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Conducting the Symphony: Exploring the Lived Experiences of Nurse Managers in Leadership Roles

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ABSTRACT

Moving from hands-on bedside nursing to a supervisory role brings an abrupt shift in both professional identity and structural responsibilities. This study captures the real, day-to-day realities of middle-management nurse leaders, using the metaphor of "conducting a symphony" to understand their growth. Using a qualitative hermeneutic phenomenological approach, this study gathered deep insights through semi-structured interviews. Purposive sampling was used to partner with nine nurse supervisors working across a variety of clinical specialties, with data analyzed through Colaizzi's framework. The everyday experiences of these managers unfolded in four distinct stages: Movement I, Tuning the Instruments, describes the initial identity shock and the difficult adjustment of stepping back from direct patient care to delegate tasks. Movement II, Conductors in the Middle, captures the pressure of the middle-management "buffer zone," where leaders constantly balance corporate metrics against frontline staff fatigue. Movement III, Striking the Harmonies, reveals how managers act as emotional shock absorbers, quietly handling unit conflicts to keep the floor calm. Finally, Movement IV, The Final Crescendo, shows how true fulfillment comes from servant leadership and building a self-sustaining, empowered team. Leadership is ultimately an active, wide-reaching form of nursing care. Supervisors find genuine meaning in their roles by stepping up as protective human shields for their teams and using clinical data to advocate for administrative resources. Healthcare institutions should move away from rigid numerical ratios toward flexible, acuity-based staffing models. Hospitals must also dedicate resources to hands-on transitional coaching, emotional intelligence training, and peer support networks to keep their leadership teams sustainable.

Keywords: *Nurse Managers, Lived Experiences, Hermeneutic Phenomenology, Servant Leadership, Emotional Labor, Healthcare Administration.*

INTRODUCTION

Effective interprofessional communication (IPC) and teamwork (IPT) are paramount for delivering high-quality, safe, and efficient patient care in contemporary healthcare settings. Communication failures and collaboration breakdowns among different healthcare professionals are frequently cited as leading causes of adverse events, medical errors, and poor patient outcomes. Conversely, strong IPC and teamwork are associated with improved patient safety culture, reduced staff burnout, and greater job satisfaction across disciplines.

Statement of the Problem

Nurse managers occupy a critical boundary-spanning position between hospital administration and frontline care delivery. While frontline nursing burnout is well documented, the unique challenges, identity shifts, and emotional weight these middle leaders face remain underexplored, particularly amid ongoing workforce shortages and rapid digital transformation in healthcare. This study aimed to explore and describe the lived experiences of nurse managers as they transition from bedside practice to leadership roles. Specifically, it sought to answer:

1. How do nurse managers describe their transition from direct clinical care to unit supervision?
2. What tensions and pressures do they experience between administrative expectations and frontline needs?
3. How do they navigate conflict and manage the emotional demands of leadership?
4. How do they define success and derive meaning in their leadership practice?

Scope and Delimitations

This study focused on nine nurse supervisors from specialized units (including oncology, operating room, hemodialysis, NICU, and endoscopy) at one Level 3 tertiary hospital in the Philippines. It utilized a qualitative design, so findings are not generalizable to all settings but offer transferable insights. The study excluded non-supervisory staff and leaders outside the selected institution.

Review of Related Literature

Existing literature highlights that effective leadership strongly influences team performance, staff retention, and patient safety (Bass & Riggio, 2006; Edmondson, 2018). Research also notes that clinical expertise does not automatically translate to leadership readiness, and that middle managers face unique role conflict and isolation (Kahn et al., 1964; Sherman & Pross, 2010). While studies examine transformational and digital leadership, few center the first-person experiences of nurse managers navigating systemic pressure and identity change.

Theoretical Framework

This study is anchored in Donabedian's (1966) Structure–Process–Outcome model, which links organizational conditions, leadership practices, and care outcomes. It also draws on Role Conflict Theory (Kahn et al., 1964) and Servant Leadership Theory (Greenleaf, 1977) to interpret the dual responsibilities and relational nature of the role.

Conceptual Framework

The study uses an Input–Process–Output model: inputs include systemic pressures and role expectations; the process involves the lived experience of balancing administrative and clinical priorities; and outputs include strengthened team culture, improved advocacy, and sustainable leadership practices.

METHODOLOGY

This study presents the research methodology used to investigate the lived experiences of nurse supervisors navigating leadership roles. It outlines the structural design and philosophical framework of the study, details the selection criteria and ethical protections established for the participants, and explains the systematic procedures used for data collection and analysis.

By detailing these academic steps, this chapter establishes a clear, rigorous process for transforming the individual stories of nurse managers into a meaningful, collective understanding.

Research Design

This study employed a qualitative hermeneutic phenomenological design, appropriate for exploring the deep meaning and shared essence of a lived experience (van Manen, 2016).

Research Steps

The study was conducted at a DOH-certified tertiary hospital in Bulacan, Philippines, recognized for advanced clinical services and digital health implementation.

Data Collection and Sample Selection

Nine nurse supervisors were selected through purposive sampling, representing diverse specialized units. Recruitment continued until data saturation was reached, with no new themes emerging from interviews.

Data were gathered via one-on-one, semi-structured interviews guided by a validated interview protocol, with participants' informed consent and permission to audio-record. Anonymity was ensured through use of pseudonyms.

Data Analysis Methods

Transcripts were analyzed using Colaizzi's (1978) method: reading for familiarity, extracting significant statements, formulating meanings, clustering themes, and validating findings with participants.

Study Limitations and Ethical Considerations

The study secured institutional ethics approval. Participants were informed of voluntary participation, confidentiality, and the right to withdraw at any time, in compliance with the Data Privacy Act of 2012.

RESULTS AND DISCUSSION

Findings were organized into four emergent "movements" reflecting the leadership journey: Movement I: Tuning the Instruments – Identity and Transition

Participants described an initial "shock of responsibility" when shifting from caring for individual patients to overseeing an entire unit. Many struggled to redefine professional worth, moving from tangible clinical achievements to indirect system-level impact. This aligns with Transition Shock Theory (Duchscher, 2009), confirming that promotion based on clinical skill often lacks preparation for leadership identity change.

Movement II: Conductors in the Middle – Navigating Dual Pressures

Managers consistently described being caught in a "buffer zone" between budget targets and staffing limits from above, and staff exhaustion and patient acuity from below. They noted that rigid numerical metrics often overlook real clinical complexity, requiring them to translate staff needs into data-driven arguments for resources. This supports research on boundary spanning and role conflict in middle management (Goldwood & Shaffer, 2016).

Movement III: Striking the Harmonies – Conflict and Emotional Labor

Participants acted as primary de-escalators, absorbing tension between teams, physicians, and families to maintain stability. They described the hidden cost of constantly suppressing personal stress to project calm, consistent with Hochschild's (1983) concept of emotional labor. Most reported no formal support to process this accumulated pressure.

Movement IV: The Final Crescendo – Purpose and Legacy

Success was defined not by personal recognition, but by how well the unit functions independently and how staff grow and advance. Participants found lasting meaning in servant leadership, protecting their team so they can provide better care, and viewed this work as a vital contribution to safe, compassionate practice.

SUMMARY

This study found that becoming a nurse manager is a profound process of identity reformation, not simply a change in job duties. Middle leaders serve as critical buffers and translators between systems, but carry significant emotional and psychological burdens that are rarely acknowledged. Their most effective work centers on relationship-building, advocacy, and empowering others to deliver safe care.

CONCLUSIONS

1. Nursing leadership is an active, systemic form of caring, not just administrative oversight.
2. The middle-management "buffer zone" creates unique isolation and emotional strain that current structures do not adequately address.
3. Effective leadership relies more on trust, empathy, and clear communication than on formal authority.
4. Rigid staffing models fail to account for patient acuity and staff experience, creating unnecessary pressure for leaders and teams.

RECOMMENDATIONS

1. **For Hospital Administrators:** Adopt acuity-based staffing instead of fixed ratios; establish dedicated peer debriefing and counseling for nurse managers.
2. **For Nursing Education:** Integrate structured transition coaching, emotional intelligence training, and conflict de-escalation into graduate leadership programs.
3. **For Future Research:** Conduct multi-site studies to compare experiences across public and private settings, and explore links between leader emotional labor and retention rates.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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