

Nurse Managers in Australia: Mentoring, Leadership and Career Progression

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Abstract

Identification of those leadership qualities which nurses believe led to their successful attainment of a nursing management position may help in understanding how to identify and foster leadership potential amongst nursing staff. This study asked nurse managers to indicate the important factors which influenced and facilitated their entry to management positions with a particular reference to the development of leadership characteristics. The results suggest that the leadership qualities we expect nurse managers to display evolve in a largely random way. Additionally, there is evidence that the development of leadership skills and attainment of management positions remains fragmented and random in nature. Because of this, individual nurse managers develop leadership skills almost by default using informal strategies to learn and develop. These findings should provide direction to educational providers and senior managers who seek to develop future leaders and managers.

Introduction

Changes in organisational structure, health care practices and trends, new technology, the fluid political environment and rising consumer expectations resulting in alterations in roles and work practices have affected everyone employed in health care. Historically, nurses have been promoted to the positions of manager on the basis of excellent clinical skills or the most years of experience or tenure in the organisation. Adept in patient care they understood the functioning of the organisation, its policies and procedures, had built relationships with staff and knew how to get things

done. This may have been appropriate at the time, however due to changing roles, career paths and expectations, the skills and knowledge expected of nurse managers are now quite different. Facilitating leadership behaviours and developing the role of nurse managers are frequent topics in the literature. Increasingly it is becoming important to determine the skills required of these positions and methods of facilitating entry. It has also been argued that personal survival skills must be developed by all health care managers to enable them to manage in the hectic health care climate (Harris, Maddern, & Pegg, 1998).

With the movement of nursing education into the tertiary sector, nurses now undertake a more academic program in line with their medical and allied health counterparts. Many nurses have pursued degrees beyond their Bachelor of Nursing, obtaining levels of education at master or doctoral level. Most nurse managers today hold tertiary qualifications, many of these in the management discipline.

Nurse Managers are not only “managers” as their title implies, but by necessity, are also leaders who coach, direct and encourage their staff. In addition they provide a valuable role model for their staff. The literature suggests that nurse managers have similar leadership characteristics such as personality, motivation, flexibility and people orientation (Argyris, 1953; Kelly, 1974; Taunton, Krampitz & Woods, 1988; Hansen, Woods, Boyle, Bott & Taunton, 1995) which can be identified and nurtured in registered nurses who have the potential to become managers.

This paper describes a research project designed to determine nurse managers’ perceptions about the importance of specified leadership characteristics developed by Wood Allen (1998) to their attainment of a management position. Wood Allen (1998) asked nursing leaders what factors they felt influenced leadership development, particularly their own. Five dominant themes emerged: self-confidence, leadership tendencies, influence of significant people, progression of experiences and success, and personal life factors. Wood Allen (1998) found in her study (from which this questionnaire was developed) that self-confidence was the most essential characteristic of a leader. Early in life, significant people assisted in developing self-confidence, while in adult life, significant people, such as mentors, assisted in personal and professional growth. Mentors often promoted the progression of experiences and successes. They also voiced the importance of postgraduate education. Personal life factors (children, spouse, location, etc.), only influenced at which point in their career the nurses made their move toward career development. Wood Allen (1998) goes on to say that by identifying potential leaders and acting as role models and mentors, current nurse executives can secure and develop

the executives of the future. The results of this study will provide direction to educational providers and senior managers who seek to develop future leaders and managers.

The data presented centres around four distinct but inter-related themes; mentorship, leadership, career progression and gender issues in career progression. This paper focuses its discussion around these themes and has integrated relevant literature in each section.

Methodology

Participants

All nurse managers, defined as any registered nurse currently paid under the State Award of Nursing Unit Manager (first-line nurse manager) or Nurse Managers (senior nurse managers) at one of the largest area health services in Sydney were invited to participate. Those managers easily identified, such as the director of nursing, were excluded from the study, as anonymity and confidentiality could not be ensured.

Instrument

A questionnaire based in part on the research of Wood Allen (1998) was developed related to leadership characteristics perceived to be important to the role. Questions were a combination of dichotomous, multiple choice and free response. No changes were made to the tool when it was piloted.

Procedure

Following ethics approval and piloting questionnaires were distributed by the research team to each site following a presentation about the research purpose. A total of 269 questionnaires were disseminated of which 205 were returned. This represents a response rate of 77 percent. Data were entered and analysed using the Statistical Package for Social Sciences (SPSS®).

Findings and Discussion

1. Mentorship

Most nurse authors agree that having a mentor will increase your chances for career progression. Most of the available research focuses on three benefits for the protégé. Mentoring helps prepare for a leadership role, it promotes career advancement and success, and lastly, the recipient enjoys increased self-confidence and enhanced self-esteem (Vance, 1982; Schwerin, Gaster, Krolikowski, & Sherman-Justice, (1994); Rolfe-Flett, 1995). Lanser (2000), however adds that executives can refine their leadership skills, gain a better understanding of environmental challenges as seen through the eyes of the protégé, be challenged and gain recent academic knowledge of the preceptor. Studies indicate that mentoring leads to increased promotion rates and performance, early career advancement, greater upward

mobility, higher income, greater job satisfaction, enhanced leadership ability and perceptions of greater success and influence in an organisation (Kirkham, 1995; Morton 1995; Fisher, 1998; Hill & Bahniuk, 1998; and Lanser, 2000). Fisher (1998) emphasises the benefits to a company and the reliance of success on individual employees and their experience.

Beaulieu (1988) indicated that female dominated professions, such as nursing, have failed to use career advancement strategies such as mentorship, to their fullest potential to promote work satisfaction. In a 1989 study of 318 Australian first line managers, only 45.4% reported they had a mentor and in her article, Duffield (1992) highlighted that nurse executives must ensure the skill development of nurse managers to ensure the future of nurse leaders.

In the study described here, 269 first line nurse managers and senior nurse managers were asked whether anyone had influenced their development as a manager. If they responded in the affirmative they were asked to identify the relationship or role of this person (open-ended format). Of the 140 who answered in the affirmative all reported the influencing person was a more senior nurse manager. In addition 19 also named peers or friends, a mentor or role model (n=7) and family (n=7). When asked to describe the type of influence that person had upon the nurse manager's development, 141 responses were a combination of descriptive words such as "feedback, support, encouragement, creation of opportunities, teaching, role modelling." Statements were also made like "allowed me to take risks," "backing my management decisions," "sounding board," "sense of humour," "available to debrief" and "had faith in my ability." These descriptions are very representative of many authors' description of the role which a mentor plays. Vance (1995, p14) maintains that the nursing profession has always had mentors but did not recognise them stating that "mentoring is an investment in our individual and collective nursing futures."

2. Leadership

Leadership behaviour and style have been linked to personality traits, motivation, life experiences and characteristics of the work itself (Argyris, 1953; Kelly, 1974; Taunton, Krampitz, & Woods, 1989). Miner (1978) devoted many years of research which led to the conclusion that motivation to manage was a significant factor in the success of managers. A US study by Hansen, Woods, Boyle, Bott and Taunton (1995) explored the personality traits and leadership characteristics of first line nurse managers. Several tools were used to measure personality, motivation to change, power and perceptions of leadership style and influence. Hansen, Woods, Boyle, Bott and Taunton (1995) found that most nurse managers were extroverted and had other similar personality traits, were fairly inexperienced in

management and had more tenure in the organisation and advanced education than other nurses.

Respondents in the current study were asked who or what fostered their ongoing self-confidence. Only 34 study participants answered this question with 17 of the 34 stating that self confidence was fostered by themselves, followed by formal or informal education and day to day work experiences (n=9) and life experiences (n=8).

An open-ended question asked respondents about any experiences which influenced their leadership. The 125 responses grouped under themes are presented in Table 1 (note that more than one response was possible).

It would appear that managers are almost as often influenced by negative experiences as positive ones. Perhaps humans recall the negative experiences more vividly. As one nurse wrote, "I was so badly treated by my seniors in the early years of nursing I vowed to be better as I progressed through the profession". Many participants related both positive and negative relationships. "Worked under brilliant and awful nurse managers at all stages of career and tried to pick out features to use and to avoid". One nurse stated that her leadership development was more highly influenced by bad experiences and used those experiences as an

of nurse managers for their current position and/or the fact that many nurse managers entered nursing management without any formal educational preparation. Conversely, this response may also indicate that education was less influential than relationships and work experience.

3. Career Progression

Amann (1996) defines career development in terms of tending a garden in that it must be planned, strategic, continually nourished and tended. A career, unlike a job, is the result of many experiences and a path of development both personally and professionally in which the establishment of a supportive network of persons who will provide guidance, support and encouragement is necessary (Amann, 1996). Other authors have taken a "how to be successful" approach. Zajas and Brewster (1995) list essentials such as progressive goal setting, self esteem, an internal locus of control, adaptability, career involvement and identity resolution as having a significant impact on one's success or failure. Pringle and Gold (1989) however, argue against career planning as a broad strategy for advancement. In their study of 50 managers, they found an absence of planning and caution managers against following plans, but instead develop the flexibility to take opportunities.

Career success is highly subjective and personal. Vestal (1995) says that a career must be "orchestrated" for success. Moats Kennedy (1996) argues that what defines success for many in today's market is achieving balance in their lives. In a survey conducted at the 1996 American College of Health Executives Leaders Conference (Walsh & Borkowski, 1999) respondents indicated that they now judge success by the degree of balance in their lives, their ability to adjust to changes in the field, the degree of satisfaction they derive from their work, and the effect they have on their communities (Moats Kennedy, 1996). Moats Kennedy derives that with the changes in individual desires, the definition of success is not achieving a particular position, such as Chief Executive Officer. Nor is success defined by salary or long term employment. Also found to be important to the perception of success is the opportunity to achieve new skills and a job which is not routine.

The researchers in the present study asked why nurses had become nurse managers to which there were 206 responses (note more than one response possible).

Some responses were combinations of reasons such as "I was a relief manager then realised I could make a difference

Table 1 Experiences That Influenced Leadership

Response	Number of times response reported
Positive interpersonal relationships with senior managers, peers at work	44
Negative interpersonal relationships with senior managers, peers at work	31
General work experiences	31
Personal experiences outside of work	21
Work opportunities	8
Education	5

example of "what not to do".

The minimal influence of education on leadership development may indicate the poor education preparation

Table 2 Why Became Nurse Manager

Response	Number of times response reported
Acted in relieving position for nurse manager	69
Career decision, consciously wanted to be a manager	69
Wanted to improve nursing conditions	29
Just happened	16
Wanted Monday-Friday work or business hours	10
Increased salary	7
Physical injury precluding patient care	6

to patient care by promoting a high standard of patient care” or “always wanted to be a manager and required spinal surgery post accident, that was the final catalyst”. Having the opportunity to act in a relieving position seems to be a big factor in the movement into management. Some respondents said they had not previously considered management but the opportunity arose and after a short period of “acting up,” they decided they liked it. Some said they wanted to be a manager to make a difference or make things better for nurses and nursing (14%). Several respondents stated they felt a need to work to change their working environment due to negative experiences with previous nursing managers. Examples of this were seen in responses such as working with an “incompetent manager” and “decided to do something for myself and other nurses –so that if I get the position, nurses in my team wouldn’t have to work like that”.

The “just happened” response could mean a variety of things. Did a senior manager identify managerial skills in the respondent and provide them with an opportunity to act up in a management role? Were they simply the most senior clinical nurse in the area or did they unconsciously exhibit a desire for the management position? Interestingly, no respondents highlighted they had become nurse managers because of succession planning, nor did they report being specifically groomed for the role of manager, although several did mention being encouraged.

Twenty-three (11.2%) survey participants reported they had become a nurse manager for what some may say are the wrong reasons. These included that they wanted to work business hours Monday to Friday, increased salary or had a physical injury which precluded the nurse from doing patient care. Family commitments may be the reason behind the desire to work during the week and “normal hours”. Is moving into management one of the few means by which a nurse can escape rosters and weekend work and yet remain in a quasi-nursing role? With the advent of flexible work practices including more flexible rostering, nurses should be able to obtain a roster which suits their lifestyle without being forced to move from patient care. However, in reality this might not always be the case, forcing nurses to alter their role to suit their circumstances. With regard to the desire to increase salary as a rationale for becoming a nurse manager, one could reason that nurses working weekends and holidays earn as much money as their nursing unit manager. This is arguably for many nurses, achieved at a greater personal cost in terms of unsocial hours and personal inconvenience. A salary differential is evident between registered nurses and nurse manager positions and their rewards are perceived

to be higher in terms of both financial remuneration and the status the higher salary and position bring with it.

The study described here asked the question, “Have there been factors in your personal life which have influenced the direction of your career or choices you have made in your professional life?” 119 responded in the affirmative. Of the factors identified 95 related to personal factors. As in numerous other studies, respondents most often reported family and child care as having the greatest impact on their career (n=34). Also influential were support and encouragement of family (n=24), financial needs/sole provider for family (n=23), and the need to avoid shift work (n=14). Many reported the influence of having or not having children and the impact of this upon their career. The lack of children afforded mobility and the opportunity to continue studies while those with children reported the need to organise their work around childcare. Divorce and being a single parent also had an impact on professional choices.

4. Gender issues in career progression

Foreman (1997) summarised the affect of gender on career progression citing several studies from which he concluded that more male nurses are engaged in full time employment than their female counterparts. Another study by Okrainec (1994) found that male and female nurses’ attitudes toward nursing differed in that more men than women considered administration as a possible career goal. A combination of

the tendency toward full time employment and higher career aspirations appear to be the reason that men are over represented in senior positions of nursing (Foreman, 1997). Parker and Kram (1993) discuss the issues of women and mentoring and the organisational barriers and strategies to overcome these issues arguing that to succeed, women must form the same kind of mentoring relationships that have enabled their male counterparts to advance in their careers. They go on to discuss strategies to remove obstacles to women mentoring women. Parker and Kram's strategies are to "increase self awareness, make undermining dynamics discussable, challenge untested assumptions, build multiple relationships and create a supportive culture for women" (p 50). The effects of marital and parental status on careers were also studied by Burke (1999). Data were collected from 792 females, mostly in the early stages of their career. Burke (1999) found that being married or having children had negative career consequences for these professional and managerial women. While married women were at a moderate career disadvantage, women with children faced major career disadvantages. Women with children worked fewer hours per week at their job, were less involved with their job, placed a lower priority on their career and spent more hours per week on household duties. Burke (1999) indicates that employers may view these characteristics as signs of less career commitment and dependability than the typical male pattern of work.

Conversely, a study by Rawl and Peterson (1992) analysed the influence of mentoring on the career development of nursing education administrators. This study allowed for variables such as educational level, number of years as an administrator, work commitment, early life influences, constraining factors, etc. These variables explained 59% of the differences in level of career development. For example, constraining factors listed were number of months of unemployment, lack of personal support, work-related constraints, number of children, family obligations and scholarly difficulty. In this study, the number of children varied inversely with level of career development finding that children had a positive impact on career. This study also found that having a mentor was less predictive in its contribution to career development than four other factors highlighted by Rawl and Peterson (1992); educational preparation at doctoral level, appropriate work experience, a strong work commitment, and the degree of scholarly difficulty.

Walsh and Borkowski (1999) found that 50% of females with mentors had received two or more promotions in contrast to 35% of the male managers surveyed. A recent study of 42 American nurse executives in urban and rural hospitals in the United States sought to examine the executive's own perceptions of their integration into the

executive team. The study was based on the Joint Commission on Accreditation of Healthcare Organisation's introduction of standards that require nurse executives to work with leaders of governing bodies, management, medical staff, etc. Overall, 71% felt that they were fully integrated hospital executive team members of which 48% mentioned mentoring as a factor which aided their integration. Barriers cited were: gender (52%); lack of management or finance education (52%); unsupportive Chief Executive Officer (26%); unsupportive team or environment (21%); clinical stereotyping (19%); lack of management experience (17%); and change (14%) (Dalley et al., 2000).

In a 1999 study at the American College of Health Executives it was discovered that 25% of the female executives were single in contrast to 15% of the males. The women also had significantly fewer children (52%) than the men surveyed (22%) (Walsh & Borkowski, 1999). In a similar study performed in Australia in 1994 on members of the Australian College of Health Service Executives, more male executives were married than female executives and more men had dependant children than the women. There was also a significant difference in the salaries of the health service executives in that over 70% of the men made a salary of \$(A)60,000 or more, as compared to the females (54.5%) (Harris, Maddern, & Pegg, 1998).

A National Health Service study of 643 nurses in the south of Wales (United Kingdom) examined barriers of progression to women into nursing management (Lane, 1998). Substantial evidence of gender based disadvantage was found. Women with dependent children, especially those working part time, were disproportionately located in the lower paying grades irrespective of their qualifications or experience. Three problems identified were: the low status of part time work; inflexible work practices; and management inertia. Lane (1998) found that female nurses without dependents climbed the career ladder much faster than their colleagues with children. Nurse management positions were always advertised as full time and job sharing was very rare. The more responsive employers should be concerned with attracting and holding talented women in the organisation. Alternative work patterns tailored around the individual may be offered. Flexible working methods and hours and job sharing may suit many women. Linking work and family issues is a symbol of the way in which objectives of an organisation may be redefined to include social factors especially related to working parents.

Conclusion

There are a range of reasons why nurses move into management but the results of this study indicate that none appear to be very structured or pre-planned. Only one-third of survey responses mentioned that becoming a nurse

manager was an active, conscious career decision. Nurses often became managers by default learning on the job in a reactive rather than pro-active fashion. This is worrying in terms of the leadership skills that nurse managers should be developing or have developed before they take on the role.

The role of higher education in preparing nurses to be managers was not evident in this study with only five respondees reporting the positive influence of education on their leadership development. Nor did the nurse managers report that formal education fostered ongoing self-confidence, surely one of the roles of postgraduate education. This lack of formal educational preparation may provide some insight into why many nurse managers do not progress above a basic managerial level- that is they are ill prepared, perform at a lower level and lack the formal academic qualifications to progress. Alternatively, it may be because there are simply fewer opportunities for nurse managers now in flattened health care organisations.

Whatever the reason, there seems to be little structure to their career planning or progression. However, it is incumbent upon more senior managers as well as the profession to identify individuals with potential and facilitate their movement into management positions, be that nursing management or general management. Nursing leaders need to ensure there are mechanisms in place within their organisations which actively facilitate mentoring and career development preparation. Furthermore, this should focus on ways to channel nurses into relevant courses earlier rather than later and include a formal review of the career development of these individuals. Similarly, the early selection and identification of nurses with talent and the counselling of those with little aptitude in management towards areas where their strengths should also be developed.

However, it is not all “bad news”. This study does reveal that the nurse managers surveyed seem to be passionate about what they can do. For example, they want to make a difference, learn from the errors of others and role-model on excellence. This study also indicates that respondents have shown a measure of self reliance in terms of fostering their own self confidence, seizing opportunities and learning from others which is also encouraging. As a profession we need to develop “family-friendly” workplaces which accept changes in personal needs and assist professional development in order to retain those with ability in the workforce and enable them to flourish.

Finally, research into the indicators which flag a potentially successful manager would be opportune. There is little doubt that nurse executives must first develop formal strategies

to both identify and to fast track future nursing leaders to ensure the continued involvement of nurses in the management of health care.

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