



# Experiences With Managing the Workplace Social Environment

## *A Qualitative Study*

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**OBJECTIVE:** This study aims to examine 1st-line managers' (FLMs') experiences in managing the workplace social environment (WSE).

**BACKGROUND:** FLMs are responsible for the establishment and maintenance of supportive WSE essential for effective teamwork. Poorly managed WSE and dysfunctional teams hold negative implications for patients, teams, and organizations.

**METHODS:** This was a qualitative descriptive study, using content analysis of individual and focus group interviews with FLMs and directors.

**RESULTS:** FLMs play a critical role in the management of the WSE; however, the task is fraught with constraints and challenges including competing demands, lack of support, and insufficient training. Findings explicate how competing demands and communication challenges impede the successful management of the WSE.

**CONCLUSIONS:** Given the importance of a healthy WSE to patient, professional, and organizational outcomes, FLMs need support, training, and resources

to assist them in managing the social environment alongside other competing priorities.

Effective healthcare delivery requires teamwork.<sup>1</sup> First-line managers (FLMs) are responsible for the establishment and maintenance of the supportive workplace social environments (WSEs) that are essential for effective teamwork. Effective nursing and healthcare leadership creates strong teams and healthy WSE, both of which have positive implications for patient care and human resources.<sup>2</sup> One of the most challenging dimensions of nursing and healthcare leadership is managing the WSE and poorly managed workplaces and dysfunctional teams create negative consequences for patients, staff, and organizations.<sup>3</sup>

Driven by increasing costs and complexity of healthcare delivery, the FLMs' span of control continues to increase,<sup>4</sup> which may reduce their capacity to effectively manage the WSE. Despite the importance of a positive workplace milieu to organizational, professional, and patient outcomes,<sup>5</sup> we currently lack an in-depth understanding of the FLMs role in managing the WSE.

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## *Aims*

The aim of this qualitative, descriptive study was to understand how FLMs in healthcare manage the WSE from the perspective of directors and FLMs.

## *Methods*

### *Design*

This research employed a qualitative descriptive approach<sup>6</sup> and content analysis of interview data.<sup>7</sup> In addition to gaining the 1st-hand perspective of FLMs,

we also sought the perspective of directors given that they have great influence on the FLM's span of control and access to resources.

### Data Collection

Data collection methods included semistructured individual and focus group interviews and employed purposive sampling of FLMs and directors. Letters of invitation were sent to potential participants by site-specific coordinators.

### Interviews

Ten focus groups, comprising a total of 56 FLM participants, lasted 60 to 90 minutes and took place at the 3 affiliated hospitals. Fifteen individual phone interviews with directors lasted 45 to 60 minutes. All interviews were conducted by the research coordinator and research assistant and followed a semistructured interview guide, which included questions such as "Can you describe your role in managing the WSE?" "What are the most challenging aspects of managing the WSE?"

### Data Analysis

The analytic approach used for this study was content analysis. This inductive method involves the application of codes to identify common themes and patterns within participant descriptions. All interviews were audio-recorded and professionally transcribed, and 3 coders (research coordinator, research assistant, co-investigator) analyzed the transcripts and reached consensus in applying codes to statements that shared common meaning. Data analysis occurred simultaneously with collection. The FLM focus group interviews were set in number, and the notion of saturation did not influence data collection. However, within our analysis, we noted that no new themes were emerging after the 1st 6 interviews. Director interviews continued until the point of saturation in that no new themes were emerging from our analysis.

### Rigor

Trustworthiness was established using reflexive notes to identify personal observations and biases, which enabled us to be transparent and rigorous with analysis. We also employed investigator triangulation through the use of 3 coders during analysis to enhance methodological rigor.

### Ethical Considerations

This study was approved by the Research Ethics Boards of the participating universities and regional healthcare organizations (REB site approval numbers: Acadia University, 11-32; Capital Health, CDHA-RS/2012-078; and IWK Health Centre, 1007413). Informed consent was obtained prior to the interviews, and assurances of confidentiality were provided.

## Findings

The following discussion of findings is presented under the themes of: 1) the Importance of Managing the WSE; 2) Mission Impossible: Competing Demands; and 3) Interpersonal and Communication Challenges.

### The Importance of Managing the WSE

Managing the WSE was so central to the role of the FLM that participants often described it as their full-time job. One participant stated, "It's almost every moment. We deal with people almost every second." Managing the social environment required consideration of the roles, people, personalities, and the interactions/communication between all staff.

Participants viewed all levels of management as having a role in managing the WSE. As one FLM stated, "I think it does start from the top. You know, from the senior management down." Directors also acknowledged the importance of managing the WSE and identified this as a responsibility delegated to the FLMs due to their proximity to the work environment:

Directors should lead, but everyone is responsible for the social environment... [but] the ultimate responsibility at that unit or department level would be that frontline manager. I absolutely believe that I have a role in supporting that manager in managing that dynamic.

For some participants, leadership was synonymous with social management. As 1 FLM participant shared, "Leadership in the broadest sense I think is all about the social aspect of dealing with people." Directors identified that managing the WSE was 1 of the most critical components of FLM role. As 1 director shared:

Managing that social environment... that's one of the biggest... most significant jobs that the manager has to do... Is to ensure that the team is functioning, that they are collaborating together to produce the outcomes that are expected... all of this is an enormous amount of work, particularly if you have a very large team.

All participants viewed positive interactions between staff as central to a healthy WSE. They characterized the FLM's role as central to fostering and enabling positive interactions between staff and managing conflict when it arose. As one FLM shared, "I think that as a manager, I have a huge role in trying to manage the social environment in terms of people positively interacting at work." Participants identified that managing the WSE also impacted teamwork, patient care, and change management. As 1 FLM described:

The social environment is critical for all teams. It's really critical for the frontline because the manager's in the situation where there has to be sufficient trust and capital in that social environment so that the manager can credibly ask their staff to do hard things... and that people would have trust that there's evidence for it and that it will bring about improvements for either patients or clients and/or for their working condition.

All participants stressed the critical importance of developing positive social relationships as a method of creating a healthy WSE. As an FLM stated, "If relationships do not work, the rest will not work either."

### **Mission Impossible: Competing Demands**

Despite the recognized importance of managing the WSE, FLMs communicated that what their organizations asked of them amounted to a "mission impossible." Several other inherent elements and competing priorities of the manager role hindered their ability to focus on the WSE, such as financial oversight and staffing. As 1 FLM shared:

I see my job is 2 things. One is a business manager from all the financial and operational things. The other one is a human resource/people manager for your staff. And they are 2 very different roles combined into 1 position.

FLM participants described that the business aspect of their roles is prioritized over management of the WSE and that their overall workload was unmanageable. Yet, they also identified that when the WSE was not effectively managed, there were negative implications for the patients, unit, and organization. As 1 FLM shared:

Probably the biggest mistake is actually not dealing with [the WSE]. Because in some of the places, where we've actually had some major, major problems from frontline staff, which have been very longstanding, when things aren't dealt with.

Participants acknowledged the need to understand issues within the WSE in order to address them, and they believed this often required having a continuous monitoring or "read" on the WSE. As one FLM shared, staff need to be able to see their manager on a regular basis:

I think being present for people and being accessible to them are really important. Otherwise, they won't feel comfortable. They won't trust you enough to be able to get deeper.

All participants recognized the need for FLMs to be more present and available to staff, yet all acknowledged that this was also 1 of the greatest challenges because

other responsibilities take the manager away from the social landscape to their desk or to meetings. As 1 director shared: "Sometimes I think that the work of supporting the staff and helping to manage that social environment in the workplace is a big challenge for [FLMs], because they're pulled away so often from the frontline."

FLMs recognized that being present on nursing units helped to not only identify issues but also to establish positive relationships. As an FLM shared, "Nobody comes anywhere near my office because it's tucked away in its corner. So you have to go to them if you want to form that relationship." Despite the recognition that visibility assists in managing the WSE, participants explained how managing increasing staff numbers and disciplines across multiple locations makes it almost impossible for a manager to be present. In addition, most of the FLMs' daily responsibilities did not take place unit. To address this issue, many FLMs described attempts to visit their staff at least once daily even if it involved starting their day earlier to make an appearance on the unit. As another FLM stated, "The 1st thing I do in the morning is go and cruise the floor... And I think that makes a difference to your relationship, if they think you're interested."

Given competing demands, including off-site meetings, FLMs described how challenging being present can be. However, an absence of presence and regular contact with staff was also acknowledged to negatively affect their ability to deal with issues or crises. An FLM shared:

There's a lot of stuff that happens in those other hours that you don't become aware of until a little later on. And that becomes a larger issue to deal with because you weren't present to then deal with it at the root source. You couldn't have that conversation right then and there when the conflict or whatever the concern or the issue was. Whereas if it's during the day and you're there, you might be able to deal with it right away.

### **Interpersonal and Communication Challenges**

All of the participants acknowledged that managing the WSE, especially in the context of competing demands, required personal connection with staff and effective interpersonal and communication skills. Participants reported that establishing rapport and getting to know staff were key to building trust and improving the quality of relationships. All participants readily identified the necessary role of communication to develop and maintain workplace social relationships. As 1 FLM shared:

Communicate, communicate, communicate... Know that everybody has different perspectives, and that everybody's perspective is important to them. So, you need to listen. I think that's really important.

Directors perceived communication skills to be essential for FLMs, and as 1 director shared, the manner of communication is as important as the message:

It's also about being able to, I think, build relationships as well. That's part of communicating, I believe, too. You know, the approach, how people speak with one another. So it's not only what you communicate, but how you communicate it.

Effective WSE management was also described to involve effectively working with an assortment of different personalities—which required strong interpersonal, communication, and conflict management skills. Several FLMs described cohorts of “positive” and “negative” personalities and emphasized a need to ensure that the negative energy does not dominate the unit culture, which was identified as 1 of the most challenging interpersonal elements of their role. As 1 FLM stated, “A couple of people are getting all the attention, and they suck the life right out of you... It's like 20% of the people, 80% of the time.”

Despite the importance of effective communication skills, FLMs described a lack of training opportunities related to communication and conflict management often due to a lack of time and funding for professional development. The biggest communication challenge identified by FLMs was to reach everyone especially given the large staff numbers, multiple settings, and different schedules they managed. In an attempt to address this challenge, FLMs relied on multiple communication tools to reach all staff, including email, meetings, and bulletins. The need for ongoing communication, especially during times of frequent change and the lack of a consistent medium, left FLMs feeling inadequate and exhausted:

So, you were not accountable in your role of sharing the information. And then what happens is within that next 3 weeks everybody is saying to you, “Well, no one told me” ...And I'm saying, “Well, I tried to tell you,” ...You're just losing the battle. I mean you're exhausted emotionally. And you struggle.

In the absence of formal training in interpersonal communication, several FLMs described learning from trial and error. Moreover, they believed that this essential skill for managing the WSE was undervalued. They identified the need to openly discuss the unique challenges of managing the WSE to highlight how essential communication training is. As 1 FLM shared:

I think the more we talk about it, the more people would become aware. I think sometimes people don't talk about it... Because it's considered... fluff and bubbles when it really is the foundation... So we need to bring it to the forefront... because it's real.

## Discussion

This study provides an in-depth understanding of the FLMs' role and experiences in relation to managing the WSE from the perspective of both the FLM and the directors who support them. Our findings highlight that the FLM is identified as a central figure in building and sustaining a positive WSE. As Blake<sup>8(p98)</sup> explained in relation to creating healthy work environments, “the single most important variable related to nurses' intent to stay in their current position was how they ranked their leader.”

Management of WSE requires FLMs to continuously “feel the pulse” of the workplace, to be emotionally attuned to social relationships, both positive and negative. In a recent review of how staff defined excellence in nursing leadership, Anonson et al<sup>9(p132)</sup> found that exemplary nurse leaders were defined as caring individuals who could connect in a meaningful way with staff, and effective communication was viewed as “crucial to the establishment of positive personal connections.”

Despite an acknowledgment of the FLMs' central role in managing the social milieu, our research also finds a misalignment between expectations for FLMs and the resources for them to do so effectively. Although the FLMs in our study worked on a variety of different units across 3 hospital sites, they described similar spans of control and workload, all of which was described to be unmanageable. Recent research on the impact of increasing FLM span of control suggests that work overload contributes to stress and decreased job satisfaction<sup>10</sup> and adversely affects patient and staff safety.<sup>4</sup> One solution to managing expectations of the FLM could include creating proxy presence and clarifying roles. McCabe and Sambrook<sup>11</sup> identify the value of communicating honestly with staff about the constraints managers face to build understanding and realistic expectations.

All team members need to be educated in supporting healthy workplace relationships and contributing to the WSE. Support persons, such as unit educators and team leaders, who are more proximal to the staff can share responsibilities including conflict resolution/mediation. Research has shown that resources such as clinical and administrative support personnel can reduce adverse outcomes related to manager overload.<sup>4</sup> When overloaded by excessive span of control, managers often cannot connect with staff in meaningful ways or access helpful resources.<sup>12</sup>

Within our study, managing the WSE was acknowledged to require regular and effective communication, which was often impeded by the size and variability of the teams FLMs manage. Moreover, FLMs are often expected to spend considerable time away from units, thus impeding presence. Our study identified several challenges to

managers' ability to connect with staff, which impacted their ability to effectively manage the WSE. Some solutions to these challenges may include adjusting staff expectations of manager presence. Staff should receive clear information in terms of the roles/responsibilities of the manager along with other support persons such as the team leader. As our findings indicate, there is a need for specific training to support development of the interpersonal skills required for management of WSE.

Our study also highlights the need for deliberate and scheduled opportunities for FLM presence, engagement, and interaction with staff. As Feather et al<sup>13</sup> found in their study of nurse manager behaviors and staff job satisfaction, it was important that FLMs schedule time for face-to-face interaction and communication with staff. Establishing time for personal communication creates a sense of trust and unity, which assists in managing the WSE. Strategies to support engagement and communication between FLMs and staff may include limiting off-site meetings and scheduled office hours for staff drop-ins. Also, in keeping with evolving communication strategies, FLMs can use social media and electronic methods to enhance communication and engagement.<sup>14</sup>

## Conclusion

This research provides an in-depth, contextual understanding of the experience of managing the WSE from the perspective of the FLMs and directors in our study. Although this qualitative descriptive approach was well suited to guide this inquiry, qualitative research is not intended to show causation or to be generalized to other populations. The findings from this study are not necessarily transferable to all individuals involved in

managing the WSE. Individual leadership competence, management styles, and organization culture are integral and unique.

Our findings reinforce the importance of a healthy and respectful social environment to workplace culture and recognize the FLM as a central figure in managing social relationship and the social environment of the workplace. Management of the WSE was considered by senior leadership and FLMs to be an essential function of the manager role. However, FLMs believed they were not adequately trained, prepared, or supported for this function. Our study highlights the need for better supports and resources, including training that assists FLMs in developing interpersonal communication skills helpful in managing the WSE. Managing the WSE must be prioritized in the organization alongside other managerial tasks (budgets, staffing) to demonstrate the value. There is also a need for better alignment between expectations and realities of the FLM role to best support the management of the WSE. Senior leadership must not only recognize the value of managing the WSE and the critical role of the FLM in this task, but also make a commitment to developing capacity in this area. Supporting FLMs in the management of the WSE can improve overall satisfaction with team dynamics, enhance WSE, and optimize outcomes for the patients, staff, and organizations.

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## References

1. World Health Organization. *Framework for Action on Inter-professional Education and Collaborative Practice*. Geneva, Switzerland: World Health Organization; 2010.
2. Wong CA, Cummings GG, Ducharme L. The relationship between nursing leadership and patient outcomes: a systematic review update. *J Nurs Manag*. 2013;21(5):709-724.
3. Van Bogaert P, Kowalski C, Weeks SM, Van heusden D, Clarke SP. The relationship between nurse practice environment, nurse work characteristics, burnout and job outcome and quality of nursing care: a cross-sectional survey. *Int J Nurs Stud*. 2013;50:1667-1677.
4. Wong CA, Elliott-Miller P, Laschinger H, et al. Examining the relationships between span of control and manager job and unit performance outcomes. *J Nurs Manag*. 2015;23(2):156-168.
5. Purdy N, Spence Laschinger HK, Finegan J, Kerr M, Olivera F. Effects of work environments on nurse and patient outcomes. *J Nurs Manag*. 2010;18(8):901-913.
6. Sandelowski M. What's in a name? Qualitative description revisited. *Res Nurs Health*. 2010;33(1):77-84.
7. Vaismoradi M, Turunen H, Bondas T. Content analysis and thematic analysis: implications for conducting a qualitative descriptive study. *Nurs Health Sci*. 2013;15(3):398-405.
8. Blake N. The healthy work environment standards: ten years later. *AACN Adv Crit Care*. 2015;26(2):97-98.
9. Anonson J, Walker ME, Arries E, Maposa S, Telford P, Berry L. Qualities of exemplary nurse leaders: perspectives of frontline nurses. *J Nurs Manag*. 2014;22(1):127-136.
10. Simpson BB, Dearnon V, Graves R. Mitigating the impact of nurse manager large spans of control. *Nurs Adm Q*. 2017; 41(2):178-186.
11. McCabe TJ, Sambrook S. The antecedents, attributes and consequences of trust among nurses and nurse managers: a concept analysis. *Int J Nurs Stud*. 2014;51(5):815-827.
12. Lucas V, Laschinger HK, Wong CA. The impact of emotional intelligent leadership on staff nurse empowerment: the moderating effect of span of control. *J Nurs Manag*. 2008;16(8): 964-973.
13. Feather RA, Ebright P, Bakas T. Nurse manager behaviours that RNs perceive to affect their job satisfaction. *Nurs Forum*. 2014;50(2):125-136.
14. Moreland JJ, Apker J. Conflict and stress in hospital nursing: improving communicative responses to enduring professional challenges. *Health Commun*. 2016;31(7):815-823.