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On the Frontlines of Nursing Leadership: Managerial Dissonance and the Implications for Nurse Managers and Health Care Organizations

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Nurse managers by role are required to implement organizationally mandated actions with potential to threaten the psychological, physical, or emotional well-being of employees. Value conflicts, or a state of dissonance, can arise when managers do not believe in the necessity of the mandated action. The process undertaken by managers to resolve this state can threaten the individual well-being of the nurse manager, including their role engagement and professional commitment to the organization. This article describes the psychological challenges faced by frontline nurse managers as they attempt to resolve this stressful state. Recommendations for nurse managers and organizational executives are discussed.

KEY POINTS

- Nurse managers experience psychological hardships when implementing organizationally mandated actions that threaten the psychological, physical, or emotional well-being of employees.
- Cognitive dissonance occurs if the manager does not believe in the necessity of the action, motivating the manager to seek ways to reduce the accompanying stress.
- Successful reduction of the dissonance is associated with both individual and organizational consequences.

Nurse managers play a pivotal role in creating healthy work environments that drive quality patient and organizational outcomes. However, nurse managers themselves are vulnerable. In a study of nurse managers working in US acute care hospitals, 72% reported intent to leave their positions within 5 years. As hospitals implement strategies to reduce the overall cost of care and, more recently, meet the challenges associated with public health emergencies, nurse managers are faced with implementing organizationally mandated actions that may be in direct conflict with the needs of their employees and may threaten their psychological, physical, or emotional well-being. In addition, these actions may be in direct conflict with the values and beliefs held by the nurse manager. Value conflicts with the potential to elicit moral distress are among the many factors that threaten the well-being of nurse managers, increase the potential for burnout, and contribute to the intent to leave an organization. Findings examining health outcomes associated with these same factors suggest that chronic exposure to the stress accompanying value conflicts negatively affects the health and well-being of nurse managers threatening individual, patient, and organizational outcomes. The purpose of this article is to provide insight into the role-related dissonance, or value conflicts, faced by frontline nurse managers when having to enact these potentially harmful events, the process by which nurse managers resolve this state of dissonance, and the possible outcomes with implications for both the individual nurse manager and the health care organization.

MANAGERIAL DISSONANCE

Nurse managers in today’s unprecedented health care environment are frequently faced with implementing organizationally mandated actions designed to improve both the quality of care and financial outcomes.
Role-related responsibilities require nurse managers to act in accordance with executive decisions while at the same time represent the interest of their frontline employees. Having to implement executive-level decisions that may be in direct conflict with the needs of frontline workers leads to a state of dissonance that may leave frontline managers reluctant to act in accordance with mandated organizational actions. More extreme organizational actions, such as employee layoffs, wage reductions, pay freezes, reduction of work hours, department/organizational restructuring, and job reassignments, have the potential to inflict psychological, physical, or emotional harm in employees (harm-doing events). These organizational actions may be in direct conflict with the manager’s individual values and beliefs, and may lead to reluctance on the part of the manager to implement them given the potential impact on their frontline employees.

Cognitive dissonance theory suggests that when an individual experiences a cognition (attitudes, beliefs, or knowledge of one’s own behavior) that conflicts with another belief, a state of dissonance, or an uncomfortable, negative, affective state results. Extreme organizational actions that threaten the well-being of employees may be deemed unnecessary by the manager and result in state of managerial dissonance, defined as an uncomfortable, stressful state of conflict between the individual manager’s attitudes and beliefs and the mandated, organizational action. The greater the magnitude of the experienced dissonance and the more significant the value conflict to the individual, the more motivated the manager is to take action to resolve the stressful state.

DISSONANCE RESOLUTION PROCESS
Andiappan and Dufour’s process model of managerial dissonance and responsibility attribution helps to explain the psychological and cognitive reactions of managers faced with implementing these organizationally mandated harm-doing events. The model consists of 4 phases and describes the processes managers follow as they attempt to resolve this stressful state.

Phase 1: Perception of Harm-Doing
Perceptions of harm-doing events differ distinctly between managers who believe in the necessity of the organizational action and accept their associated role-related responsibilities, and managers who disagree with the action and are opposed to implementing them. Although it can be assumed that all managers experience some level of guilt and anxiety when faced with implementing harm-doing events, research has demonstrated that managers who are in agreement with the necessity of the action are likely to feel more justified in their actions and experience fewer feelings of guilt because they believe their beliefs are more aligned with those of the organization. Conversely, managers who disagree with the need for these mandated actions and the organizational decisions driving them, may become disillusioned, experiencing feelings of anger, injustice, and powerlessness that may lead to the loss of trust in the organization and its leaders.

Phase 2: Dissonance
Having to implement a harm-doing action while in disagreement for the need of that action results in cognitive dissonance for the frontline manager. The magnitude of dissonance that is experienced is largely driven by the significance of the conflict to the leader, with those holding greater importance (e.g., being a supportive manager) arousing higher levels of dissonance. As the level of dissonance increases in magnitude, the manager is motivated to seek actions to reduce the stressful state.

Phase 3: Attribution Externalization
To reduce the dissonance, managers seek to assign or attribute responsibility for the cause of the mandated action to an external source, which can be either an individual or an organization. The smaller the number of individuals affected by the action, such as an employee being laid off due to declining performance, the more likely the manager will attribute responsibility to the individual. The larger the number of employees impacted by the action, such as an entire department being eliminated, the more likely responsibility will be attributed to the organization.

Phase 4: Outcomes
Efforts to reduce dissonance by attributing responsibility to an external source can be successful or unsuccessful, with very different implications for the both the organization and the individual manager. A manager that successfully attributes responsibility to an individual will likely experience increased loyalty to the organization due to either value alignment with the mandated action or perceptions of procedural justice. Conversely, managers who attribute responsibility to the organization are likely to question their commitment to the organization and respond in 1 of 3 ways: voice—by speaking out and challenging the organizational conditions that resulted in harm-doing event; neglect—by being unwilling to participate in future occurrences of these actions or exhibiting stronger reluctance, and/or exhibiting role disengagement; or exit—by voluntarily leaving the organization if the manager believes the situation is unlikely to change or likely to reoccur.

Outcomes differ for the individual manager in the event the attribution externalization process is unsuccessful. If the related dissonance is not successfully resolved by attributing responsibility for the action to
either an individual or the organization, the manager is likely to respond by engaging in active coping or avoidance coping measures. Whereas active coping measures can function as protective (e.g., seeking social support), engaging in avoidance coping strategies may further compound role-related stress and threaten individual well-being as the manager seeks to emotionally distance themselves from the stressful event. It is important to note, that even if the outcome of the attribution externalization process is successful, the nurse manager is still likely to experience psychological hardships because personal relationships may be altered in the case of attributing responsibility to an individual, or role engagement and organizational commitment may be threatened as they question the values of the organization.8

**MANAGERIAL DISSONANCE EXEMPLAR—REDEPLOYMENT OF STAFF**

The impact of COVID-19 has varied widely across hospital departments. Employees working in emergency rooms and intensive care units are faced with unimaginable workloads, whereas employees working in other departments likely experience reduced workloads and are left vulnerable to being furloughed or redeployed. To respond to the crisis, many managers are charged with implementing redeployment strategies sending staff (beyond those who willingly volunteer) to potentially high-risk areas where personal risk is increased, role responsibilities are altered, work teams are disrupted, and job stability may be in question. Managers, recognizing the psychological, emotional, and possible physical harm that these employees may incur, may find themselves in disagreement with the redeployment approach and may ultimately be reluctant to implement the organizational strategy, resulting in a state of dissonance. It is at this point that outcomes will vary among managers who accept responsibility and believe in the necessity of the action and those who do not.

For managers who believe the redeployment is necessary and for the good of the organization, the population that is being served, and the departments that are in need of support, that conviction will likely help the manager justify their actions and possibly minimize any feelings of guilt or remorse because their beliefs and values align with those of the organization.11,14 Conversely, managers who do not believe in the redeployment strategy may feel angered and powerless as they are faced with implementing actions that they feel do not align with the needs of their employees, leading to stronger feelings of guilt or remorse because their beliefs and values are at odds with the organization.12 The resulting stressful state drives the manager to seek ways to reduce the role-related dissonance. In this scenario, where a large number of employees are likely to be redeployed, the manager will attribute responsibility or hold the organization accountable for the redeployment strategy and in response, speak out and challenge the strategy or try to offer an alternative course of action. Should the redeployment strategies continue, the manager may be exhibit stronger reluctance in having to continue to implement these strategies and begin to display mistrust towards the organization, potentially leading to role disengagement. In extreme situations, if the manager feels as though the resulting situation is unlikely to change, the manager may voluntarily exit the organization. Each of the actions identified above, although not necessarily of benefit to an organization, can help the manager successfully resolve the stressful dissonance state and return to a state of consonance.

When the attribution process does not lead to consonance, continued unresolved dissonance may have more individual consequences as managers seek to engage in alternative coping mechanisms to further reduce the stressful state, the type of which is largely influenced by the perceived control over the situation.15 The nurse manager who perceives more control over the situation is likely to engage in protective, active coping mechanisms such as reframing situations and seeking social support from peers, colleagues, and administrators, strategies that are associated with psychological well-being.7,15,16 Conversely, when faced with redeploying staff, the nurse manager is likely to perceive less of a sense of control and engage in passive or avoidance coping behaviors, taking effort to avoid the stressful situation, disengage, and emotionally distance themselves from the situation, strategies that can increase stress and threaten individual well-being.7,15

**IMPLICATIONS FOR NURSE MANAGERS AND ORGANIZATIONAL LEADERS**

Given the potential threat to the well-being of frontline managers, it is critical for organizations to have an awareness of the psychological challenges faced by nurse managers charged with implementing harming events and the processes by which nurse managers attempt to resolve the associated dissonance. Having a heightened awareness may help inform the development of pre-emptive strategies that may mitigate the resulting organizational and individual outcomes. For nurse managers who disagree with having to carry out role-related responsibilities that conflict with the needs of employees, initiative should be taken by the individual manager to meet with executive leaders to professionally convey relevant concerns while at the same time offer potentially innovative alternative solutions that may not have been considered by organizational leaders far removed from the frontlines. Nurse managers must also understand that successful resolution of managerial dissonance is not without consequences, and interpersonal relationships may become strained, trust in the organization and its leaders may be compromised, and the overall values of
the organization may be called into question. Securing social support from peers and colleagues within the organization has demonstrated effectiveness in reducing role-related stress\(^7\)\(^,\)\(^16\) and may be beneficial in further resolving the lingering challenges associated with the dissonance resolution process.

Executive leaders must acknowledge the difficulties faced by nurse managers when having to carry out potentially harm-doing events. The nurse manager in today’s workforce is much less experienced and frequently receives little to no leadership knowledge or education.\(^7\) Understanding that most nurse managers learn through experience, depending upon the frequency of occurrence of these types of harm-doing events, managers may be ill-equipped to effectively deploy these types of organizational actions and deal with the associated outcomes. Executive leaders must consider the important role that coaching for performance would play under these highly charged conditions.

Establishing an organizational culture with a strong commitment to procedural justice, where communication is transparent, and managers are involved in the decision-making process is critical to garnering support for key organizational decisions and cultivating an effective frontline nurse manager workforce.\(^7\)\(^,\)\(^16\)\(^,\)\(^19\) Although it may not be feasible to include frontline leaders in executive-level decisions of this magnitude, advanced, straightforward discussions that clearly convey the organizational strategy and necessity of the action may help alter the nurse manager’s perception or belief about the necessity of the event.

The disconnect between actions mandated by executive leaders and the manner in which they are to be deployed, and how frontline managers believe they should be deployed, can further exacerbate role-related stress and can be magnified when managers are unable to effectively voice alternative perspectives to their superiors.\(^7\) Understanding that nurse managers are likely to speak out and challenge the conditions that resulted in the organizational action, nurse executives should ensure conditions of psychological safety and allow the manager to openly express their disagreement and propose alternatives.

**CONCLUSION**

Frontline nurse managers in today’s health care environment must fulfill dual roles: acting in accordance with organizational strategies while creating and maintaining a culture of trust and teamwork in employees that helps organizations achieve their strategic goals. The highly relational nature of the role leaves the manager vulnerable when having to enact organizational strategies with potential to threaten the psychological, physical, or emotional well-being of employees. These actions may be in direct conflict with the value and beliefs of the individual nurse manager and the needs of the affected employees. The magnitude of the dissonance associated with these events motivates managers to reduce the level of dissonance by attributing responsibility to an external source, either an individual or organization. To ensure the well-being of nurse managers and protect the interests of the organization in retaining these critical leaders, pre-emptive strategies to mitigate the untoward individual and organizational effects must be implemented.

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