BMC Nursing

RESEARCH

Open Access

Building managerial competence in nurse unit managers: insights from a qualitative study

Jiae Lee[1*] and Miyoung Kim[2]

Abstract

Aim This study aimed to identify factors enhancing nurse unit managers' managerial competencies and to propose practical strategies at individual and organizational levels through in-depth interviews in a rapidly changing healthcare environment.

Methods This study employed a qualitative design. Qualitative content analysis, as proposed by Graneheim and Lundman, was conducted on interviews with 24 nurse unit managers in South Korea.

Results An exploration of the factors enhancing managerial competencies among nurse unit managers revealed the following 5 themes and 10 subthemes: embracing change, expanding educational competency, strengthening practical skills, harmonizing generational differences, and enhancing interprofessional collaboration.

Conclusions This study identified five key themes enhancing managerial competency among nurse unit managers: embracing change, expanding educational competency, strengthening practical skills, harmonizing generational differences, and enhancing interprofessional collaboration. Individual-level factors were more prominently identified than organizational-level factors, suggesting that nurse unit managers proactively develop personal competencies as a driving force for unit improvement. Evidence-based strategies at the individual and organizational levels are proposed to strengthen nurse unit managers' competencies in clinical practice and leadership.

Clinical trial number Not applicable.

Keywords Nurse administrators, Personnel management, Professional competence, Qualitative research

Background

Nurse unit managers—as middle managers—enhance organizational performance by efficiently operating units and implementing strategies aligned with the organization's mission through innovative problem-solving and effective communication [1]. The COVID-19 pandemic further highlighted the criticality of strong nursing management [2]. Nurse unit managers play a central leadership role by directly guiding nurses to deliver safe and high-quality care [3]. They enhance the structure and efficiency of nursing operations, thereby contributing to the overall improvement of patient care quality [4]. Therefore, strengthening their managerial competencies has become increasingly important.

This study is based on parts of the author's doctoral dissertation (Ewha Womans University, 2021)

*Correspondence:
Jiae Lee
jiaelee@cku.ac.kr
[1]Department of Nursing, College of Medicine, Catholic Kwandong University, 24, Beomil-ro 579beon-gil, Gangneung-si, Gangwon-do 25601, Republic of Korea
[2]College of Nursing, Ewha Womans University, Seoul, Republic of Korea

© The Author(s) 2026. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by-nc-nd/4.0/.

Nursing managerial competency refers to the ability of nurse unit managers to effectively perform their roles within the unit, encompassing knowledge, skills, and attitudes [5]. According to Chase's framework, it includes technical, interpersonal, conceptual, leadership, and financial competencies [5], with interpersonal and technical competencies deemed most crucial [6]. Core competencies encompass communication, financial management, adaptability, and conflict resolution [7]. Demand for education on novel technologies and tools to enhance unit operations is increasing [8], and managers with research or project experience generally perform better than those without such experience [9]. Transformational leadership among nurse managers has been linked to improvements in nursing quality, conflict management, and adaptability [10]. Therefore, practical, field-oriented support is essential to strengthen their competencies in response to evolving healthcare demands.

Individual factors such as experience and education, as well as organizational factors such as work environment, culture, and resource support, influence nursing managerial competencies [6]. Insufficient human, financial, and technological resources hinder effective performance [9]. Managers frequently face resistance when implementing top-down policies and experience stress from high nurse turnover [4]. Over half have reported inadequate responses to their suggestions [11], resulting in burnout, with about one-third considering leaving their roles [8].

Previous studies have highlighted job skills and leadership as vital managerial competencies [10, 12], with descriptive research identifying factors influencing competency [9]. In addition, prior research has shown that managerial competency levels vary depending on institutional context, managerial experience, and interpersonal relationships with subordinates, indicating that competency is shaped by both individual and organizational factors [13]. Qualitative research has predominantly focused on resource shortages, interpersonal dynamics, problem-solving, and role expectations [4, 14, 15]. However, this study aims to comprehensively examine nurse unit managers' competencies based on Chase's [5] framework rather than focusing on limited aspects.

This study investigates diverse factors affecting managerial competencies and practical challenges through in-depth interviews with nurse unit managers, thereby identifying strategies to enhance competencies in response to a rapidly changing healthcare environment.

Methods

Study design

Qualitative research was conducted using semi-structured interviews and the qualitative content analysis method proposed by Graneheim and Lundman [16] to investigate factors enhancing nurse unit managers' managerial competencies.

Researcher characteristics and reflexivity

The authors have extensive experience in qualitative research and have previously published studies on the competencies of nurse managers as specialists in nursing administration. Prior to this study, the researcher practiced bracketing by documenting their prior understandings at the outset to minimize bias throughout the research process. The authors' initial assumptions regarding nurse unit managers were as follows: first, nurse unit managers, as administrative personnel, are likely to prioritize the interests of the hospital organization over those of general staff nurses; second, due to their extensive clinical experience, they possess a broad understanding of overall hospital operations; and third, nurse unit managers are familiar with issues related to nursing organizational culture, such as toxic work environments, and are therefore sensitive to conflicts among nursing staff.

Participants

This study targeted nurse unit managers working at ten general or tertiary hospitals with more than 500 beds. The inclusion criteria were as follows: (1) nurse unit managers employed at general or tertiary hospitals with over 500 beds, and (2) those who manage at least one nursing unit and are directly involved in patient care. The exclusion criteria were nurse unit managers overseeing departments where direct patient care is not provided, such as the nursing administration office, central supply room, infection control unit, or QPS (Quality and Patient Safety) center.

A purposive quota sampling was employed to select participants, stratified by educational level and management experience, reflecting key factors known to influence nursing managerial competency. Therefore, the criteria for quota sampling were based on the level of nursing managerial competency, along with educational background and management experience, as previous studies [9, 16] have shown that having a master's degree or higher and more than five years of managerial experience can influence managerial competency. Based on these criteria, three participants were allocated to each category, totaling 24 participants (Table 1).

Participants included 24 nurse unit managers, most in midlife, with ages ranging from 37 to 54 and an average age of 43.4 years. Among them, 14 held a master's degree. On average, participants had nearly 5 years of management experience and over 16 years of clinical experience prior to becoming managers.

Table 1 A purposive quota sampling strategy

Educational level		Management experience	
Bachelor's degree	Master's degree or higher	Less than 5 years	5 years and above
6	6	6	6

Data collection and ethical considerations

After receiving approval from the Institutional Review Board in accordance with the Declaration of Helsinki, the researchers obtained permission to conduct the study from the nursing departments of six university hospitals in South Korea. Participants were recruited with permission from the heads of each hospital department. The researcher introduced the purpose and procedures of the study during managerial meetings, and those who expressed interest in participation were enrolled. Written informed consent was obtained from all participants prior to data collection. Interviews were conducted at locations preferred by the participants, including outpatient clinics and meeting rooms within the hospital, nearby cafés, or cafés close to their homes. Data were collected through face-to-face, semi-structured interviews, with each in-depth interview conducted once and lasting an average of 80 min. All interviews were audio-recorded with the participants' consent, transcribed verbatim, and used for analysis. To explore strategies for enhancing the managerial competencies of nurse unit managers, the interview guide included questions such as: "What factors (facilitators) have helped you develop your managerial competency? Why do you think they were helpful?" and "What has been the greatest challenge (barrier) in exercising your managerial competency? What do you think could be the solution?" (see Supplementary file 1) Data saturation was achieved after 24 interviews, as no new codes or themes emerged during the analysis. Recruitment and data collection were discontinued at this point, as additional interviews did not yield further insights. During the interviews, participants' facial expressions, tone of voice, and nonverbal cues were documented in field notes to support data interpretation.

Data analysis

Data were analyzed using qualitative content analysis as described by Graneheim and Lundman [17]. This method was chosen because it enables systematic interpretation of text derived from human experiences by moving from meaning units through condensation and abstraction to categories, capturing both manifest and latent content of participants' narratives [17]. Since facilitators and barriers to nursing management competency remain insufficiently theorized, this approach allowed themes to emerge directly from the data without imposing predetermined frameworks.

The authors repeatedly reviewed interview transcripts and audio recordings to identify meaning units. These meaning units were condensed while preserving their core meaning and then abstracted into codes.

The initial coding was conducted using Covidence software. The first author then independently repeated the coding process, and the two sets of codes were compared and discussed to reach consensus. Field notes and reflective memos were recorded after each interview to capture contextual information and to monitor potential shifts in the researcher's perspective. The second author was involved in grouping codes into subthemes and overarching themes, and discrepancies were discussed until consensus was reached.

Codes with similar content were grouped into subthemes, which were further organized into overarching themes. During the process of deriving themes and subthemes, the consistency of participants' statements was reviewed. To clarify specific examples from the first interviews, follow-up telephone interviews were conducted with five participants, each lasting approximately 25 min. Final themes were refined through iterative discussion and agreement among all authors to ensure consistency and credibility. An example of the analysis process is as follows: a participant statement such as "I provided direct instructions during emergency situations, which helped nurses gain confidence" was identified as a meaning unit. This was condensed to "providing direct clinical guidance in emergencies," coded as "hands-on support," and subsequently grouped under the subtheme "building trust and confidence through practical competency."

Rigor

The authors ensured study quality using Lincoln and Guba's [18] rigor criteria: credibility, transferability, dependability, and confirmability. For credibility, the author initially coded the data using Covidence software and subsequently re-coded the data independently after a time interval to minimize bias from prior interpretations. The two coding sets were compared line by line, and any discrepancies were resolved by revisiting the original transcripts and cross-checking with field notes and reflective memos. Code definitions were refined as needed to ensure consistency and analytical rigor. In addition, transcribed interview data were validated with participants, and the analytical findings were shared with two participants to confirm the accuracy of the interpretations. For transferability, data collection continued until saturation was achieved, ensuring that the findings adequately reflected the experiences of nursing unit managers. For dependability, all interviews were conducted

Table 2 Overview of the subthemes and main themes

Subthemes	Main themes
• Improving work processes	Embracing Change
• Incorporating the latest trends for efficiency	
• Maximizing the impact of education	Expanding Educational Competency
• Deepening understanding through continuous learning	
• Building trust and confidence through practical competency	Strengthening Practical Skills
• Enabling efficient work through practical understanding	
• Recognizing and accepting generational differences	Harmonizing Generational Differences
• Demonstrating tailored leadership and narrowing the gap with staff	
• Improving work through collaboration with fellow unit managers	Enhancing Interprofessional Collaboration
• Facilitating communication with other departments for smooth operations	

by the same primary researcher using a standardized semi-structured interview guide, which ensured consistency in data collection throughout the study.

To enhance confirmability and reflexivity, the researcher critically examined potential biases and subjective judgments by revisiting recorded interviews and maintaining reflective awareness throughout the research process. The researchers, who has prior clinical experience and had previously conducted interviews with nurse managers, developed an understanding of managerial roles, including the lack of structured training and the challenges faced during role transition. While this background facilitated rapport-building and in-depth understanding of participants' experiences, bracketing was performed prior to data analysis to minimize potential bias. This involved identifying and setting aside preconceptions, such as assumptions that nurse unit managers prioritize organizational perspectives over staff, possess broader operational insight due to their experience, and are particularly sensitive to interpersonal conflicts within nursing culture.

Results

An exploration of the factors enhancing managerial competencies among nurse unit managers revealed the following 5 themes and 10 subthemes: "Embracing Change," "Expanding Educational Competency," "Strengthening Practical Skills," "Harmonizing Generational Differences," and "Enhancing Interprofessional Collaboration" (Table 2).

Embracing change

Improving work processes

Participants improved work processes by restructuring the nursing delivery system and introducing data-driven decision-making. Rather than maintaining a traditional patient-assigned model, they redistributed workload by incorporating a floating nurse role. This redistribution reduced individual workload burden and enabled real-time support across teams, thereby enhancing coordination, flexibility, and overall workflow efficiency. Through this process, managers demonstrated the ability to redesign systems in response to situational demands, which reflects strengthened organizational and problem-solving competencies.

> *Typically, the patients would be divided among the nurses so that each cared for 2–3 patients. However, I changed the approach by dividing the patients among six nurses and assigning one experienced nurse to float. This nurse didn't have any assigned patients but continuously provided coverage and support where needed. Even on extremely busy days, this change allowed the staff to finish their shifts on time. (Participant 3)*

Incorporating the latest trends for efficiency

Participants enhanced work efficiency by incorporating environmental and system-level changes aligned with current clinical needs. Modifications such as relocating staff rest areas and creating separate consultation spaces improved both nurse satisfaction and patient privacy. These changes optimized the work environment by reducing distractions and enabling more focused communication, which facilitated more effective patient interactions and improved quality of care.

> *Since many patients in the ICU are neurological cases, we often overlooked the fact that others could overhear during interviews or patient education sessions. So, instead of using an open space, we tried using a small lecture room as a private consultation area. This not only protected patient privacy but also provided a quieter environment, allowing nurses to explain things more clearly and attentively. (Participant 10)*

Expanding educational competency

Maximizing the impact of education

Participants maximized the impact of educational experiences by actively applying learned knowledge and skills to real-world managerial situations. Training in

coaching skills enabled them to approach errors not as individual failings but as opportunities for reflection and improvement. By facilitating open discussions and identifying underlying causes of errors, they promoted a learning-oriented environment, which reduced repeated mistakes and improved team performance. This systematic approach enhanced fairness and transparency, thereby improving trust and accountability within the team.

> *Since I received coaching skills training, I discuss with staffs why the error occurred—whether it was due to being overworked or the specific situation they were in. I explain that the purpose of discussion is to prevent the same thing from happening again. I think this approach is something that changed after receiving the coaching training. (Participant 7)*

Deepening understanding through continuous learning

Participants deepened their understanding through continuous learning experiences, including teaching, graduate education, and acquiring data-related skills. These experiences expanded their clinical knowledge base and enhanced their ability to interpret complex situations. Engaging in teaching and advanced education facilitated reflection and knowledge integration, which improved their capacity to support new nurses and respond effectively to clinical challenges. In addition, developing skills in data management enabled participants to organize and utilize objective information for staffing and resource allocation. This data-driven approach supported more rational decision-making and strengthened their ability to advocate for appropriate resources.

> *I was asked to teach physiology at school. Preparing for those lectures made it easier to understand new clinical areas, like when I started in transplant surgery. Teaching microbiology also helped me relearn important details about bacteria and antibiotics, which was useful when training new nurses. (Participant 12)*

Strengthening practical skills

Building trust and confidence through practical competency

Participants emphasized that their practical skills played a critical role in supporting nurses' clinical performance and confidence. By actively engaging in patient care and providing direct guidance during emergency situations, they were able to offer immediate and context-specific support. This direct involvement reduced uncertainty among nurses and facilitated real-time learning, enabling them to respond more effectively in critical situations. As a result, nurses developed greater confidence in their clinical abilities. Furthermore, such hands-on leadership strengthened trust in the manager, as staff perceived them as both clinically competent and supportive.

> *Clinical practice is approximately 60–70% of nursing. Staff attitudes depend on how well the head nurse understands clinical work. When a patient arrests, I provide direct instructions—bring the E-cart, assist with intubation—which helps nurses gain confidence. (Participant 22)*

Enabling efficient work through practical understanding

Participants' deep understanding of clinical practice enabled them to anticipate workflow demands and respond appropriately to various situations. Their ability to perform essential clinical skills, such as CPR and suction, allowed them to intervene promptly during emergencies. This practical understanding facilitated timely decision-making and reduced delays in care, contributing to more efficient and coordinated work processes. In addition, their hands-on experience helped them accurately assess nurses' workload and allocate tasks more effectively. By aligning task distribution with real-time clinical needs, they improved overall work efficiency and team functioning.

> *As I know what challenges nurses face and when certain procedures are needed, I can assist with CPR or suction in emergencies. If a manager cannot handle the basics, proper management is not possible. (Participant 1)*

Harmonizing generational differences

Recognizing and accepting generational differences

Participants recognized differences in values and work attitudes between younger and more experienced nurses. While younger nurses were perceived as responsible for their assigned tasks, they tended to prioritize individual needs over collective responsibilities and made decisive career choices, such as abrupt resignation. By acknowledging these differences rather than resisting them, participants were able to reinterpret younger nurses' behaviors within a broader sociocultural context. This understanding reduced misinterpretation and conflict, enabling more appropriate and adaptive managerial responses.

> *Recently, I've noticed that young nurses work diligently when it comes to their own tasks. However, when faced with certain situations, they tend to put themselves first rather than considering the department. The moment they decide to turnover, they cut things off very bluntly. In a way, it's a clear mindset, but understanding the tendencies of younger people is essential to respond appropriately. (Participant 5)*

Demonstrating tailored leadership and narrowing the gap with staff

Participants actively sought to bridge generational gaps by adopting tailored leadership approaches based on individual characteristics of younger nurses. They created communication channels to listen to staff perspectives and provided personalized support, such as matching mentors based on shared interests. These strategies facilitated mutual understanding and trust by aligning leadership approaches with individual needs and communication styles. In addition, continuous efforts to engage with both younger and experienced nurses helped mediate differences and maintain team cohesion. Through this process, participants were able to reduce interpersonal tensions and support the retention and development of new nurses.

> *I askes new nurses about their interests and paired them with mentors who shared similar interests. For new nurses with good manual skills and those focused on tasks, I also paid attention to highlighting their strengths. It's been five years, and all are still here. I believe leadership should be adapted according to each nurse's individual personality. (Participant 21)*

Enhancing interprofessional collaboration

Improving work through collaboration with fellow unit managers

Participants emphasized that collaboration with fellow unit managers played a key role in improving work processes and addressing shared challenges. Through regular communication and joint problem-solving, they were able to develop practical solutions, such as independently establishing reward systems and standardizing supply management across units. This collaborative approach facilitated the sharing of effective practices and reduced variability between units, leading to more consistent and efficient workflows. By aligning strategies and coordinating efforts, participants enhanced the overall functioning of multiple units beyond their own.

> *For certification, we standardized supply layouts by comparing photos from each ward. Now, items such as the E-cart are in the same place across units. For example, the locations of E-carts are standardized across units, so nurses can easily find them no matter which unit they go to. (Participant 11)*

Facilitating communication with other departments for smooth operations

Participants highlighted the importance of effective communication with other departments to ensure smooth operations. Initially, they experienced difficulties due to limited connections and unclear communication channels. However, by actively building relationships and seeking opportunities for interaction, they improved access to necessary resources and facilitated more efficient coordination across departments. Establishing these connections enabled quicker responses to operational issues, such as equipment management, and reduced delays caused by fragmented communication. Through this process, participants enhanced their ability to navigate organizational structures and manage interdepartmental dependencies effectively.

> *When I first took on a managerial role, I had to request repairs or service for faulty equipment. I only knew the phone numbers but didn't know who was on the other end, so I just made calls without much connection. Over time, I realized the importance of building relationships with other departments and began to establish those connections. (Participant 6)*

Discussion

To our knowledge, this study is one of the first to qualitatively explore how nurse unit managers enhance their competencies through lived experience, identifying both individual and organizational factors that have been insufficiently addressed in previous quantitative-focused research. The five themes identified encompassed both individual and organizational factors. Individual-level factors were represented in themes such as embracing change, expanding educational competency, and strengthening practical skills, while organizational-level factors were reflected in harmonizing generational differences and enhancing interprofessional collaboration. The more prominent emergence of individual-level factors suggests that nurse unit managers proactively developed personal competencies as a driving force for unit improvement, consistent with findings that nurse unit managers experience challenges in leading their units amid staffing pressures, yet derive fulfillment from staff support and demonstrate interpersonal growth through practical experience [4].

This study identified five themes enhancing nurse unit managers' competencies, which largely align with Chase's [5] framework, with the exception of financial management. Financial management was not prominently reflected in the findings, which may be explained by previous research suggesting that nurse unit managers often do not recognize the importance of financial management, or tend to view themselves as performers rather than those directly accountable for financial outcomes [19]. Nevertheless, nurse executives and vice presidents perceive nurse managers as playing a critical role in achieving both economic and administrative benefits

[19], highlighting the need for targeted financial management education for nurse unit managers [20, 21].

Herein, participants stressed embracing change to improve unit efficiency and the work environment, actively implementing various innovations. The finding supports previous research showing nurse managers adopt digital technologies in response to change [22] and that success depends on autonomy and decision-making authority [23]. However, excessive interference and limited autonomy from superiors increase frustration and turnover intentions [21], underscoring the necessity for sufficient authority at the organizational level. Additionally, participants particularly valued the process of gathering staff input and setting the direction of change collaboratively, which increased job satisfaction and acceptance of change among nurses. This aligns with previous research indicating that unilaterally imposing change or lacking trust in nurse unit managers can precipitate resistance and that change should be implemented through adequate input and systematic planning [24]. Change-related information should be provided multiple times [22], and efforts to enhance cooperation and acceptance through education and organizational support should occur concurrently [24]. Thus, this study highlights the need to strengthen nurse unit managers' problem recognition and execution skills, encourage active staff participation, offer systematic education, and ensure strong organizational support. This finding is consistent with previous research indicating that although nurse managers demonstrate high competency in routine operational tasks, their ability to initiate and implement changes to improve nursing services tends to be relatively lower [13].

Participants did not simply acquire knowledge through formal training; rather, they actively translated learning into practice through teaching, reflection, and coaching. This suggests that managerial competency development is driven not by formal education alone but by the integration of experiential learning and reflective practice, consistent with previous research [13]. Coaching was used not merely as a management technique but as a means of fostering a psychologically safe environment in which errors were reframed as opportunities for learning. Participants' reflective attitudes toward communication and leadership identity further indicate that self-directed growth is a key mechanism through which competencies are developed [25], consistent with findings that sustained reflective practice improves emotional regulation and interpersonal skills among nurse managers [26]. Basic teaching skills are core competencies for nurse unit managers and contribute to clinical expertise [27]. Graduate education additionally deepened clinical understanding, enhancing empathy toward patients and the ability to support new nurses [28]. Taken together, these findings highlight that educational programs for nurse unit managers should move beyond knowledge transmission to intentionally integrate coaching, reflective practice, and experiential application, thereby fostering self-directed and practice-based competency development.

This study found that practical competency significantly influenced nurses' confidence, performance, and problem-solving. Participants utilized their clinical experience to set priorities, provide support, and improve emergency efficiency. Additionally, their hands-on understanding enabled empathy for staff workload and effective leadership. Prior research has found that nurse unit managers enhance efficiency, staff support, care quality, and patient safety [29]. Furthermore, their direct involvement in patient communication and individualized care planning contributes to improved care [30]. Additionally, greater clinical and leadership experience of nurse unit managers has been associated with fewer nursing care omissions and improved patient care quality [31]. Essential competencies for safe care include emergency response, case management, basic nursing skills, crisis management, medication safety, and infection control [32]. These findings collectively suggest that clinical competency is not peripheral but central to nursing leadership, and that nurse unit managers with stronger practical foundations are better positioned to lead effectively, support their staff, and ensure patient safety.

Further, participants recognized generational differences and adapted their leadership styles and communication methods accordingly. They employed both face-to-face and virtual communication, engaged openly with staff, and tailored leadership to individual needs, consistent with studies indicating that narrowing hierarchical gaps and using democratic, situational leadership help bridge generational divides [33]. Trustworthy managers encourage error reporting [34], and nurses prefer immediate, private feedback to build trust [35]. Effective verbal and nonverbal communication, empathy, and strategic planning are essential leadership skills [35]. These findings suggest that managing generational differences requires not only awareness but also deliberate and individualized leadership strategies, pointing to the need for targeted communication and mentorship training tailored to the diverse needs of nursing staff.

Participants recognized that effective unit management extends beyond their own ward, requiring active collaboration with peer managers and other departments. What distinguished this study's findings is that participants did not simply rely on existing networks but proactively built interdepartmental relationships to resolve operational challenges—suggesting that relationship-building itself is a competency that develops through experience. This is particularly significant given that insufficient networks

and unclear communication channels were identified as barriers, highlighting a structural gap that organizations need to address [36]. Peer collaboration among nurse unit managers also emerged as a source of mutual support and consistency across units, contributing to both job satisfaction and care quality [21, 37]. These findings underscore that interprofessional collaboration should be recognized not merely as a communication skill but as an organizational competency that requires structured support systems, including formal communication channels and opportunities for sustained interdepartmental engagement.

A limitation of this study is that all participants were nurse unit managers from South Korea, potentially limiting transferability, and data were collected at a single time point, preventing the capture of changes in participants' experiences over time. Future studies should include managers from various countries and institutions and adopt longitudinal approaches. Despite these limitations, this study offers evidence-based strategies to enhance nurse unit managers' competencies. It proposes a multilevel approach: At the individual level, developing problem-solving, execution, self-reflection, teaching, and clinical skills; at the environmental level, offering education in financial management, communication, and generational understanding; and at the organizational level, providing authority, support, and clear interdepartmental work standards.

Conclusion

This study was conducted to explore factors influencing the enhancement of managerial competency among nurse unit managers. The following five key categories emerged: embracing change, expanding educational competency, strengthening practical skills, harmonizing generational differences, and enhancing interprofessional collaboration. Individual-level factors were more prominently identified than organizational-level factors, suggesting that nurse unit managers proactively develop personal competencies as a driving force for unit improvement. These findings provide an in-depth understanding of how nurse unit managers enhance their competencies through lived experience and offer evidence-based strategies at the individual and organizational levels. Nurse unit manager education and organizational support systems should be developed accordingly to strengthen their competencies in clinical practice and leadership.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12912-026-04695-9.

Supplementary Material 1

Acknowledgements
We sincerely thank all individuals who took part in the study.

Author contributions
JL conceived and designed the study, conducted the qualitative interviews, performed the thematic analysis and data interpretation, and was the primary contributor in writing the manuscript. MK contributed to the study design, participated in data collection, assisted in coding and thematic analysis, and provided critical revisions to the manuscript. Both authors read and approved the final manuscript.

Funding
None to declare.

Data availability
Not applicable.

Declarations

Ethics approval and consent to participate
The study was approved by the Institutional Review Board of Ewha Womans University (IRB No. ewha-202009-0020-01).

Consent for publication
Participants were provided with both verbal and written information about the study, and written informed consent was obtained prior to participation. Participation was voluntary, and participants were informed that they could withdraw at any time without any consequences.

Competing interests
The authors declare no competing interests.

Received: 5 September 2025 / Accepted: 22 April 2026
Published online: 27 April 2026

References

1. Verneulen L, Duhoux A, Karam M. Nurse managers' contribution to the implementation of the enhanced recovery after surgery approach: A qualitative study. Nurs Manag. 2024;55(6):28–37. https://doi.org/10.1097/nmg.0000000000000133.
2. Mollahadi M, Nouri JM, Moradian ST. Role model nursing leaders in COVID-19 crisis. BMJ Lead. 2021;5(4):258–63. https://doi.org/10.1136/leader-2021-000473.
3. Bianchi M, Bagnasco A, Bressan V, et al. A review of the role of nurse leadership in promoting and sustaining evidence-based practice. J Nurs Manag. 2018;26(8):918–32. https://doi.org/10.1111/jonm.12638.
4. Han MY, Sohn SK, Cho YS, Kim IJ, Kim MS. Experience in nursing unit management on first line nurse managers. J Korean Acad Nurs Adm. 2021;27(3):138–48. https://doi.org/10.11111/jkana.2021.27.3.138.
5. Chase LK. Nurse manager competencies. Dissertation. University of Iowa. 2010.
6. Lee J, Kim M. Factors impacting on nurse unit managers' knowledge and ability importance of managerial competencies. J Korean Acad Nurs Adm. 2024;30(4):428–38. https://doi.org/10.11111/jkana.2024.30.4.428.
7. González-García A, Pinto-Carral A, Pérez-González S, Marqués-Sánchez P. Nurse managers' competencies: A scoping review. J Nurs Manag. 2021;29(6):1410–9. https://doi.org/10.1111/jonm.13380.
8. AMN Healthcare. Survey: 31% of hospital nurse leaders plan to change jobs in the next year. Published February 27. 2024. Accessed Month, DD, YYYY. https://www.globenewswire.com/news-release/2024/02/27/2836164/0/en/SURVEY-31-of-Hospital-Nurse-Leaders-Plan-to-Change-Jobs-in-the-Next-Year.html
9. Lee R, Kim M, Choi S, Shin HY. Factors influencing managerial competence of frontline nurse managers. J Korean Acad Nurs Adm. 2018;24(5):435–44. https://doi.org/10.11111/jkana.2018.24.5.435.
10. Perez-Gonzalez S, Marques-Sanchez P, Pinto-Carral A, Gonzalez-Garcia A, Liebana-Presa C, Benavides C. Characteristics of leadership competency in nurse managers: A scoping review. J Nurs Manag. 2024;2024:5594154. https://doi.org/10.1155/2024/5594154.

11. American Organization for Nursing Leadership. 2025 AONL Nursing leadership insight study. Published March 2025. Accessed Month, DD, YYYY. https://www.aonl.org/resources/nursing-leadership-survey
12. Kim SY, Kim JK. A study on the classification of nursing management competencies and development of related behavioral indicators in hospitals. J Korean Acad Nurs. 2016;46(3):375–89. https://doi.org/10.4040/jkan.2016.46.3.375.
13. Bilgin O, Torun S. Determination of the managerial competencies of clinical nurse managers: self-assessment. J Health Nurs Manag. 2023;10(1):1–9. https://doi.org/10.54304/SHYD.2023.41033.
14. Ronnie L. Managing in critical care settings: A qualitative study of South African nurse unit managers and the psychological contract. SAGE Open Nurs. 2023;9:1–10. https://doi.org/10.1177/23779608231210115.
15. Sadati AK, Heydari ST, Ebrahimzade N, Lankarani KB. A qualitative study of nursing management in Iran. J Environ Public Health. 2021;2021:1–7. https://doi.org/10.1155/2021/1315734.
16. Kang KJ, Kim J. Clinical nurses' perception on the importance and performance of nursing managerial competencies. J Korean Acad Soc Nurs Educ. 2017;23(3):252–67. https://doi.org/10.5977/jkasne.2017.23.3.252.
17. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004;24:105–12. https://doi.org/10.1016/j.nedt.2003.10.001.
18. Lincoln YS, Guba EG. Naturalistic inquiry. Beverly Hills, CA: Sage; 1985.
19. Bai Y, Gu C, Chen Q, Xiao J, Liu D, Tang S. The challenges that head nurses confront on financial management today: a qualitative study. Int J Nurs Sci. 2017;4(2):151–7. https://doi.org/10.1016/j.ijnss.2017.03.007.
20. Bayram A, Pokorná A, Ličen S, et al. Financial competencies as investigated in the nursing field: Findings of a scoping review. J Nurs Manag. 2022;30:2801–10. https://doi.org/10.1111/jonm.13671.
21. Keith AC, Warshawsky N, Neff D, Loerzel V, Parchment J. Factors that influence nurse manager job satisfaction: An integrated literature review. J Nurs Manag. 2020;29:373–94. https://doi.org/10.1111/jonm.13165.
22. Frilund M, Fagerstrøm L, Vasset F. The challenges of change processes for nurse leaders—a qualitative study of long-term leaders' experiences over 25 years. Nurs Open. 2023;10:5423–32. https://doi.org/10.1002/nop2.1781.
23. Penconek T, Tate K, Bernardes A, et al. Nurse manager competencies: An international perspective. Int J Nurs Stud. 2021;118:1–18. https://doi.org/10.1016/j.ijnurstu.2021.103906.
24. Cakiroglu OC, Hobek GU, Seren AKH. Nurses' views on change management in health care settings: A qualitative study. J Nurs Manag. 2021;30:439–46. https://doi.org/10.1111/jonm.13500.
25. Kim JS, Kim YM, Jang KS, Kim BN, Jeong SH. Concept analysis of nursing leadership. J Korean Acad Nurs Adm. 2015;21(5):575–86. https://doi.org/10.11111/jkana.2015.21.5.575.
26. Lavoie-Tremblay M, Cyr G, Primeau G, Aube T. Nurse leaders' perceptions of the impact of their participation in a reflective practice program. J Nurs Educ Pract. 2019;9(4):38–47. https://doi.org/10.5430/jnep.v9n4p38.
27. Setiawan S, Suza DE, Siregar LS. Nurse manager competency model in a teaching hospital. J Ners. 2021;16(1):81–8. https://doi.org/10.20473/jn.v16i1.26032.
28. Kim M, Lee J, Choi S. Clinical practice experience of doctor of philosophy nurses in South Korea: a qualitative study. Int J Qual Stud Health Well-being. 2022;17:1–10. https://doi.org/10.1080/17482631.2022.2123939.
29. El Haddad M, Faithfull-Byrne A, Thompson L, Wilkinson G, Moss C. Nurse unit managers' work and impacts on clinical leadership: A cross-sectional study. Aust Coll Nurs. 2022;29:635–44. https://doi.org/10.1016/j.colegn.2022.02.004.
30. Duffield C, Gardner G, Doubrovsky A, Wise S. Manager, clinician or both? Nurse managers' engagement in clinical care activities. J Nurs Manag. 2019;27:1538–45. https://doi.org/10.1111/jonm.12841.
31. Warshawsky NE, Cramer E, Granddield EM, Scholtzhauer AE. The influence of nurse manager competency on practice environment, missed nursing care, and patient care quality: A cross-sectional study of nurse managers in U.S. hospitals. J Nurs Manag. 2023;30:1981–9. https://doi.org/10.1111/jonm.13649.
32. Gunawan J, Aungsuroch Y, Fisher ML, Marzilli C, Nazliansyah, Hastuti E. Nurse manager competency in Indonesia: A cross-sectional study. Int J Nurs Sci. 2023;10(4):492–502. https://doi.org/10.1016/j.ijnss.2023.08.001.
33. Abujaber AA, Nashwan AJ, Santos MD, et al. Bridging the generational gap between nurses and nurse managers: a qualitative study from Qatar. BMC Nurs. 2024;23(623):1–11. https://doi.org/10.1186/s12912-024-02296-y.
34. Fowler KR, Robbins LK, Lucero A. Nurse manager communication and outcomes for nursing: An integrative review. J Nurs Manag. 2021;29:1486–95. https://doi.org/10.1111/jonm.13324.
35. Kämäräinen P, Mikkola L, Nurmeksela A, Wright M, Kvist T. Nurse leaders' interpersonal communication competence: A mixed-method systematic review. J Adv Nurs. 2024;80:4372–94. https://doi.org/10.1111/jan.16184.
36. Manion A, Grittin PEJ, Van Dam PJ. Nurses' perceptions of preparedness for acting as Nurse Unit Managers: A cross-sectional study. Aust Coll Nurs. 2021;28:685–91. https://doi.org/10.1016/j.colegn.2021.02.007.
37. Tertinek N, Hole A, Inumerables F. Effectively communicating practice changes to frontline nurses. Clin Nurse Spec. 2024;38(4):175–81. https://doi.org/10.1097/NUR.0000000000000832.

Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.