

QUEENSLAND PUBLIC SECTOR NURSE EXECUTIVES: PROFESSIONAL DEVELOPMENT NEEDS

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ABSTRACT

In a time of health care reform and rapid change, nurse executives need effective leadership skills to be able to respond to a challenging environment, provide quality cost-effective care and promote the professional development of nursing. This research aimed to provide an understanding of nursing executives' roles and professional development needs and obtain concise information for the development of strategies and professional development programs to enhance the effectiveness of the present and future roles of nursing executives.

A descriptive cross-sectional postal survey was sent to all public sector Level 4 and 5 nursing executives in Queensland (n=281), with a response rate of 52.3% (n=147). Financial management, human resource management and information technologies were identified as the areas where professional development was most needed. Structured educational activities such as short courses or seminars covering information technology, financial and budget management and general business management were identified as the type of activities best suited to nurse executives' needs. The most frequently reported barriers to professional development were difficulties obtaining relief staff, inadequate time, financial cost and inadequate district manager and regional support to enable access to professional development programs.

INTRODUCTION

The health care industry is undergoing a period of intense scrutiny and rapid change. The system is being driven by rapidly evolving technology, increasing trends towards shorter length of hospital stay and mounting pressures to minimise costs, increase efficiency and improve quality and clinical outcomes (Jobs and Steinbinder 1996). In order to meet these pressures hospitals and health services are restructuring, downsizing and streamlining the system. Nurses, clinicians, politicians and consumers are well aware that health care reform is now a national priority. To successfully function in this new century nurse executives will need to have a set of skills and leadership capabilities to be able to:

- respond to this changing and challenging environment; and,
- lead Queensland nursing to a position where it can professionally thrive whilst still delivering quality cost-effective nursing care.

Comprehensive and relevant professional development programs are essential for optimal nursing leadership effectiveness. Understanding the skills, knowledge and professional development opportunities required to become an effective nursing leader is important. This research study aimed to provide an understanding of nursing executives' roles and professional development needs and obtain concise information for the development of strategies and professional development programs to

enhance the effectiveness of the present and future roles of nursing executives. A search of the literature in CINAHL and Medline for the last 10 years revealed only limited published information on the roles and professional development needs of Australian nurse executives.

LITERATURE REVIEW

In reviewing the literature several themes emerged concerning the competencies required of the nurse executive role. These themes may be classified into two groups: the management environment nurse executives must operate in, and the skills and knowledge required.

Environment

The health care industry is a service industry with business needs (Buerhaus et al 1996) and health care organisations today are focusing on business performance (Sieloff 1996). The business component is intricately linked to an increasingly complex environment encompassing a focus on quality management, customer service, cost efficiency, improved outcomes and interdisciplinary role changes. Nurse executives must develop characteristics conducive to thriving in such challenging situations (Buerhaus et al 1996; Sieloff 1996). It is accepted that this new environment will mean greater spans of control and related responsibilities (Misener et al 1997), with significant expansion of the nurse executive role.

Management and leadership skills and knowledge

Given the changing environment and role for nurse executives, it is important that nurses understand the skills and competencies necessary to perform as effective managers (Ridenour 1996). In the political environment, the competencies and knowledge required include political skills such as policy development, a global perspective, communication, organisational understanding, systems thinking and interdependency, mastering uncertainty and the creation of political strategic alliances.

In the business environment, the competencies and knowledge required are business skills including knowledge of marketing, financial and fiscal management and the use and management of information.

In the management environment, personnel management, problem solving, analytical thinking, team skills, conflict resolution and interpersonal mastery are seen as important.

For the professional environment, creativity, personal mastery, confidence, communication skills, professional knowledge, and creating professional strategic alliances were also identified as important (Misener et al 1997; Freund 1985).

There is no doubt that sophisticated communication skills are necessary for nursing executives. Critical thinking skills and an ability to articulate important organisational issues, such as cost quality linkages and effectiveness of nursing interventions in relation to organisational improvement as opposed to relying on a high level of 'intuitive' knowledge, was seen as critical by Triolo et al (1997). Personal flexibility and the capacity to negotiate and compromise are also viewed as essential skills and capabilities (Freund 1985).

Nursing leadership effectiveness has been extensively studied in the United States and a range of similar skills identified as necessary for effective nurse leadership. These include general management skills, health and nursing knowledge, human management skills, having a corporate or total organisational view, the ability to develop good medical staff relations, possessing political savvy and flexibility (Freund 1985), systems thinking and team skills (Triolo et al 1997; Sieloff 1996; Duffield et al 1995). Effective nurse leaders have an ability to assess the environment and an awareness of how it impacts on nursing (Aroian et al 1996).

An interesting factor regarding nursing leadership effectiveness is its link to the job satisfaction of subordinate nurses. Effective leadership involves using innovative strategies to increase staff retention, which is related to job satisfaction. The organisation consequently benefits from having increased staff satisfaction. Studies examining traditional leadership paradigms indicate that a nurse manager's leadership style directly impacts on the job satisfaction of staff nurses (Lucas 1991, 1989; Campbell 1986; Stamps and Piedmonte 1986).

Professional development activities

Apart from traditional professional development activities such as workshops or formal education, mentorship was an alternative avenue of professional development identified in the literature. In one study one third of nurse executives identified having had 'mentors' who contributed significantly to their leadership abilities and success (Dunham-Taylor et al 1993). The mentors were equally divided among men and women and had often been the executive's supervisor.

There has been much debate about the appropriate education of nurse executives in order to give them the requisite skills and knowledge (Sanford 1994). However, as Sanford points out, until research determines the adequacy of different types of preparation for executives the debate may remain, in spite of a proven positive correlation between leadership effectiveness and educational levels (Adams 1990). There are obviously many contributing factors in developing effective nurse executives of which educational preparation, mentorship and certain skill sets are all important.

OBJECTIVES

This study was part of a larger research project, of which the objectives were to:

- Identify the current profile of Directors of Nursing (Level 5s) and Assistant Directors of Nursing (Level 4s) in public sector hospitals and health services in Queensland;
- Identify their typical work pattern;
- Identify their current level of satisfaction with their current roles;
- Identify the most difficult problems they encounter; and,
- Identify the type of professional development or educational activities that would assist them to better manage these problems.

The first three of these objectives have been addressed in Courtney et al (2001). This paper will focus on the final two objectives:

- Identifying the difficult problems nurse executives encounter, and,
- Identifying the type of professional development or educational activities that would assist them to manage these problems.

METHOD

A descriptive cross-sectional postal survey, based on Harris et al's (1998) *Health Service Managers: Roles and Careers Questionnaire* was adapted, piloted, revised and then sent to all public sector Directors of Nursing (180) and Assistant Directors of Nursing (101) in Queensland. The Queensland University of Technology Ethics Committee granted ethics approval.

The questionnaire included sections on demographic information, job description (including roles and responsibilities), career satisfaction, work patterns and professional development needs. The response rate achieved was 52.3%, with 147 completed questionnaires returned. Both the instrument and sample are described in more detail in Courtney et al (2001).

Data analysis

Quantitative data were entered directly into SPSS for analysis. Information from qualitative items was coded before entry into SPSS. The data were analysed by level of practice, that is Levels 4 and 5. T-tests were performed to identify response differences between levels of practice.

LIMITATIONS

A questionnaire response rate of 52.3% (n=147) was achieved. There may have been demographic or work related reasons influencing those nurse executives who did not respond. The voluntary self-report nature of this study indicates that the study results should be interpreted with some caution.

RESULTS

Sample profile

The majority of nursing executives had been nursing for over 20 years (73% of Level 5s, 81% of Level 4s), and employed in the Queensland Public Health Sector for longer than 10 years (76% of both Level 5s and 4s). Around three-quarters of both Level 4s and Level 5s held a Diploma or Degree. Postgraduate qualifications varied between levels, with more Level 4s holding Post-graduate Diplomas (27.6% of Level 4s; 15.7% of Level 5s) and Masters Degrees (34.5% of Level 4s; 18.0% of Level 5s).

Roles and responsibilities

The major roles and responsibilities most frequently identified by the nurse executives were financial and resource management, human resource management, operational/executive management, clinical management, professional development of staff, quality assurance, strategic management and leadership.

Career development activities

The nurse executives in this study were asked to identify the methods currently being used to enhance their career prospects. The majority of nurse executives reported attending skills workshops and conferences, networking and undertaking informal education activities. Approximately half reported undertaking formal education courses. A greater number of Level 5s were undertaking formal education, whereas more Level 4s had been seconded and/or applied for another position, formed partnerships and worked on a research project.

Professional development needs

Difficult problems for nurse executives

In order to develop relevant educational and professional development programs for nurse executives, participants were asked to describe the main problems they encounter in their role.

Financial and budget management was most frequently nominated as the most difficult problem, irrespective of level of employment. Personnel problems and a lack of

human resource management skills were also frequently identified. Other problems identified by both Level 4 and 5 nursing executives included heavy workload demands, information technology, management strategies, time management skills, resistance to change and difficulty finding the appropriate staff to employ. Level 5s more frequently identified isolation in decision making than Level 4s, who more frequently identified inequity and the devaluation of nursing input into management committees. The most frequently reported problems are displayed in Table 1.

Professional development activities required

As nurse executives identified specific problems in their role, they were asked to describe how to best address those problems through professional development and educational activities. There were some differences between Level 4 and Level 5 responses. Level 5s identified financial management education and networking more frequently than Level 4s, while Level 4s were more frequently interested in learning about organisational practices, management practices, executive leadership development and identified management attitudes needed to change. A range of activities identified only by Level 5s included: communication skills, acknowledgment of remote nursing and the professional development of Level 3 nurses. Activities required by both Level 4s and 5s included: educational updates, information technology training, supportive structures such as mentoring and human resource management skills. The most frequently reported activities identified are displayed in Table 2.

Educational activities required

Given the many demands on nurse executives, it is imperative that relevant educational activities are developed to address their needs. Hence, participants were asked to identify the type of educational activities best suited to their needs. The nurse executives most frequently identified structured activities in management and information technology training and the opportunity for group support through meetings, networking and sharing information. Interestingly some nurse executives at both levels identified that their current academic education would address their educational needs. Level 5s also identified financial management training, time to practice these activities and the need for the education of Level 3 nurses in management and research.

Barriers to professional development

To enable nurse executives to overcome the problems encountered in their role, it is important to have an awareness of and address any barriers to their professional development. Nurse executives at both levels identified similar barriers: time, the cost of professional development, distance, lack of access and support to attend professional development programs, the difficulty of finding an appropriate course, non-nursing input to senior health decision making and a lack of research funding and research skills. Level 5s identified the lack of relieving staff and workload demands most frequently, while Level 4s most frequently nominated the financial costs associated with professional development. Some nursing executives at both levels of employment (12%) reported they did not have any barriers to their professional development needs.

Table 1: Difficult problems for nursing executives

| | Level 5 (n=61) | | Level 4 (n=39) | |
|---|----------------|-------------|----------------|-------------|
| | n | % of cases* | n | % of cases* |
| Financial: financial and budget management, budget constraints, financial inequity, increased demands on resources | 22 | 36.0 | 12 | 30.8 |
| Personnel: industrial relations, counselling | 15 | 24.6 | 9 | 23.1 |
| Workload: demands of position, short time frames for change | 13 | 21.3 | 4 | 10.3 |
| HRM skills: conflict, behavioural, bullying, difficult staff, access to industrial awards | 11 | 18.0 | 8 | 20.5 |
| Information technology: increasing use of new technology, use of the Internet | 11 | 18.0 | 4 | 10.3 |
| Management strategies: principles, training | 8 | 13.1 | 10 | 25.6 |
| Change: resistance to, organisational, keeping abreast of | 6 | 9.8 | 4 | 10.3 |
| Lack of time: time management skills | 5 | 8.2 | 6 | 15.4 |
| Lack of appropriate staff to employ | 4 | 6.6 | 2 | 5.1 |
| Isolation in decision making: no peer support | 4 | 6.6 | 1 | 2.6 |
| Inequity: lack of acceptance, not viewed as an equal member of the executive team, discrimination | 3 | 4.9 | 6 | 15.4 |
| Devaluation of nursing input: domination of doctors and males in senior committee positions | 2 | 3.3 | 5 | 12.8 |

* Multiple answers were given to this item

Table 2: Professional development activities required

| | Level 5 (n=50) | | Level 4 (n=29) | |
|--|----------------|-------------|----------------|-------------|
| | n | % of cases* | n | % of cases* |
| Financial management: budget development, support | 18 | 36.0 | 4 | 13.8 |
| Education updates: in-service, small group updates, nursing forums | 15 | 30.0 | 9 | 31.0 |
| Information technology training and support | 11 | 22.0 | 4 | 13.8 |
| Networking: more formal opportunities, statewide networking, information networks | 10 | 20.0 | 2 | 6.9 |
| HRM skills: managing difficult people, conflict management, counselling, mediation training, industrial relations | 10 | 20.0 | 5 | 17.2 |
| Communication skills | 4 | 8.0 | 0 | 0 |
| Acknowledgment of remote nursing | 4 | 8.0 | 0 | 0 |
| Organisational training: guidance, support | 3 | 6.0 | 5 | 17.2 |
| Supportive structures: mentoring | 3 | 6.0 | 2 | 6.9 |
| Professional development for Level 3's | 3 | 6.0 | 0 | 0 |
| Management: skill development, change management, new management practices | 1 | 2.0 | 4 | 13.8 |

* Multiple answers were given to this item

DISCUSSION

This paper has provided a profile of the professional development needs, educational requirements and barriers to professional development for public sector nursing executives in Queensland. In this climate of change, it was imperative that nurse executives' professional development needs were identified to enable programs to be developed and implemented to assist them meet changing demands on their roles.

Roles and responsibilities

The broad range of roles and responsibilities identified by nurse executives in this study are consistent with reports in the literature of greater spans of control and expansion of the nurse executive role (Anderson 1993; Sanford 1994). The major roles and responsibilities were closely tied in with their reported professional development needs, in particular the most frequently identified functions of financial and resource management, human resource management, operational management and professional development of staff. Skills in these areas are seen as crucial for the development of competent and effective nurse leaders (Misener et al, 1997).

Professional development needs

Financial management, human resource management, information technology and organisational and management training were the topics most frequently identified by all nursing executives as areas where they have professional development needs. These subjects are in accordance with the competencies for nursing leadership identified by Misener et al (1997): development

of strategic and business plans, using information systems for management of human and financial resources, human resource skills, conflict resolution and interdisciplinary team functioning.

Several authors have recommended the inclusion of postgraduate business/administration education in the development of effective nurse executives (Misener et al 1997; Aroian et al 1996; Buerhaus et al 1996; Sanford 1994). Within the Australian context, graduate nursing education has focused primarily on specialist clinical skills and knowledge. There has been a gap in Masters of Nursing degrees in the areas of leadership and management skills, including the topics identified in this study such as financial management, human resource management, information technology and organisational training.

All nursing executives in this study, irrespective of level, identified structured educational activities in information technology, financial and budget management and general business management as necessary for their professional development. It is therefore recommended that clinical leadership and management skills be included as core units within Master of Nursing courses in order to prepare Registered Nurses for Level 4 and Level 5 executive positions. An example of a unit of study recently introduced at Queensland University of Technology in the Master of Nursing course to address the existing gap in nurse executive educational preparation is outlined in Table 3.

Specific content of shorter courses/seminar activities could include: calculation of full-time-equivalents and costing staff establishments, Diagnostic Related Group (DRG) activity analysis, utilisation reviews using

Table 3: Clinical Leadership and Management Unit outline

| Major topic | Content |
|---------------------------------------|---|
| Introduction to Leadership Management | Environment of management and leadership History of management/ dimensions of management Leadership - transactional vs transformational leadership |
| Planning | Planning process/strategic vs operational planning Magnet hospitals/SWOT analysis Organisational goals/goal setting |
| Organising | Organisational structures/culture Staffing and scheduling Financial management/Casemix and nursing |
| Human Resource Management | Staffing the needs of the organisation Developing human resources Performance appraisal/Legal aspects of HRM |
| Directing and Coordinating | Leadership/empowerment/motivation Conflict management and negotiation Communication |
| Quality Management | Total Quality Management Barriers to TQM Quality control |
| Control Measures | Evidence based practice and standards Clinical pathways Clinical audits/defining and measuring clinical outcomes |

information technology, business planning and project management techniques, report writing, flexible budgeting and variance analysis, management of human resources within organisations and computing and information technology.

Level 5 nursing executives also recommended leadership and/or assertiveness training and research training for Level 3 nurses. Both Level 4s and 5s nominated the opportunity for group support, meetings, networking, and information sharing. Although some studies have identified mentorship as an important avenue for professional development (Dunham-Taylor et al 1993), only 6% of participants nominated this activity.

Barriers

Barriers reported by all nursing executives to meeting their professional development needs were the financial costs associated with professional development and inadequate district or regional support, time, and relieving staff to enable them to attend available professional development activities. A small number of nursing executives from each group reported they had no barriers to meeting these needs and found their role exciting. Recognition by the health care industry of the importance

of the professional development of nurse executives for effective leadership is essential to overcome these barriers.

The findings of this study were confirmed in a recent report from the Queensland Government Ministerial Taskforce on Nursing Recruitment and Retention, who found there was a need for a nursing orientated business planning model covering workload, skill mix and patient dependency measures and professional development needs. At the time of writing, the 'Business Planning Framework: Nursing Resources' had been developed as an outcome of the Taskforce Recommendations. Queensland Health has also supported the development of an Executive Development Program, currently in the planning stages.

RECOMMENDATIONS

- Identify the specific financial management needs of nursing executives through further research and develop financial management educational programs to address these needs.
- Include core units on leadership and management skills within Master of Nursing degree courses to prepare Registered Nurses for Level 4 and Level 5 executive roles.
- Promote and support nurse executives' attendance at career enhancing activities such as workshops on:
 - computing and information technology,
 - DRG activity analysis and reviews using information technology,
 - calculation of full-time-equivalents and costing staff establishments,
 - business planning and project management techniques,
 - flexible budgeting and variance analysis, and,
 - management of human resources.
- Replication of this research on a national scale.

CONCLUSION

Financial management and budgeting, human resource management and information technologies are the areas of professional development most in need. Support and training in these areas were deemed important professional developmental activities. The most frequently reported barriers to professional development were the lack of relieving staff, inadequate time, financial cost and inadequate district manager and regional support to enable access to professional development programs. Recommendations are to: identify the specific financial management needs of nursing executives through further

research and develop financial management programs to address these needs; include core units on leadership and management skills in Masters degree programs to prepare nurses for Level 4 and Level 5 positions, promote and support nurse executives' attendance at career enhancing activities such as workshops on information technology, business planning and human resource management; and replication of this research on a national scale.

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