provided insight into the opportunities and challenges unit managers experience in their daily practice, supporting their team to more empowerment in the hospital. This could be captured in an overall theme *leadership on the way;* expressing the development of managers to become a nursing leader (table-3, overview of Quotes).

From managing to leadership on operational level

Primary focus on the unit

All participants described elements of empowering nurses and were trying to achieve this, especially on their units. As several participants said 'patient care is our core buisness'. They felt it was important to facilitate their nursing staff to be able to do their job properly, by facilitating sufficient time and resources. (Q1) Overall a high workload was mentioned and participants experienced difficulties in creating conditions for nurses to develop activities in addition to patient care. To encourage nurses to participate in working groups, tasks had to be described clearly, close to daily practice and it was important to provide time and resources. (Q2)

Hindering conditions in the work environment

Participants indicated that there had been major changes on the unit caused by merging organisation's and teams and a change of management. This resulted in a lack of confidence among nurses regarding their colleagues and the organisation. Participants described a change in culture that would take some time to settle and that hampered the growth of the team and the investment in empowerment. (Q3)

Overall there was a shortness of staff, nurses easily changed jobs, resulting in a high turnover. For most participants it was a challenge to get qualified staff. Participants had to manage recruitment by making the job attractive, mostly by focusing on conditions like working hours and standard career opportunities. A longtime policy was required to prevent shortage in the future. (Q4, Q5) Surprisingly the position of nursing staff and opportunities to grow in the hospital weren't mentioned.

Survival strategies

Participants had high expectations of increasing the number of bachelor trained nurses on the unit. They noted that these 'bachelor' nurses were more capable than vocational trained nurses in coordination of the work processes on the unit, due to their higher abstract thinking skills. Overall, they played a leading role in quality projects on the unit. (Q6, Q7) However, the positioning of bachelor nurses just started and they needed support in their role, whereby the benefits for the team were still small.

Participants were struggling how to empower their team. (Q8) And although the combination of different professionals often strengthen the team, it was important to guard the balance between older and younger nurses as well as between bachelor and vocational trained nurses.

Learn and grow

There was a great variety of training opportunities for nurses available, but participants experienced difficulties in stimulating nurses to make use of these opportunities, because of the high workload and the amount of mandatory training. A leadership program where nurses were trained in clinical reasoning, evidence based practice and clinical leadership was found very useful to improve nursing competencies. They felt better equipped to improve quality of patient care and solve work problems. (Q9) Participants saw nurses grow because of the problem-solving skills they had learned. This resulted in innovative ideas and starting new working groups on the unit. (Q10)

Changing role of the unit manager

Due to professionalisation of the nursing staff, participants saw a change in their leadership role. Nationwide developments like skill level differentation and clinical leadership encouraged participants to change their management style. A participant described the change of the managers' role from 'caring for' into 'serving' the team. Although this role fitted their position, some felt uncomfortable. (Q11, Q12) Several participants asked a coach to help them with team building or to support in quality projects. Some followed a training program that supported their leadership role and helped them to develop skills to serve their team. Coaching seemed to be the keyword in the transition from manager to nursing leader. (Q13)

As manager they were bound by organisational targets like retrenchment, budget, staffing and managerial changes. They experienced high workload due to administrative burden and responsibility to provide resources for their team. But despite this, participants noted that

they got things done at tactical or strategical level, if they had good arguments related to the benefits for patient and personnel. (Q14)

Nurses' current position and influence

Nurses' competencies

A proposed amendment of the Individual Healthcare Professions Act (BIG)[38] about nursing profiles was the main drive for starting implementation of skill level differentiation of bachelor trained nurses and vocational nurses. The level of implementation differed per hospital and was intrinsically motivated by the need to improve nursing competencies, or extrinsically driven by a national incentive grant. Training programs to improve nursing competencies and quality of care, focused on knowledge of evidence based practice and clinical reasoning. The remuneration structure was adapted to distinguish between bachelor and vocational nurses. As result of the implementation the autonomy of nurses grew on the unit. Where previously nurses consulted their managers to solve a problem, nowadays their questions were accompanied with a proposal for a solution to the problem. (Q15, Q16)

Nursing governance

The NC played an important role in several subjects, like skill level differentiation, implementation of the electronic health records and nursing leadership. Although the importance of themes was recognised by nurses, it proved difficult to get them involved. For participants the results weren't always visible, because it took a long time to achieve results and the themes the council was working on were believed to be too abstract for frontline nurses. (Q17) Participants were less involved with activities of the NC and they experienced that it was more efficient to get things done through line management. The composition of NC was seen as a reflection of the work place. (Q18)

All NC's were formally recognised and gave advise about nursing relevant subjects, but had no decision-making authority. According to participants there was ambition to change the governance structure to an equal influence of the NC and the medical board.

Confidence as a tool to develop informal power

Overall nurses were involved in working groups and, depending on the subject, there was collaboration with other disciplines in the organisation. Participants experienced that nurses were more confident when supported in their development and taking responsibility. (Q19) Conditons like information about management goals, involvement in decision- and policy-making, transparency of actions of managers and the freedom for nurses to act the way they thought was best for their patient, were found supportive. Participants acted like a role model

to show nurses that it was okay to learn from their mistakes. (Q20) Providing a learning environment encouraged nurses to take more responsibility and opened doors to other units and disciplines. Nurses were encouraged to develop their skills and broaden their network out of the unit level. And even though the workload was still high, nurses managed to work on continuous quality improvement. (Q21)

Tomorrow's challenges

Consolidate conditions at the workplace

To empower nursing staff, conditions to ensure adequate resources and balance in nursing staff level were described as important, e.g. continuing the deployment of bachelor nurses to meet the increased complexity of patient care, investment in working conditions to anticipate on high turnover of staff and keep the nursing staff 'in good condition'. (Q22)

Empowering nurses on their way to the top

Participants unanimously considered it was important that nurses should have more influence on strategical level. Nurses should be visible on all levels in the organisation, to gain influence on nursing policy to improve quality of care. Therefore, communication and leadership skills had to be developed, starting on the unit in collaboration with physicians and participating in broad working groups. The caring nature of nurses can be an obstacle to change into a more pro-active and mature manner and this was also observed by unit managers. (Q23, Q24) All participants were aware of the necessity to increase influence of the nursing staff, but didn't describe the way to achieve it, because participants were focused on daily business and the near future. (Q25)

DISCUSSION

Findings of this study reflect the perception and experience of nurse unit managers, regarding SE of frontline nurses. The findings can be divided in three themes *from managing to leadership on operational level*; *nurses' current position and influence* and *tomorrow's challenges*. This can be captured in one overall theme *leadership on the way*. The unit manager is developing from managing the team to become a nurse leader. However, this transition is hindered by organisational matters, personal challenges for participants to become a 'servant' instead of a 'caretaker' and lack of formal position of the nursing staff on strategic level in the organisation.

In general, a manager is the person who has legitimate authority and in this hierarchical position is bound within the goals of the organisation. Managers do not necessarily have to involve nurses in decision-making. Leadership, on the other hand, cannot exist without the endorsement of associates.[39,40] To be or to become a leader requires personal skills like self-awareness, communication and vision. Engagement and interaction is needed between the leader and his associates.[18] However, hindering work conditions can lead to a delay of developing leadership skills.[16,41] Unit manager's high workload, shortness of resources and lack of empowerment is linked to lower job satisfaction[42] and has a negative effect on nurse empowerment.[43]

In the current study, participants considered coaching as the key in transition to become a nursing leader. This corresponds with other studies, managers with empathy, connecting, listening and coaching skills are promotional for empowering nurses.[4,23,44] Unit managers sometimes feel unsecure in their new role.[21,26] Support in the organisation for manager's effort in creating SE helps them to feel more rewarded in their leadership role.[20,44] As Laschinger explained, "empowered managers can empower others".[22] This will lead to attraction and retention of nurses on the unit.[6,44] To achieve this, managers should have more influence on nursing policy (formal power), instead of top-down decision-making[21] and sufficient access to resources.[16,22,45]

Previous studies confirm that a higher proportion of bachelor nurses can lead to better patient outcomes, when it is combined with higher staff intensity.[46–48] Skill level differentiation together with a supportive work environment leads to a professional organisation model.[46] Also a NC that has the possibility to affect nursing policy by participating in decision-making, is proved to be supportive to professionalisation and increasing nursing autonomy.[49]

In the current study participants focused on adequate resources as a fundamental condition for their team and the quality of patient care. Comparison to the models described by Dubois et al. shows that most of the units are organised on a basal functional level.[46] The caring nature of participants refers to a caring disposition, characterised by a caring authority.[50] This can hinder the unit manager in development of leadership. A more scientific disposition helps to analyse and reflect on the quality of patient care instead of direct caring.[50,51]

In order to develop a professional model with an innovative work environment for nurses, it is important that SE is embedded on all levels of the organisation.[6,9,46,52,53] Empowered unit managers are supportive to realise a professional organisation model.[39,44,54]

Some limitations of this study should be considered. First, this study involved only three hospitals in the Netherlands. However, hospitals that are implementing skill level differentiation, will probably recognise themes found in this study. The maximum variation of sampling (hospitals had different level of transition of professional work environment and participants varied in characteristics) enables to generalise the findings to other hospitals in the Netherlands. Second, the role of the researchers may have influenced the data collection. This influence was mitigated by the involvement of experienced researchers in supervising the entire research process. Furthermore, member check and peer review was performed to ensure validity.[27]

Conclusion and recommendations

Unit managers were not familiar with the term SE, but they described empowering elements in their managerial role, like coaching, encouraging nurses to learn and grow, implementing skill level differentiation and having a NC in the hospital. However, managers were also struggling with high turnover, lack of resources on the unit and developing their personal skills. Overall, a development in manager's role was seen from managing the team to become a leader.

It's recommended that investment in empowerment should not be limited to the nursing staff but also to unit managers, because of their impact on SE. Insight in the work environment is necessary to explore how unit managers can be empowered to have more influence on decision-making on nursing policy. Furthermore, the investment in personal skills of the unit manager may stimulate their leadership.

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Tabel 1, Interview guide

Introduction
Q. Can you tell me about the organisation and what is done at a strategic level in nursing policy to empower nurses within your hospital?
T. Nursing Governance, Nursing Council, skill level differentiation, nursing leadership on tactic and strategic level (CNO), career opportunities, training programs, influence on resources
Q. To what extent are you involved in this policy?
T. role of manager, perspective, experience nursing policy in hospital
Transition of SE to the unit
Q. How do you translate nursing policy of empowerment of nurses in the hospital to your unit?
T. information about organisation and policy, nurse's autonomy, collaboration other disciplines, involvement working groups, career opportunities, leadership, skill level differentiation, quality of care, access to resources
Q. Can you describe your experience with SE's translation in the department?
T. feelings about translation, positive experiences, challenges, difficulties
Role, position unit manager
Q. What does SE require of your skills as a manager?
T. personal skills
Q. Are you sufficiently equipped as a manager?
T. goals and policy of organisation, support of higher management, collaborations with college's and physicians, training possibilities
Q. What would your team say if I would ask them to describe you as their manager?
T. leadership/ management style, being a role model, position in organisation
Transition
Q. How do you feel about the transition of SE and development of the work environment if you look back in time?
T. development of professionalisation of team and work environment
Q. What would you like to achieve related to empowerment in the next 5/10 years?
T. ideal/dream of the future
Q. Is there anything else you want to refer to regarding SE of nurses, that has not been addressed?

Q. Question, T. topic

Table 2. Participant characteristics

Participant characteristics	**Range**	**N (%)**	**Median (IQR)**
Gender	female	9 (60)	
Age (years)	25-60	15 (48)	48 (37, 53)
Education level as nurse	vocational	9 (60)	
	bachelor	5 (33)	
	specialisation	5 (33)	
	none	2 (13)	
Education level as manager	bachelor	14 (93)	
	master	1 (7)	
Experience as nurse (years)	0-30		8 (0,16)
Experience as manager (years)	1-28		9.5 (1, 15.5)
Hospital characteristics		3	
Number of beds per hospital	700-835		
Number of nurses per hospital	900-1200		
Type of ward (specialism)	general	10 (67)	
	specialised	5 (33)	
Number of beds ward of unit manager	16-62		31 (23, 38)
Ratio nurses: unit manager	23-70		39 (35,60)

Table 3 Quotes of participants

From managing to leadership on operational level		
Sub themes	***nr.***	***Quotes***
Primary focus on the unit	Q1	"You are an operational manager, so you are there for your employees. Two things are very important: your employees and your clients." *P.10*
	Q2	"I think you should keep it practical and manageable for nurses because I see that the work pressure is very high and I see here on the unit that there is little space in the head to look beyond the daily routine." *P.13*
Hindering conditions in the work environment	Q3	"A lot of colleagues had left, the culture felt somewhat unsafe, little structure was left on the unit. The work processes were also chaotic, nobody knew how to do it properly anymore." *P.14*
	Q4	"We have not really gotten around to shaping that. We really need hands, to be able to do the necessary work, because of the work pressure." *P.8*
	Q5	'We still have nurses that stay here longer, but you can see that the turnover is higher. And you should not continue to fight that, but you have to respond to it." *P.9*
Survival strategies	Q6	"But I think the bachelor nurse can think and act a higher level.... is the procedure right, is the way we looked at it together correct? And the vocational nurse says, 'OK, can I look at the application, because I want to know where those buttons are'." *P.12*
	Q7	"Because we do expect a senior to do certain higher level tasks, such as certain projects or expertise or quality policy to get started." *P.11*
	Q8	"It does not get started and I cannot do it myself because I am the nurse unit manager." *P.2*
Learn and grow	Q9	"And where nurses also clearly indicated 'well, now I have got handles to work independently to get started and to indicate what I need from the organisation' " P. 9
	Q10	". ..we have had examples about aftercare by telephone on the unit, of course this is also a way to improve the process. And sometimes they do something to make it more enjoyable on the unit" P.4
Changing role of unit manager	Q11	"When I started as unit manager I thought, now I am going to take care of the team and no longer for the patients. ... But that involves some letting go and in that I sometimes need to find my way." P.6
	Q12	"Unit manager must also acquire, develop or perhaps be more focused on the skills to let go and to trust others. Unit managers are the ones who like to interfere with everything, and they should do that. However, you should be able to estimate how much freedom you can and are willing to give to the other person to develop. And I think that these skills are not yet used fully optimally" P.12
	Q13	"While currently you are acting much more like a coach and sparring partner". P. 9
	Q14	"Well, the doctor has an interest that there is a lot of knowledge and expertise here. And changes in personnel, we cannot prevent that from happening here, but if you can explain the benefits of changing of unit for them …OK. So, it's a game." P. 13

Nurses' current position and influence		
Sub themes	***nr.***	***Quotes***
Nurses' competencies	Q15	"And that they are now signalling and saying and in this way I want to improve it and that they will only come to you to get the approval." *P.9*
	Q16	"The method they used to investigate things, working with Pico's. And a part of my team that already had HBO also knew that structure, so I must say that it fitted in nicely." *P.3*
Nursing governance	Q17	"When it comes to smaller things that really make a difference for nurses in the workplace, then yes, the Nursing Council is too small, too limited to do it all and that is a pity." *P.12*
	Q18	"The Nursing Council reflects the workplace but the power to achieve it lies much more on the workplace." *P.13*
Confidence as a tool to develop informal power	Q19	" .. for example, when there is a problem on the unit, they often try to see if they can solve it. So, if someone is ill, it is always solved within the team." *P.11*
	Q20	"People must be allowed to make mistakes, because otherwise at some point in time they may not dare to tackle anything anymore. And well, then sometimes it fails, that happens to me as well." *P.14*
	Q21	"Yes, now one of the nurses is chair of the workgroup and I join them when they feel the need for a supervisor to join." *P.13*
Tomorrow's challenge		
Sub themes	***nr.***	***Quotes***
Consolidate conditions at the work place	Q22	"So, we must support the group we stand for, we should facilitate it properly, and that will be a challenge in view of the labour market." *P.3*.
Empowering nurses on their way to the top	Q23	What you see now is that it quite a lot of older head nurses, who did very well as nurse, are promoted to supervisor or unit manager. The question is whether they are the best people to be a manager." *P.12*
	Q24	"Nurses, they are very enthusiastic about their work, they put the patient in the centre, well, I may be exaggerating a bit. But in general, I find nurses too modest." *P.7*
	Q25	"My ideal image would be, I think, that you work with a team of nurses who, especially where the intrinsic drive to improve is present." *P.6*

Q= quotes