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Transforming healthcare leadership: A competency-based model for nurse managers using Straussian grounded theory

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Abstract

The study aimed to explore the core competencies of nurse managers and understand their leadership experiences, with the goal of developing a grounded theory model that reflects the key skills needed in today's healthcare settings. A qualitative grounded theory approach was used, employing constant comparative analysis of data gathered through semi-structured interviews with 30 nurse managers from DOH-accredited public and private hospitals in Batangas. Participants were selected through purposive quota sampling. Data were coded and analyzed to identify emerging themes related to leadership competencies. The study found that nurse managers possess various strengths across six core areas: managerial, clinical, technological, communicative, collaborative, and specialized competencies. Most participants showed a strong commitment to continuous learning, decision-making, and supporting staff and patients. However, many lacked formal leadership training or postgraduate qualifications. Leadership skills were often developed informally, and there were differences in readiness and approach. The model developed in the study reflects how these six competencies work together and are needed for nurse managers to lead effectively in healthcare institutions. Developing a clear framework for nurse manager competencies can help hospitals, nursing organizations, and education providers improve leadership development. This study highlights the importance of building well-rounded nurse leaders through structured training, mentorship, and academic preparation. Hospitals and nursing groups should use this model to train, hire, and develop nurse leaders. Those strong in all six competencies are better prepared to lead teams, improve care, and handle evolving healthcare demands.

Keywords: Competency, Grounded theory, Healthcare, Hospital administration, Nurse manager, Nursing leadership, Philippines. Professional development, SDG 3, Training.

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1. Introduction

Nurse managers play a key role in ensuring quality hospital care and a positive work environment. They support team performance and align with healthcare goals [1]. As both leaders and planners, they require advanced education, clinical knowledge, and strong leadership skills to handle complex responsibilities [2, 3]. However, many assume leadership roles without formal training, learning through experience rather than structured education, which can affect decision-making quality [4-6]. This study is based on the researcher's hospital experience, observing that some nurse managers perform well while others do not, impacting both team morale and patient outcomes. The research aims to explore how nurse managers in the Philippines, particularly in Batangas, develop leadership competencies. Despite the country's large nursing workforce and ongoing concerns about medical errors, nursing leadership remains under-researched [7].

The central question guiding this study is whether nurse managers grow into their roles through intentional professional development or simply adapt to the demands of the position [8, 9]. With prior experience as a chief nurse and infection control officer, the researcher recognized a need to examine the backgrounds of nurse managers in Batangas, especially given the lack of academic literature addressing who holds leadership positions in local hospitals [10, 11]. The study assumes that nurse managers are capable of truthfully sharing their competencies and leadership experiences. A strong nurse leader is not only knowledgeable and skilled but also demonstrates the right attitude to ensure safe and high-quality patient care. However, many nurses assume leadership roles out of necessity rather than readiness or ambition [12], making it difficult to uphold ethical standards and core nursing values [13, 14]. Effective nurse managers must be able to balance clinical and administrative duties, foster team cohesion, and elevate the quality of care [15]. Leadership in nursing is not solely defined by position or title but also by the ability to advocate for patient-centered care, value expertise, and empower others [16, 17]. Leadership development programs have been shown to improve staff retention and better prepare nurses for future leadership roles [18].

This study uses Straussian grounded theory and has two main objectives: (1) to develop a leadership model for nurses aspiring to administrative positions and (2) to assess the qualifications and competencies of current nurse managers to build a leadership framework suitable for the healthcare system. The research assumes participants will share their experiences honestly, providing meaningful insights into the competencies nurse leaders need today and in the future. The results will align with the goals of the Philippine Nurses Association (PNA) and the Association of Nursing Service Administrators of the Philippines (ANSAP) to develop globally competitive Filipino nurses and promote flexible leadership models. Additionally, the findings aim to help hospitals address competency gaps, improve care quality, enhance staff satisfaction, and foster healthier work environments.

With the healthcare system undergoing major changes due to upcoming retirements and the expansion of new nursing roles, this study offers practical support for human resource teams in training the next generation of nurse leaders. It also allows current nurse managers to reflect on their knowledge, attitudes, and practices, helping them identify areas for improvement. Understanding which competencies matter most enables institutions to create clear career pathways, strengthen healthcare systems, and improve patient care. The developed model also serves as a guide for staff nurses who aspire to leadership roles, as well as for future researchers who wish to explore the topic further. The study was conducted in Department of Health (DOH)-accredited public and private hospitals in Batangas, with participants including head nurses, supervisors, assistant chief nurses, and chief nurses. Data were collected from September to November 2023 using a standardized interview guide. A strength of this study is the researcher's prior access to the hospital network, which allowed engagement with nurse leaders across various ages and ranks. However, limitations include the small sample size, the study's focus on one province, and time constraints due to ongoing hospital operations. Despite these limitations, the study is supported by strong theoretical grounding and a comprehensive review of literature sourced from Scopus, PubMed, Web of Science, and CINAHL, contributing significantly to the growing body of nursing leadership research.

Nurse managers play a crucial role in healthcare they lead clinical units, supervise frontline staff, and influence the quality of patient care [19]. Their competencies are closely linked to their leadership style and impact outcomes such as staff satisfaction and retention [20]. As Cummings et al. [20] note a nurse manager's leadership approach can greatly affect staff well-being and long-term engagement, yet nurse manager competencies remain underexplored [21]. The COVID-19 pandemic highlighted how leadership influences staff morale and retention, as shown in multiple studies [22-24]. As healthcare delivery becomes increasingly complex and resource-constrained, nurse leaders must continuously upgrade their skills [25]. Nurses, as the largest group in the healthcare workforce, are now expected to manage budgets and strategic plans aligned with national health goals [26]. Nurse managers serve as key connectors between executive leadership and frontline staff, turning strategies into action [27]. However, in the Philippines, leadership roles are often assigned based on seniority rather than competence, making effective leadership development a challenge. There is a need for intentional succession planning and structured leadership programs.

Nurse managers also act as change agents, promoting team-based care while optimizing the use of resources [28-30]. The increasing scope of their responsibilities suggests that advanced academic preparation, possibly at the doctoral level, is becoming necessary. According to Gunawan et al. [30], competencies are shaped by personal traits and job responsibilities. Others define competency as a combination of skills, knowledge, and attitudes [30, 31]. While graduate education supports leadership development, the existing research remains inconsistent in language and varies across healthcare systems [32, 33]. Effective nurse leaders build strong teams, guide interdisciplinary collaboration, and promote a culture of cooperation [34-36]. In contrast, poor leadership can lead to staff turnover and compromised patient care, while strong leadership reinforces

organizational resilience and service quality. Many studies reveal confusion about the role of nurse managers, with some viewing them as subordinate to physicians, an outlook that diminishes their professional identity [37-39]. A lack of adequate training further leaves nurse managers feeling responsible but powerless. While some believe leadership is innate, others argue it can be taught and developed through mentorship [40, 41]. Transformational leadership, for instance, is a teachable model that empowers teams and nurtures shared goals [42]. As the pipeline for qualified nurse leaders remains limited and leadership roles are sometimes assigned to non-nurses [43, 44], it is urgent to invest in leadership training. Unfortunately, leadership education for nurses is still undervalued, and the adoption of corporate-style leadership can erode core nursing values such as compassion and dignity [45, 46].

Nevertheless, graduate education has been shown to enhance nurse leaders' creativity, critical thinking, and adaptability. Formal training improves their credibility, job satisfaction, and leadership capacity [47-49]. Therefore, academic qualifications remain vital to effective leadership in complex healthcare systems. This study affirms the views of Scoble and Russell [50] and the American Organization for Nursing Leadership [51] that nurse managers are essential decision-makers responsible for care coordination, planning, and evaluation. Their competencies span technical, interpersonal, and conceptual domains [52, 53]. To lead effectively, nurse managers must embrace lifelong learning, systems thinking, and ethical decision-making [54-56]. Guided by a constructivist and interpretivist perspective, the study applies phenomenological interpretivism to understand how nurse managers experience leadership in practice [57, 58]. Themes were developed through purposive sampling and semi-structured interviews, continuing until data saturation. The emerging themes capture the emotional, cognitive, and behavioral dimensions of leadership. Finally, the theoretical foundation of the study is anchored in three key frameworks: Burns' Transformational Leadership Theory, Dewey's Theory of Experience, and Katz's Three Skills Model. Together, they offer a comprehensive lens through which to examine and understand the development of nursing leadership.

2. Research Methodology

This study utilized constant comparative analysis, a key method in grounded theory originally developed by Glaser and Strauss [59] and later refined by Corbin and Strauss [60]. This approach involves grouping and comparing raw data to identify patterns and concepts grounded in the real-life experiences of participants. By continuously comparing new data with previously collected information, the method highlights similarities and differences, enabling the construction of a well-grounded theory. A total of 30 nurse managers participated in the study through purposive quota sampling, a method commonly used when participants must be selected based on specific qualifications and expertise [61]. Due to the absence of a centralized database of nurse managers, participants were selected based on professional relevance and eligibility. Inclusion criteria required participants to have at least five years of nursing experience and a minimum of three years in a leadership position such as head nurse, supervisor, assistant chief nurse, or chief nurse in a DOH-accredited hospital in Batangas. Staff nurses, trainees, and individuals not meeting the criteria were excluded from the study. This sampling strategy is widely used in qualitative research when in-depth, information-rich cases are needed [62]. Data were collected through one-on-one, semi-structured interviews and direct observation. An interview guide was used to ensure consistency and minimize bias [63] while field notes were taken to capture non-verbal cues and contextual elements [64, 65]. With informed consent, all interviews were audio-recorded and transcribed verbatim. Vocal tone, pauses, and emotional expressions were also noted to preserve the depth and authenticity of responses. The study was conducted in DOH-accredited Level I, II, and III hospitals in Batangas, a province actively advancing healthcare reform [11]. It aligns with DOH Administrative Order No. 7, series of 2021, which promotes integrity, teamwork, and open communication in public health institutions. The study also supports the competency-based training goals of CHD 4A by assessing nurse managers' qualifications to guide future leadership development. Ethical approval was secured from the university's research ethics board. Participants received formal invitation letters, were briefed on the study's objectives, and provided informed consent. Confidentiality was maintained using coded identifiers, and all ethical standards outlined in the Helsinki and Belmont Reports were followed specifically those related to respect for persons, beneficence, justice, and voluntary participation. Prior to the main data collection, a pilot interview with three participants was conducted to refine the interview guide. The final interviews collected demographic details and explored open-ended questions, allowing participants to share their leadership experiences and perceived competencies. Data collection and analysis occurred simultaneously using the constant comparative method [66, 67]. Interview transcripts were reviewed repeatedly to identify recurring patterns and develop emerging themes. The analysis was guided by symbolic interactionism, which assumes that people act based on meanings developed through social interaction. Axial coding was applied to group related ideas and identify major categories. This rigorous and iterative process ensured that the resulting theory remained rooted in participants' lived experiences, providing a valid and realistic representation of the competencies required for effective nurse leadership.

3. Results and Discussion

3.1. Demographic Profile of Respondents

The 30 respondents recruited for this study were from 30 different hospitals in Batangas. Among them, the majority were female (53.33%, $n = 16$) in their middle adulthood age and were registered nurses (36.67%; $n = 11$) working as Chief Nurses (93.33%; $n = 28$). Most of them worked as Chief Nurses even though they lacked a Master's degree (36.67%; $n = 11$). Fortunately, 33.33% of them ($n = 10$) hold the degree of Master of Arts in Nursing, while 7 (23.33%) were currently taking the MAN program during the conduct of the study. Lastly, 36.67% ($N = 11$) had 10-14 years of work experience. This line of Chief Nurses in Batangas had limited post-graduate education.

Details of the demographic and work-related characteristics of the respondents are presented in Table 1.

Table 1.
Profile of the Nurse Managers.

Profile	Frequency (f)	Percentage (%)
Age		
33-37 years old	4	13.33
38-42 years old	10	33.33
43-47 years old	4	13.33
48-52 years old	10	33.33
53-57 years old	2	6.67
Total	30	100.00%
Gender		
Male	14	46.67
Female	16	53.33
Total	30	100.00%
Position		
Chief Nurse	28	93.33
Nurse Supervisor	2	6.67
Total	30	100.00%
Length of Service		
5-9 years	11	36.67
10-14 years	11	36.67
15-19 years	4	13.33
20-24 years	2	6.67
25-29 years	1	3.33
30 years	1	3.33
Total	30	100.00%
Qualification		
Registered Nurse	11	36.67
M.A. in Nursing	10	33.33
Ph.D. in Nursing	1	3.33
With units in MAN	7	23.33
MBA	1	3.33
Total	30	100.00%

Table 1 presents the demographic profile of the nurse-managers in terms of their age, gender, position, length of service positions and qualification.

3.2. Emergent Selective Themes for Nurse Managers' Competencies

Six (6) main themes for the identified competencies of contemporary nurse managers were found in this study, namely: 1) managerial core competencies, 2) clinical core competencies, 3) technological core competencies, 4) communicative competencies, 5) collaborative competencies, and 6) specialization/expertise. Notably, the researcher did not anticipate the emerging themes before the study. The themes are presented with exemplary significant statements from the nurse managers, with participant numbers from NM1 to NM30.

3.2.1. Theme 1: Managerial Competencies

The study shows that nurse managers possess strong competencies across seven key areas: human resource management, self-management, recognition, work-life balance, patient care management, leadership, and conflict management, closely aligned with the framework presented in Gunawan et al. [68]. Effective planning, organization, and leadership were consistently emphasized as essential to delivering quality patient care and maintaining a positive work environment. Human resource management emerged as the most prominent focus. Nurse managers actively implemented staff training, continuing education programs, reward systems, and flexible scheduling to retain staff and enhance performance [69-72]. One participant shared a comprehensive approach to staff development and scheduling, which closely aligns with the team-building and staffing concepts in Gunawan et al. [68]. Others highlighted the importance of recognition, learning opportunities, and constructive feedback in boosting team morale.

Self-management is also a key competency. For example, one nurse manager shared using time management strategies, setting boundaries, and taking breaks to stay productive supporting the view of Farouk Kamel, et al. [73] and Goldsby, et al. [8] that self-discipline is essential for sustainable leadership. Clear personal boundaries also help manage stress and maintain work-life balance [29, 74]. Some managers received awards and positive peer feedback, indicating growth and leadership development.

In terms of patient care management, several nurse managers reported making patient-centered decisions, reflecting their dual roles in clinical and administrative leadership [75]. Others emphasized team meetings, recognition, and support to foster a positive work environment. They demonstrated leadership through mentoring juniors, building cohesive teams, and upholding professional standards. Many expressed a desire to motivate staff and maintain professionalism, aligning with Paarima and Barnes [76] who advocate applying nursing theory in leadership roles.

Conflict management and adaptability were also highlighted. One nurse manager shared how learning from failure and addressing issues promptly helped maintain harmony, echoing the importance of adaptability, clear communication, and assertiveness described by the American Nurses Association [77] and Kerfoot [78]. Overall, the results suggest that nurse managers in Batangas exhibit a comprehensive and integrated set of competencies that contribute to smooth operations, staff development, and high-quality patient care. These findings support the recommendations of Kantanen et al. [79], who emphasized the need for structured competency assessment, and Munyewende et al. [80], who identified leadership, communication, resource management, and problem-solving as essential competencies. As noted by Moghaddam et al. [81], today's nurse manager must be competent in both clinical and administrative domains, and this study provides valuable insights for developing competency-based training and evaluation programs.

3.2.2. Theme 2: Clinical Core Competencies

The study revealed that nurse managers possess five key clinical competencies: clinical expertise, decision-making ability, case management, disaster preparedness, and adaptability. Despite having extensive administrative responsibilities, many nurse managers remain involved in direct patient care, develop clinical protocols, and collaborate with other healthcare professionals to create individualized care plans. Respondents such as NM7, NM9, and NM10 shared that their leadership development was shaped by years of clinical experience and exposure in tertiary and internationally accredited hospitals supporting the findings of Paarima and Barnes [76] and Nene [82] who emphasized that clinical experience enables nurse leaders to effectively manage unit dynamics and prevent conflict.

NM1 and NM4 highlighted the importance of compassionate communication and going beyond basic care to improve patient outcomes, aligning with Setiawan et al. [83], which advocates for empathetic leadership and clinical excellence. NM2 and NM5 demonstrated confident and structured decision-making using tools like FACE ON and PACE OUT, which reflects the findings of Ejimabo [84] that emphasize how policies, workplace context, and institutional guidelines influence nurse decision-making.

Case management emerged as a core competency, shown by nurse managers taking on flexible care responsibilities during staff shortages (as noted by NM7, NM8, and NM9) and maintaining team safety (as described by NM5). These actions required quick thinking and effective team coordination, consistent with Mwandala [85], who underscored the value of interpersonal communication and judgment in managing patient care. Regarding disaster preparedness, NM1 shared strategies implemented during the COVID-19 pandemic and the Taal Volcano eruption, such as creating new protocols and rapidly adjusting schedules. These actions are in line with Mollahadi et al. [86], GabAllah [87], and Liu [88], which stress the need for solid disaster planning and team readiness.

Adaptability was a recurring theme among respondents like NM11 and NM1, who described modifying care models, assuming unplanned duties, and maintaining professionalism under pressure. This supports findings from Alhosis [89], Middleton et al. [90], and Kerfoot [78] who stated that resilient nurse leaders must be flexible and responsive in dynamic environments. NM10 shared that strong clinical skills are essential before taking on administrative roles, echoing Shirazi and Heidari [91] and Doyle [92], who state that leaders need both theory and real-life experience. NM4 emphasized continuous self-improvement and clear communication to understand patient needs, aligning with Patterson [93] and Leong [94], who highlight the importance of being active and caring. The study shows that nurse managers work in fast-paced, ever-changing environments where patient care is the top priority. When they combine experience, quick thinking, and sound judgment, they support both patient outcomes and hospital goals. Leadership training must include clinical skills to develop competent, well-rounded nurse managers.

3.2.3. Theme 3: Technological Core Competencies

The study shows that technological skills are now essential for nurse managers, especially in using tools like Electronic Health Records (EHR) and Hospital Information Systems (HIS), which improve workflow, speed up decision-making, and enhance patient care. For example, NM1 shared that EHR made tasks easier and allowed quick access to patient information, improving both data management and clinical operations supporting Vehko et al. [95] and Garcia-Dia [96] who emphasized the strong impact of nurses' tech skills on healthcare delivery.

However, NM1 also pointed out challenges such as high implementation costs, data security concerns, and incompatibility between systems. These issues require nurse managers to be flexible, problem-solvers, and capable of making informed decisions using technology. This includes having knowledge of cybersecurity, system integration, and collaborating effectively with IT teams. NM2 described becoming the go-to person during HIS implementation, showing leadership in digital transformation. This aligns with Strudwick et al. [97] and Moore et al. [33] who assert that nurse managers must act as educators, communicators, and facilitators in the adoption of healthcare technology.

Nurse managers are not only expected to use digital systems but also to empower and guide their teams in doing so, demonstrating digital leadership and strong support consistent with the work of Jobst et al. [98], and Burgess and Honey [99]. For example, NM10 shared their efforts to promote system integration and reduce paper-based processes, highlighting innovation and leadership in improving workflow and team collaboration.

Yet, as noted by Saranto et al. [100], if digital systems are difficult to use or poorly integrated into nursing workflows, they can cause stress and resistance among staff. This underscores the need for nurse managers to be both technologically competent and emotionally supportive as their teams adapt to new systems. Kaiser [101] further explains that information and communication technologies (ICT) have significantly changed the role of nurse managers, making it essential to consider both the advantages and challenges of tech integration.

Technological competency involves more than simply operating digital tools; it includes planning, troubleshooting, educating, and leading teams to use technology effectively for safe, timely, and efficient care. In today's healthcare environment, technology is no longer optional; it is a core requirement for effective nurse leadership [68].

3.2.4. Theme 4: Communicative Competencies

The responses from the 30 nurse managers indicate that strong communication skills are a vital component of effective nursing leadership. Many emphasized the importance of clear and open communication to manage the demands and complexity of hospital work. NM1 and NM11 shared that they regularly conduct team meetings and involve staff in decision-making processes, which helps team members feel heard and valued. Similarly, NM8 and NM7 highlighted how this democratic approach fosters trust and mutual respect among the staff.

Active listening also emerged as a key subtheme. NM5, NM6, and NM8 stated that listening attentively and responding quickly creates a safe space where team members feel comfortable sharing their concerns. NM9 and NM10 added that emotional sensitivity and empathy contribute to a more supportive and trusting work environment. These findings align with Pa-a [11], which noted that effective listening improves problem-solving, reduces stress, and strengthens team relationships.

Conflict resolution through communication was another critical area. NM8 pointed out that private conversations in a safe space are essential when resolving conflicts, demonstrating that communication involves not just information exchange but also emotional management and relationship repair. This supports [83], which stated that good communication reduces clinical errors and enhances team collaboration for patient safety. NM6 also mentioned that open communication improves workflow, even during periods of heavy workload.

NM10 emphasized that being kind, honest, open, and clear in communication enhances teamwork and the quality of patient care. This echoes [31], which found that a positive communication climate improves care delivery and energizes staff. Similarly, Hughes [102] and Hopkinson et al. [103] found that open and transparent communication contributes to nurse satisfaction, retention, and overall care quality.

While NM8 and NM7 preferred a collaborative leadership style, they acknowledged that at times, a more directive approach is necessary. NM11 also noted that holding regular meetings helps leaders understand the needs of all staff both major and minor, contributing to team morale and engagement. This is supported by Persson et al. [104], which emphasized that strong workplace relationships built through communication act as buffers against occupational stress.

Overall, communication is not a minor tool but a major strength for nurse managers. It enables them to guide teams, resolve conflicts, and interact effectively with both physicians and patients. As Rathod [105] described, communication is the lifeline of nursing teamwork, and nurse leaders must model this consistently. Based on the findings of this study, there is a clear need for further training in communication skills, with a focus on maintaining open, respectful, and structured dialogue to strengthen team dynamics and improve care delivery.

3.2.5. Theme 5: Collaborative Competencies

The study highlights that collaborative skills are essential for effective nurse leadership. Nurse managers emphasized the importance of teamwork, conflict resolution, task delegation, and interprofessional collaboration in ensuring smooth unit operations and patient-centered care. Participants such as NM1, NM5, and NM7 demonstrated a strong commitment to team support, often taking on additional responsibilities and promoting unity among staff supporting [106], which states that inclusive leadership boosts team morale.

Delegation emerged as a significant subtheme. NM6 and NM11 shared that while they initially struggled with assigning tasks, they improved over time with mentorship and experience. This reflects findings from Gassas et al. [107] and GabAllah [87], which note that effective delegation addresses staffing shortages and helps develop team competencies. It also contributes to greater job satisfaction, as supported by Etway and Elewa [108].

Conflict resolution is also viewed as a key skill. NM7 shared that using a teamwork approach helps prevent misunderstandings and reduces conflict, aligning with Tuan and Huong [109], which notes that age, education, and experience influence how individuals manage disputes. Participants emphasized that resolving issues quickly and with care is essential to maintaining team harmony and ensuring smooth operations.

NM2 and NM4 noted that emotional support and recognition helped strengthen relationships, while NM5 used team-building activities to foster closer bonds among staff, consistent with Rathod [105], which found that strong team connections reduce fatigue and improve patient care. According to Monteiro [110], identifying workflow gaps and making timely adjustments is also key to maintaining team effectiveness.

Role clarity and coordinated task distribution were emphasized by NM1 and NM9, who stated that defining responsibilities and sharing duties helped improve efficiency. This supports Vera [111], which stressed that structured communication and planning are essential for smooth care delivery. NM6 and NM7 also shared that mentoring and leading by example helped promote mutual respect and skill development within the team. NM1 further emphasized the value of participatory decision-making, which boosts team trust and creates a sense of ownership among staff.

Collaborative competencies, including delegation, conflict resolution, team support, interdisciplinary coordination, and shared decision-making, are vital for strong nursing leadership. These skills encourage open communication, foster a positive work culture, and ensure efficient, patient-centered care, as also noted by the American Nurses Association [112].

3.2.6. Theme 6: Specialization/Expertise

The study shows that having a focused skill set and specialized expertise is highly important for nurse managers. Many participants shared that they actively engage in continuous learning through training sessions, webinars, reading, and attending seminars to strengthen their leadership capacity. They also use tools like SWOT analysis, manage diverse healthcare teams over time, and develop soft skills such as communication and leadership through self-directed learning. Their motivation to improve comes not only from job requirements but also from a genuine desire for personal and professional growth. This ongoing development increases their confidence, adaptability, and readiness to face change.

Consistent with the findings of Nyelisani et al. [113], Vázquez-Calatayud et al. [114], and Mlambo et al. [115], continuous professional development (CPD) supports improved care delivery and enhances overall hospital performance. Participants emphasized that their drive to learn is both internal and encouraged by a team culture that values lifelong learning, which aligns with Yu et al. [116] and Falguera et al. [117]. This growth mindset also reflects the view of Wells [118], who stressed the importance of bridging academic knowledge and real-world clinical leadership. It further supports [81], who emphasized that nurse leaders strengthen the healthcare system through strategic thinking and informed decision-making.

The findings suggest that when nurse managers invest in deepening their skills and continuously seek new knowledge, they not only enhance their own capabilities but also contribute to team development and organizational resilience. This positions them to effectively address the evolving challenges in modern healthcare.

3.3. The Developed Conceptual Model of Competencies

The findings of the study revealed varying interpretations of nurse manager competencies, shaped by the different positions held within the nursing leadership structure. While all participants agreed on the importance of modern leadership competencies, there were noticeable differences in how chief nurses and other nurse managers viewed specific skill requirements. These differences highlight how leadership experience, job roles, and responsibilities influence individual views on which competencies matter most. Based on this grounded theory research, a conceptual model was developed identifying six core and interconnected domains of nurse manager competencies: managerial, clinical, technological, communicative, collaborative, and specialized skills. Each domain contributes to effective leadership and high-quality patient care. These competencies do not function in isolation; they are interrelated and work together as an integrated framework essential for today's nurse managers.

The study identifies six core competencies essential for effective nurse management: managerial, clinical, technological, communicative, collaborative, and specialized skills. Managerial skill involves effectively managing people, tasks, and resources delegating duties, making sound decisions, and ensuring smooth operations. It closely connects with clinical and technological skills, as nurse managers must understand patient care and use digital systems to lead efficiently. Clinical skill refers to delivering safe, evidence-based care. Nurse managers apply clinical judgment not only in care delivery but also in monitoring quality and guiding staff, requiring clear communication and leadership. Technological skill is increasingly vital, involving the use of tools like Electronic Health Records (EHR) and digital platforms to support fast decisions, team coordination, and data management intersecting with both managerial oversight and clinical workflows. Communicative skill is critical for leading teams, educating patients, and coordinating with staff and administrators; it supports both clinical clarity and managerial direction. Collaborative skill involves working well with others to provide patient-centered care, resolve conflicts, and build strong interdisciplinary relationships enhancing both leadership and clinical performance. Lastly, specialized skill or expertise refers to advanced knowledge or training in a focused area of nursing, strengthening all other competencies and enabling the nurse manager to lead specialized units with confidence. These six competencies function as an integrated framework like interconnected puzzle pieces that nurse managers must apply daily to lead effectively in fast-paced, evolving healthcare environments.

3.4. Integration of the Generated Selective Themes

This study developed a grounded theory identifying six essential competency areas for nurse leaders: managerial skills, clinical expertise, technological proficiency, communication skills, collaboration, and specialized knowledge. These competencies were drawn from the real-life experiences of nurse managers, including chief nurses and supervisors. The findings reflect a shared understanding among participants of what defines strong leadership in today's demanding and fast-paced healthcare environment. The study emphasizes that effective nurse managers must be adaptable, committed to continuous learning, clinically competent, and able to lead with both empathy and sound judgment. Many participants highlighted the importance of active listening, teamwork, sound decision-making, unit management, and the ability to handle emergencies and conflicts. These competencies contribute to building team trust, fostering a positive workplace culture, and ensuring efficient operations.

The model aligns with the nursing metaparadigm of person, environment, health, and nursing by showing how continuous professional development benefits not only the individual nurse manager but also their team and the patients they serve [119]. The study recommends that both nursing schools and healthcare institutions incorporate this competency model into training programs, mentorship initiatives, and leadership development efforts. A major strength of the theory is its advocacy for pursuing advanced education beyond the undergraduate level to empower nurse leaders with the skills needed

in complex healthcare settings [120]. However, a noted limitation is that many hospitals still lack structured human resource systems for selecting and developing nurse leaders. Addressing this gap is essential for sustaining strong nursing leadership.

The proposed model offers a clear and practical framework for guiding nursing education, administration, and policy-making. It equips current and future nurse managers with the tools needed to lead effectively and deliver high-quality care in a rapidly evolving healthcare landscape.

3.5. Significance to the Nursing Profession

This study developed a grounded theory model outlining the key skills nurse managers need, aiming to strengthen leadership, improve patient care, and inform nursing policies and guidelines. In nursing practice, the model guides how to select and develop nurse managers by combining clinical judgment with leadership skills to enhance care and teamwork. In nursing education, it helps educators integrate the six core competencies into the curriculum, preparing students to lead in today's healthcare settings. In nursing research, the theory offers a foundation for further studies on how nurse manager competencies impact care quality, safety, and hospital efficiency. In nursing administration, the model provides a clear framework for hiring, training, and evaluating nurse leaders based on the competencies aligned with current healthcare demands.

3.6. The Newly Developed Theory

This grounded theory provides a comprehensive, evidence-based guide to the essential skills modern nurse managers need, bridging the gap between traditional leadership concepts and real hospital practice. It reflects the daily realities of nurse managers and identifies six interconnected competency areas: managerial expertise, clinical proficiency, technological skills, effective communication, collaboration, and specialized knowledge. Together, these competencies form the foundation for building strong nurse leaders and shaping future training programs. The theory offers significant value to nursing management by addressing gaps in previous research and providing a clear framework for developing, evaluating, and supporting nurse leaders. It offers practical insights for training, recruitment, and policy-making, helping healthcare institutions prepare leaders who can adapt to the demands of a fast-changing healthcare environment. While the study had limitations such as a small sample from Batangas and challenges in gathering in-depth data it still delivers meaningful findings and a solid foundation for future research and leadership development, supporting a smarter, stronger, and higher-quality healthcare system.

4. Conclusion

This study made a grounded theory that explains the important skills a nurse manager needs today. These skills include: managerial skills (how to lead people and organize work), clinical expertise (knowing how to provide safe and proper patient care), technical know-how (using computers and hospital systems), effective communication (clear and respectful communication), teamwork (working well with others), and specialized knowledge (extra training or focus in one area). Even if the study had some limitations like using only a small group and having difficulty obtaining complete data it still provided helpful ideas based on the real experiences of nurse managers. The participants showed a strong willingness to keep learning and improving. They are ready to lead in hospitals that are fast-paced and always changing. To enhance nurse leadership, the study suggests using a team-based approach this means being clear about who does what, setting goals together, and providing proper training on how to make good decisions and manage hospital resources effectively. The study also recommends conducting regular seminars and workshops to assess which skills still need improvement, especially in teamwork and managing nursing units. Leadership roles should align with the goals of the hospital, so nurse managers feel proud of their work and remain committed to performing their jobs well. Another suggestion is to initiate regular team meetings where staff can participate in decision-making. This should begin within three months, with monthly check-ins to evaluate its effectiveness. This kind of teamwork helps the staff feel involved and strengthens leadership. In the end, these steps are designed to help build stronger nurse managers and create a health system that is prepared, united, and capable of providing the best care to every patient.

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