



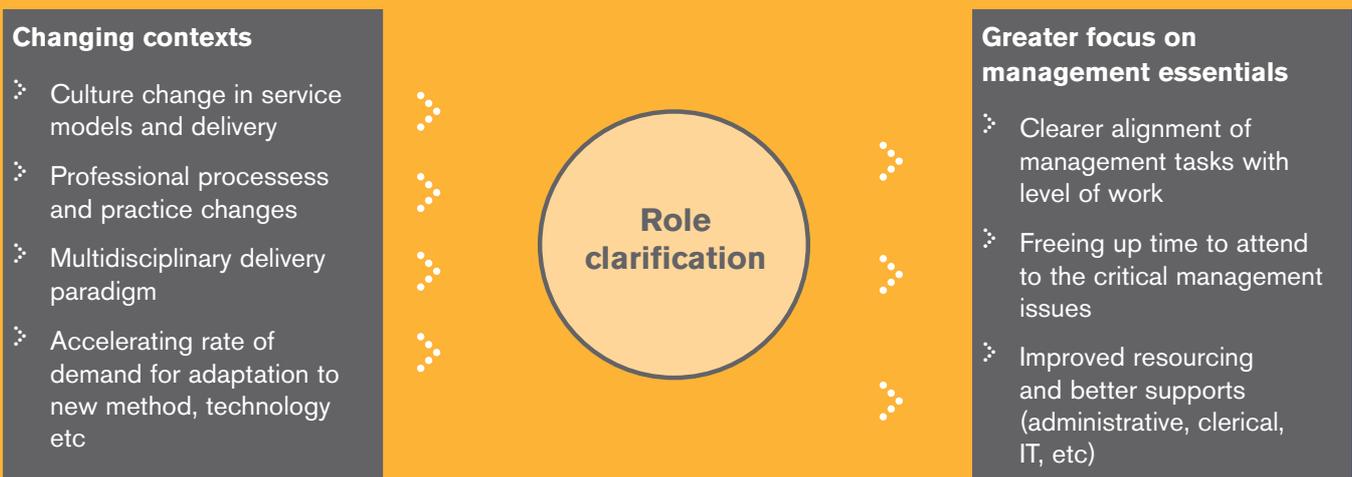
The challenge of building and sustaining the competence of nursing management is an urgent and substantial one.

Our research suggests that there are important role and structural issues to be addressed in order to provide the requisite context within which competency-based management development can make a positive impact.

A) Role clarification

Role clarification is a central issue for nursing management today. While the processes and practice of nursing have evolved rapidly over the last decade, the role of nursing management has not been progressively redefined on any systematic or coherent basis across the country.

There are a number of contextual factors (as illustrated below), which will have a shaping influence on the role clarification process.



1 The changing image and culture of nursing

A rigid hierarchical model of nursing management is inappropriate to the modern health and social services. The complexity and flexibility of the service response required militates against the more traditional command and control approach where nurses routinely passed decision-making accountability up a management hierarchy. The younger cohorts of nursing professionals are better educated and more assertive in their expectations than their predecessors. The management style that is required for today's service is one that enables professional decision making and discretion to be exercised by the nurse with the most relevant information and capability to address a particular service issue. There is a sea change underway in this regard within the service but it needs to be made more explicit, coherent and consistent across service settings.

2 The pace of change in practice and process

The practice of nursing is evolving rapidly in keeping with advances in service delivery models and technology. There are tensions and dynamics to be managed within these developing paradigms, including

- achieving the right balance between the service differentiation and integration requirements posed by the evolution of specialist and advanced practitioner-nursing roles
- sustaining both the collaborative interdependence and professional independence of the nursing contribution within multi-disciplinary service settings
- reconciling the empirical practitioner and the client empathy aspects of the nursing contribution and ensuring that sufficient attention is paid to each
- managing expectations for career progression of professional nurses in a labour market where skill shortages and transient commitment are becoming urgent problems.

3 Nursing as a significant bedrock of service delivery is now beginning to develop a greater sense of its own identity and its potential impact and influencing power on the wider service environment. There is a real and urgent need to channel and harness this emergent collective awareness into a coherent and well-led network or coalition of service influencers who will have a positive and proactive impact on service development.

Given these contextual factors – and the wider health service issues already adverted to – key elements of the role clarification process become much clearer. It is our view that this role clarification process needs to be taken forward on a 'systemic' basis. It will not be sufficient for one level of nursing management to change, because all three levels are interdependent and need to change together. We recommend that each nursing service use this report as a catalyst to review its own management structures in terms of role clarity and role empowerment. The table below gives an indication of the potential scope of such a review.

The transitional challenge for nursing management	
Key challenges	System consequences
<p>At top-level management</p> <ul style="list-style-type: none"> ➤ to position the nursing contribution within the wider service context ➤ to look outwards and influence policymaking ➤ to be the systems architect for nursing delivery ➤ giving up the operational daily problem solving role. <p>At mid-level management</p> <ul style="list-style-type: none"> ➤ embracing the 'integrator' role between service strategy and nursing delivery ➤ making a proactive contribution to development of new services and new service delivery models ➤ linking research and best practice into service delivery ➤ facilitating protocol development for quality assurance and performance development ➤ giving up the daily resourcing and problem solving role <p>At front-line management</p> <ul style="list-style-type: none"> ➤ being conscious of the need to both lead and manage ➤ managing the unit of service as a system ➤ developing the contribution of staff, grooming for greater responsibility ➤ fulfilling the 'service hub' role more proactively ➤ giving up spending substantial amounts of time providing direct client services. 	<p>At top-level management</p> <ul style="list-style-type: none"> ➤ moving national and local policy and strategy from rhetoric to reality ➤ other senior service managers making the space for the nursing contribution ➤ other professionals acknowledging the criticality of the strategic nursing role at this level of the service. <p>At mid-level management</p> <ul style="list-style-type: none"> ➤ directors delegating the development functions to this level ➤ directors and other professional seeing the role as adding expertise and new thinking on service issues ➤ front-line managers having the courage to stop referring most issues upwards ➤ giving greater primacy to the developmental and human resources management aspects of the role. <p>At front-line management</p> <ul style="list-style-type: none"> ➤ other professionals and service managers supporting the leadership element ➤ need to provide sufficient back-up resources for effective management (eg IT, clerical) ➤ middle managers need to devolve selection, and performance development as much as possible ➤ more explicit skills mix allocation on units and wards ➤ fixing accountability for client care at the level of individual professionally qualified nurses.

B) Resourcing and support issues

Greater role clarity, as expressed in role descriptions needs to be accompanied by a consequential review of the adequacy of resourcing, particularly at front-line management levels. Particular issues to be addressed include the following.

- 1> Nurse managers need to be supported by practical, useful and accessible information technology systems. They also require adequate training in how to get the best utilisation out of these systems.
- 2> Management time can be freed up for core activities if information logging and transfer is supported by adequate clerical staffing. For larger service units the cost benefit case is quite apparent.
- 3> A more searching audit of skill-mix requirements in particular service units could lead to non-core nursing tasks being allocated to other grades of staff-freeing up professional practitioner time and lessening the 'hands on' time that nurse managers have to spend on reactive direct patient care.
- 4> The provision of specialist and advanced practitioner nursing posts should ensure that the management time that is currently deployed on professional supervision and training of less experienced nursing staff is shared across a wider base of experienced staff.
- 5> The accelerating demand rates in many direct service areas raises the need for more personal accessible support services including employee assistance counselling. In a similar vein the generic competency of resilience raises the need for stress management training for nurse managers particularly those in the high immediate demand areas of the service.

- 6> Professional networking should be more strongly encouraged both on site and across service settings.
- 7> The whole issue of building in time for learning and reflection on practice should also be reviewed as the service audit imperative brings with it the need to put in place opportunities and processes for managers to review and improve their practice as managers. Putting the emphasis on continuous development of competence at all levels in nursing also raises the issue of a need for more consistency in how learning and development time for nurse managers is factored into the operational rostering process.

C) Using the competency models as a systemic performance development framework

It is useful to restate the core purpose of deriving the competency models for nursing management. For the **first time** in Ireland, the factors that underlie performance effectiveness in nursing management have been objectively researched and defined in behavioural terms.

There are a number of critical and direct areas of application for these competencies, illustrated in the diagram below. Each application will have a positive impact on management practice and, taken collectively, they can make a very significant contribution to the effectiveness of nursing services.



Using competencies as the Integration factor in performance management

We recommend the following

1 Recruitment and selection

- That future selection of nursing managers at all three levels should incorporate a competency based assessment format. This may well require that a broader and more structured approach be adopted for the filling of these critical roles.
- That the competency model be communicated formally to employer and staff representative bodies, personnel managers, the Local Appointments Commission and other external bodies involved in nurse manager selection.
- That the competencies be promoted and communicated widely among the nursing profession so that nurses can make more informed career development choices from an early point.

2 Induction

- That the competency models be exploited for induction purposes and particularly be highlighted for those nurses making the step up into a management role for the first time. Equally the competencies can serve as useful guides for more experienced managers in terms of their potential to act as role models for less experienced managers.

3 Training and development

For the bulk of highly capable current nurse managers the competencies should serve as both a validation and a challenge. They validate the practical expertise and skills of nurse managers working in demanding service roles and to an extent can serve as a practical balance to the trend towards increasing levels of academic qualifications and specialisms in nursing. For nursing managers they hold the potential to serve as an 'on the job' template or curriculum for capability development. Experience elsewhere suggests that the bulk of competency based development activities can be conducted either on the job or in environments that are conducive to action learning and behavioural change. Greater emphasis will need to be placed on mentoring and effective role modelling for the benefit of this approach to be fully realised.

Research from the USA (see table) suggests that competency-based management development has the potential to incrementally improve performance beyond the results achieved by more traditional training methods.

Competency based training programmes	Traditional training programmes
<ul style="list-style-type: none">➤ Positively shifts performance on average .70 standard deviation➤ Has positive return on investment (average 700%)	<ul style="list-style-type: none">➤ Positively shifts performance by an average of .41 standard deviation➤ Has positive return on investment (average 87%)
Competency-based training versus traditional training produces = 1.7 x effect size = 8 x ROI (Areas of greatest impact – project management, time management, written communication, product sales, work planning and hazard training) Source: Morrow. C. et al (1999) 'The Effect And Utility Of Training', <i>Personnel Journal</i>	

4 Formal management training

Management development in nursing has been given a new impetus with the establishment of the Office for Health Management. A number of innovative programmes and projects have been undertaken including master classes and learning sets for top-level nurse managers and a leadership development programme for more junior nurses. There have been other exemplars of good practice and innovation including development studies on front-line nursing managers but there are still significant gaps in terms of nationwide programmes to induct, train and develop nursing manager. The vast majority of nurse managers that we talked to had received neither formal management training nor formal induction in their transition to a management role. While there are now a number of degree programmes to Master level in nursing, they vary widely in format, content and quality. Informal feedback suggests that current management modules in degree-level nursing programmes lack applicability to the daily demands of service management.

We recommend that, in line with the Commission on Nursing proposals and building on the work done in this research, an initiative be undertaken to develop national guidelines and a framework for the ongoing continuous professional development of nurse managers. Within this recommendation we include the following.

- 1> There is a particularly urgent need to filling the development gap in training in a structured way at front-line level and first entry level to nursing management.
- 2> At mid-line level, development initiatives should include a focus on role clarification, role enhancement and encouragement of empowering management style.
- 3> At the top management level we recommend that the Office for Health Management facilitates a process which links the competency models with the other excellent and ongoing development initiatives.
- 4> Across all levels it will be a challenge to ensure that development programmes can incorporate the best aspects of both competency-based and knowledge-based development methodologies.
- 5> As an absolute minimum it should be the target that all nurse managers participate in some form of structured personal development planning at the earliest time.

5 Systems for performance development

The momentum towards greater consumerism, more structured approaches to quality assurance and clinical audit brings with it a compelling need for the adoption of more consistent and structured performance development and review processes in nursing practice. Nurse managers have a pivotal role in this process by

- ensuring that they are good role models for performance development themselves in their own practice
- ensuring that they develop the necessary skills to implement performance review processes effectively.

The competency models reflect the importance of this performance development role, with each level having a particular emphasis.

- **At top level:** setting the developmental tone and ensuring that systematic processes are designed and implemented.
- **At mid level:** taking the lead role in implementing formal performance evaluation procedures and a

continuous improvement process for front-line managers.

- **At front-line level:** taking the lead in implementing high standards in nursing practice and quality assurance.

We recommend that at a minimum all nursing managers should be involved in an annual development review process that includes 360° feedback and the enactment of personal development plans.

Succession planning Within the larger services an integrated approach to the application of these competency models will lead to the accumulation of valuable career potential information which can be used as an aid to structured career development and succession planning. In such a scenario nurses and nurse managers would be encouraged to take on projects and other opportunities at work with a deliberate view to broadening their capabilities and filling gaps in their competency profile. While much good work is carried on informally in these areas at present, the competency models can add a more structured dimension to this process.

D) The importance of a robust communication process

To make an effective developmental contribution it is vital that this research be disseminated as widely as possible within the service. Accordingly, **we recommend** the following.

- 1> That this report be presented by the Office for Health Management to all nursing services in the country and to chief executives, nominated personnel managers of such services and employee representatives.
- 2> That all nurse managers who participated in the study be presented with a personal copy of the report and an acknowledgement of their contribution.
- 3> That all appropriate means be deployed to disseminate this research in an interactive way particularly with nurse educators.
- 4> That an innovative approach suggested by the Office for Health Management be adopted whereby the competency models are made available on the Internet.

APPENDIX 1

LIST OF HOSPITALS INVOLVED THE RESEARCH PROJECT

Phase 1: initial sample

In Dublin

Beaumont Hospital
St James's Hospital
St Luke's and St Anne's Hospital
St Vincent Hospital (psychiatric)
Our Lady's Hospital for Sick
Children
National Maternity Hospital

The rest of the country

Cork University Hospital
Galway University Hospital
Limerick Regional Hospital
Portlaoise General Hospital
Wexford General Hospital
St John of God Brothers, Celbridge.
North Eastern Health Board:
Care of the Elderly Services
North Western Health Board:
Public Health

Phase 1: expanded national sample

Sligo General Hospital
Letterkenny General Hospital
Cope Foundation, Cork
Community Services, Dublin
Our Lady of Lourdes Hospital,
Drogheda
Portiuncula Hospital, Ballinasloe
Mater Misericordiae Hospital, Dublin
St Vincent's Hospital,
Elm Park, Dublin
Waterford General Hospital
Tullamore General Hospital
St Joseph's Hospital, Limerick
Tipperary North Riding mental
health services
St John's Hospital, Limerick
Limerick Maternity Hospital

Phase 2: further expanded sample

St Mary's Hospital, Dublin
St Mary's Orthopaedic Hospital,
Cork
St Michael's Hospital, Dublin
North Cork Community Care (SHB)
Community Care Services (SEHB)
Tralee General Hospital
Mercy Hospital, Cork
Coombe Women's Hospital
Rotunda Hospital
Mayo General Hospital
Baggot Street Community Hospital
St Raphael's, Cellbridge
St Dymphna's Hospital, Dublin
St Ita's Hospital, Dublin
St Brendan's Hospital
City of Dublin Skin and
Cancer Hospital
The Adelaide and
Meath Hospital, Tallaght
James Connolly Memorial Hospital
St Loman's Hospital, Dublin
Cherry Orchard Hospital, Dublin
North Strand Health Centre, Dublin
St Colmcille's Hospital, Dublin
South Infirmary/
Victoria Hospital, Cork
Longford/Westmeath Hospital,
Mullingar
Cavan/Monaghan Hospital Group
Louth/Meath Hospital Group
Louth Community Care
St Brigid's Hospital, Ardee
St Brigid's Hospital, Laois
Community Care Unit, Birr, Offaly
Ofalia House, Edenderry
Health Centre, Portlaoise
Community Services, Lisdoonvarna
Mallow General Hospital
Erinville Hospital, Cork
Bons Secour, Cork
St Finbarr's Hospital, Cork

Abbeycourt House Community Care
Services (Northside/Southside)
St Stephen's Hospital, Cork
Community Care Services, Tralee
Acute Unit: Bantry General Hospital
Acute Unit: (GF) Cork
University Hospital
Ennis General Hospital
Roscommon Hospital
Our Lady's Psychiatric Hospital, Ennis
Sandfield Health Centre, Ennis
Naas General Hospital
Peamount Hospital
Merlin Park Hospital
St Mary's Hospital, Castlebar
Carraroe Nursing Unit
St Bridgid's Hospital, Ballinasloe
Arus Mathair Pol, Castlerea
St Augustine's House, Ballina
Arus Mhuire, Tuam
Mac Bride Home, Westport
St Anne's Home, Clifden
St Francis Community Home, Galway
Dalton Community Nursing Unit
St Colmcille's Hospital,
Loughlinstown
St Joseph's Hospital, Clonmel
Royal Hospital, Donnybrook
Bandon District Hospital
Clonakilty Community Hospital
Millstreet District Hospital
Killarney District Hospital
Fermoy Community Hospital
St Joseph's District Hospital, Ardee
St Vincent's Hospital, Athy
St Camillus Hospital, Limerick
St Joseph's Hospital, Ennis
Clifden District Hospital
Ballina District Hospital

APPENDIX 2

INDICATIVE NOTES ON MORE STRUCTURED APPROACHES TO EVALUATION IN SELECTION AND PROMOTION

1 Critical aspects of the selection process

The selection process for nurse managers at any level should meet the following criteria:

- a> be centred largely on assessment criteria of proven relevance to effectiveness in the role
- b> use a range of evaluation techniques appropriate to the particular role rather than be over reliant on a single method
- c> incorporate a structured evaluation of track record performance
- d> include the provision of developmental feedback to all candidates.

2 Broadening the range of evaluation methods

The table below summarises research on the effectiveness of the most commonly used evaluation methods in selection.

Selection Methods	Range of Validity values
Work sample	38 - 54
Ability composite	53
Assessment centre	41 - 43
Supervisor/Peer evaluation	43
General mental ability	25 - 45
Bio-data	24 - 38
References	17 - 26
Interviews	14 - 23
Personality assessment	15
Interest inventory	10
Handwriting analysis	0

Effectiveness of Common Selection Methods, from Smith and Robertson (1989)

Note: figures are expressed as correlations on a scale from 0 to 1 where 1 is perfect prediction.

It is apparent that in the main, current selection practices for nurse management roles are over reliant on the use of the interview as the primary evaluation tool. Even within the use of the interview there is still a tendency towards the use of less structured formats, an over-reliance on biographical and curriculum vitae details and a lack of consistency in the skills level of the interviewers.

The competency models can serve a valuable structuring role in nurse manager selection at two levels:

- 1> by providing a template of relevant and researched evaluation criteria
- 2> by providing the content areas for a structured criterion-based interview process which the research clearly indicates as the most effective interviewing format.

In terms of broadening the range of evaluation techniques used in selection we make the following observations:

- 1> structured evaluation of track record evidence against the relevant competency criteria should be incorporated in all cases
- 2> at **front-line level** there is a strong case to be made for the use of group exercises and other interactive techniques as leadership and facilitation potential are key issues at this transition into management
- 3> at **mid-line level** there is a case for a more rounded evaluation approach incorporating elements of assessment centre methodologies
- 4> at **both mid-line and top levels** there is a case for the use of critical reasoning tests as decision support tools. This is particularly so as the complexity and data assimilation elements of these roles become more demanding
- 5> at **top level** there is a strong case to be made for some formal presentation element which would incorporate aspects of personal vision and strategic overview.