Management and leadership by nurses

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Good management and leadership by nurses is essential for the achievement of health for all. Well-prepared nurses are required locally and nationally who can identify problems and needs, work on interdisciplinary teams to formulate development plans for human resources, improve working conditions, and raise the quality of care at reasonable cost.

Nurse managers are responsible for many of the health services provided in communities and hospitals, yet there is comparatively little information about their preparation and work. In the study described below, management was considered to cover the determination of organizational structures and policy, the planning of resources and programmes, the setting of standards, supervising, delegating, ensuring the flow of information, budgeting, accounting, personnel administration, training, developing, evaluating and coordinating; the leadership role was taken to involve guiding people, services and health systems towards the achievement of the health-for-all goals.

A large majority of nurses are women, and in this connection training for nursing management poses substantial problems, especially in countries where women’s education still leaves much to be desired. Even in the developed countries, unfair barriers are encountered by women wishing to enter higher nursing education.

An international survey was conducted with the objectives of:

- gaining a heightened understanding of nurses’ management and leadership roles locally and at the district and national levels;
- identifying the main problems for nurses in management;
- obtaining an improved understanding of the content and design of nursing education programmes;
- hastening the growth of knowledge through research with a view to improved management by nurses.

The 172 participants included nurses, managers, public health practitioners and physicians in 76 countries distributed among three development groupings and the six WHO Regions.

Management and leadership

At the local level the roles filled include those of head nurse, supervisor, chief nurse and school director. In communities, nurses may be health centre nursing officers, nurse inspectors, directors of home health care units, and directors of primary care. At the district level there are district nursing officers and district senior health visitors, while nationally nurses may work as chief nursing
officers in ministries of health, members of national health boards, and directors of human resources, primary care, and nursing research.

There was a chief nursing officer nationally in about three-quarters of the countries. In the ministries of the least developed countries the most frequently described roles were those of supervisor, personnel manager, trainer and coordinator; in some of these countries, nurses were involved in monitoring legislation and in speaking on behalf of nursing in policy arenas. In the developing countries, nurses appeared to play a wider range of roles, among them the determination of organizational structures, interpreting the national view of health to policy-makers, helping to develop legislation, and formulating health programmes. However, nurses holding positions in national ministries in all countries commonly served in no more than an advisory capacity and were only occasionally involved in major policy activities; this is in part attributable to the fact that nurses are not adequately educated for senior management roles.

Success in leadership roles appears to depend on:

- education in nursing and management, especially at the postbasic and university levels;
- decisiveness, intelligence, honesty and optimism.

**Major problems in management**

The principal problems reported for nurses in management were:

- shortage of nurses;
- shortage of well-educated nurse managers;
- limited participation of nurses in planning and policy-making;
- lack of recognition and low status of nursing;
- poor working conditions;
- subordinate position of nurses;
- inadequate information systems;
- little interprofessional collaboration and teamwork;
- lack of supportive legislation;
- lack of emphasis on primary care and epidemiology.

In the least developed countries the two most frequently mentioned problems were the shortage of nurses and the lack of well-educated nurse managers.

More than a third of respondents in the developing countries cited the shortage of nurses, nurses’ limited knowledge of management, and the rarity of their participation in planning and policy-making activities.

The shortage of nurses was the most commonly mentioned problem in developed countries. Following this were the poor image and low status of nursing, low salaries, weak information systems, and limited collaboration with physicians. Attention was also drawn to poor and unsafe working conditions. A need for improved knowledge of and skill in management was indicated comparatively infrequently by respondents in developed countries, although there were some references to low levels of general education, the
exclusion of nursing from general education systems, and the resulting scarcity of nurses equipped to assume leading positions.

The following recommendations were made with a view to overcoming the problems and improving health systems:

- the way in which nurses are treated and used should be improved;
- nurses’ safety should be ensured and they should be provided with child care;
- closer ties between the educational and health services should be fostered;
- nursing education should be based on general secondary education;
- basic nursing education, on-the-job training, and continuing education should be improved and expanded;
- interdisciplinary teamwork should be encouraged;
- information systems should be developed which are both simple and useful;
- national standards should be developed for the quality of nursing care, education and management;
- the development of nursing science and research should be expedited through governmental support;
- governments should be encouraged to support nursing to the same degree as medicine.

**Basic management skills and basic education**

Basic nursing programmes should introduce the key concepts of management and leadership. Training is needed in order to improve local supervision and working conditions.

**Special attention should be given to equity and ethics in nursing education at all levels, especially in university programmes.**

Nurses in communities and hospitals are responsible for the performance, supervision and training of health workers and auxiliary personnel. They should therefore be skilled in encouraging community participation, delegating, monitoring performance, motivating people, and coordinating the activities of small groups.

In addition to the basic nursing content, the following ingredients are recommended in the education of people aspiring to management:

- theoretical and experiential learning of leadership and supervision, with emphasis on delegation, communication, interpersonal relations, and group dynamics;
- an introduction to national health systems and services;
- material on health needs assessment, health teaching, personnel development and the evaluation of performance;
- interdisciplinary courses and practical experiences.

**Middle-level management skills and post-basic or university education**

Postbasic and university education for middle-level roles should be both broadened and deepened. Persons at this level should be
capable of supervising large groups of nurses, coordinating the work of interdisciplinary teams, engaging in long-term planning, and determining nursing policies. Skill is required in health assessment, organizational design, the setting of goals, the implementation of programmes and the evaluation of their quality and cost. Nurses at this level also have to develop budgets and standards of nursing practice.

The following recommendations are made for postbasic and university programmes intended to give nurses middle-level management skills.

- Add information processing, budgeting, accounting and forecasting.
- Add material on national health systems, with emphasis on primary care.
- Emphasize personnel administration, including job analysis, job description, pay scales, promotion standards and performance evaluation.
- Include basic research methods and methods of social analysis such as vulnerability analysis and programme evaluation.
- Design programmes that cover advanced nursing, health, disease, and health delivery systems.
- Include ample opportunity for first-hand managerial experience.
- Design single-discipline programmes with an emphasis on interdisciplinary knowledge, or have multidisciplinary programmes covering nursing, medicine, public health and management.

### Senior nurse manager skills and doctoral education

Senior management at the national level requires in-depth knowledge of nursing, health, disease, methods of social analysis, and health systems and their management. Nurses at this level should be prepared to participate fully in the development and evaluation of national health policies, plans and programmes, and to develop information systems and assist with financial planning. They should have strong coordinating skills enabling them to bring about the provision of cost-effective care by a wide variety of practitioners in urban and rural communities.

In addition to the education for middle-level management the following content is recommended:

- political science and theories of resources;
- comparative health systems, national health planning and financing, and development of the workforce;
- health research, biostatistical techniques and health economics;
- the theoretical and research bases of nursing and health systems.

Special attention should be given to equity and ethics in nursing education at all levels, especially in university programmes. An effort should be made to improve understanding of public and private sector relationships.

### Knowledge development and research

Research is needed with a view to improving nursing management in the area of describing, testing and evaluating human resource activities. In developing countries, emphasis is placed on promoting awareness of the scientific method, on basic research methods, and on
the preparation of reports. In developed countries there is usually some research content in nursing education at the basic and post-basic levels. In the future, research into management should focus on the human resource problems of greatest significance for nursing personnel and nursing care in national contexts. Research that is designed to contribute to the health-for-all strategy can be expected to show a theoretical and empirical linkage to people’s health needs and to health service outcomes.

Strong leadership is required if health services are to be reorientated towards primary care. Nurses can make a substantial contribution in this area if given adequate government support.

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The district role is pivotal in health management

In determining what can be done in the district to improve health personnel management, one must look at the degree of decentralization in the country, which is a critical factor. While in some countries the district management team may have the authority to take action, in others action will require a central-level decision. In the latter case, the role of the peripheral level is to inform the centre of what is required and justify the proposed action. The responsibility of the central level is to ensure that the system not only allows but also encourages the district level to carry out this role.