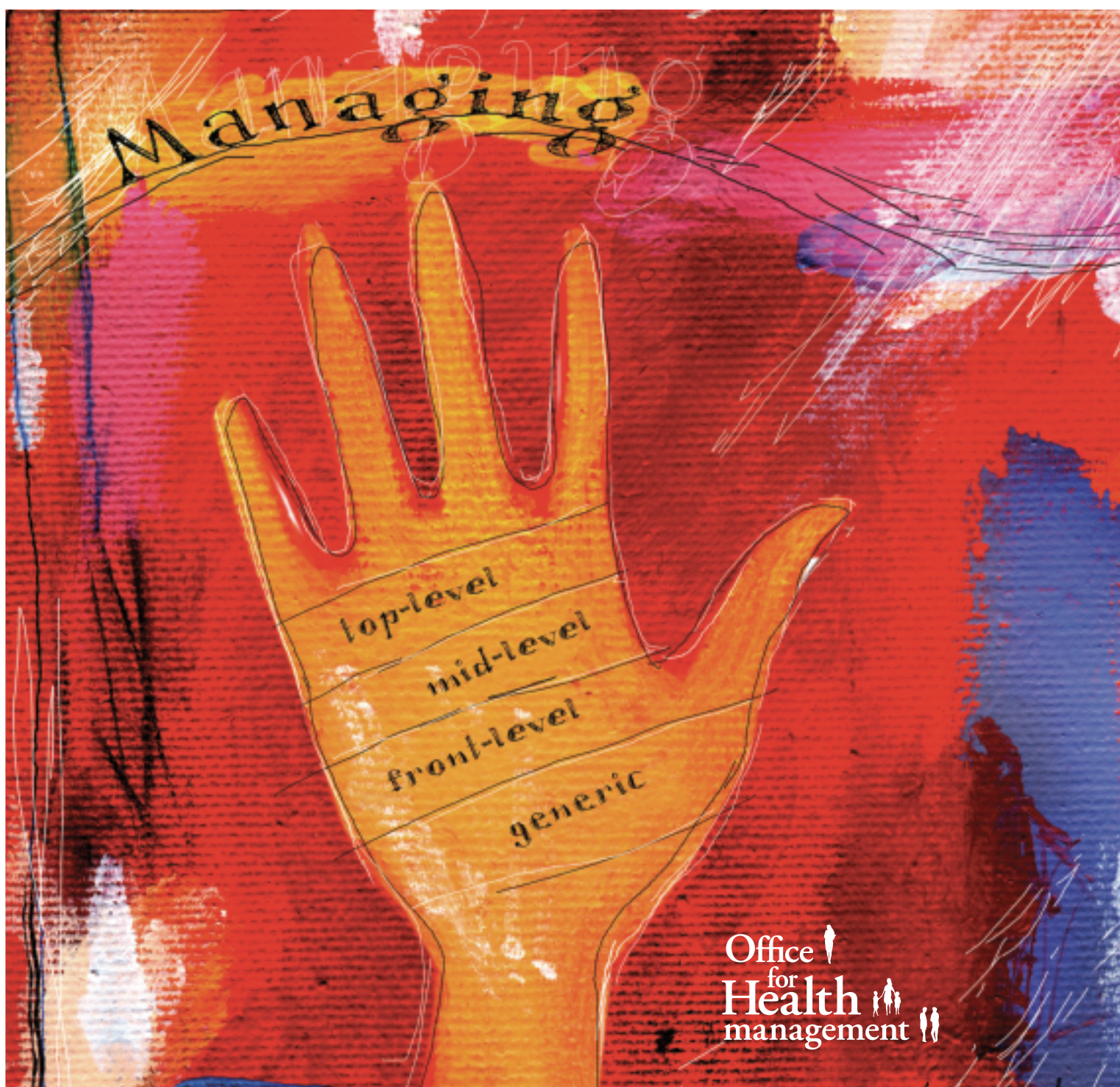


MANAGEMENT COMPETENCY  
USER PACK

FOR NURSE AND MIDWIFE MANAGERS



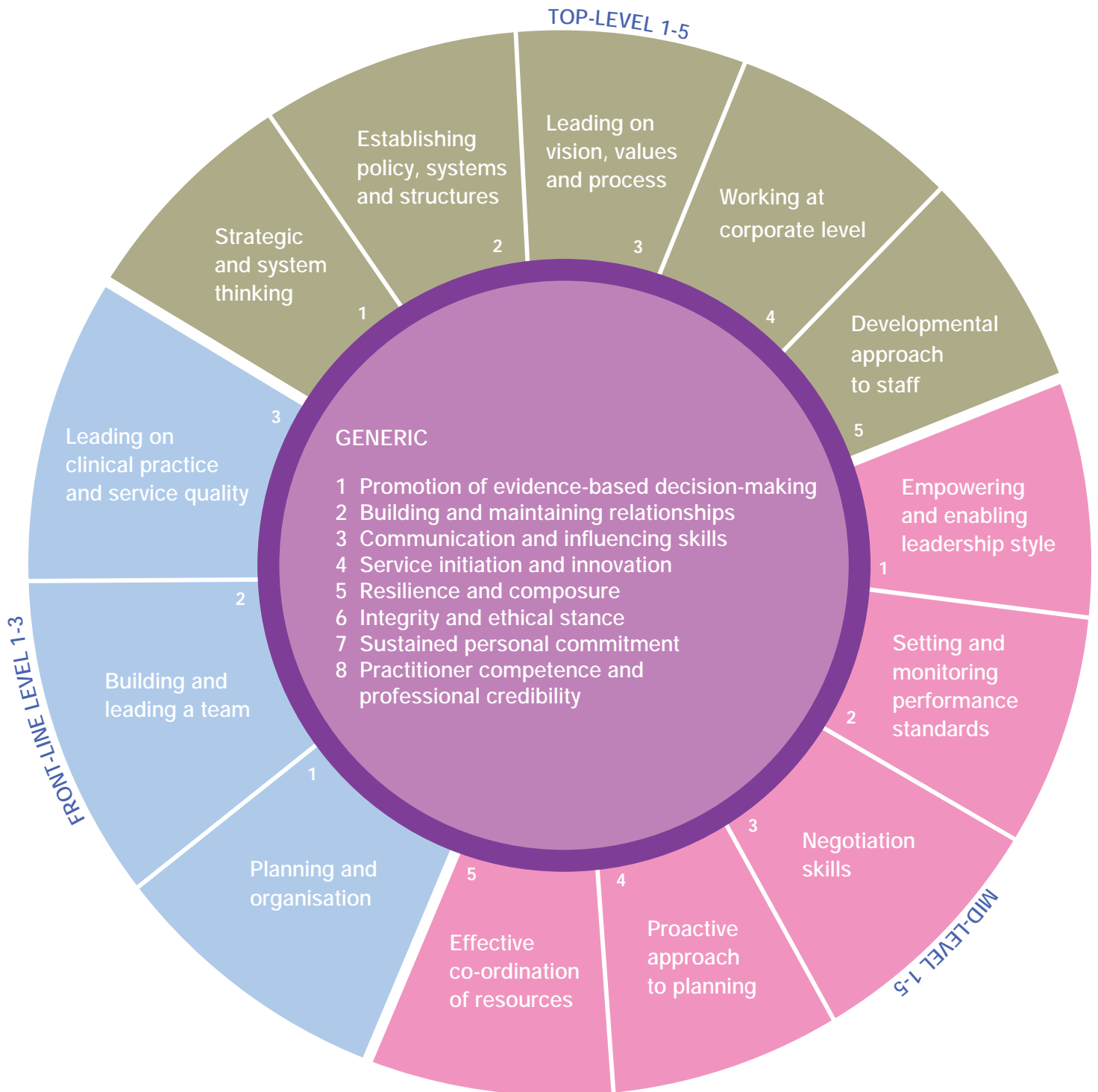
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# MANAGEMENT COMPETENCY WHEEL FOR NURSE AND MIDWIFE MANAGERS

Our research has identified eight 'generic' competency areas which underpin effective performance at all levels of nursing management.\* These are listed in the inner wheel below.

Our research has identified thirteen additional 'role-critical' competencies: three for Front-Line Nursing Managers; five for Mid-Level Nursing Managers; and five for Top-Level Nursing Managers. These are listed in the outer wheel below.



\*Designations such as 'nurse managers' and 'nursing managers' used throughout this user pack include within their meaning 'midwife managers' and 'midwifery managers'.

<b>INTRODUCTORY BOOKLET &gt;</b>	<b>Background Information</b> Selecting the competencies relevant to your role	
<b>TOP-LEVEL COMPETENCIES &gt;</b>	1 2 3 4 5	Strategic and system thinking Establishing policy, systems and structures Leading on vision, values and process Working at corporate level Developmental approach to staff
<b>MID-LEVEL COMPETENCIES &gt;</b>	1 2 3 4 5	Empowering and enabling leadership style Setting and monitoring performance standards Negotiation skills Proactive approach to planning Effective co-ordination of resources
<b>FRONT-LINE COMPETENCIES &gt;</b>	1 2 3	Planning and organisation Building and leading a team Leading on clinical practice and service quality
<b>GENERIC COMPETENCIES &gt;</b> (applies to all three levels above)	1 2 3 4 5 6 7 8	Promotion of evidence-based decision-making Building and maintaining relationships Communication and influencing skills Service initiation and innovation Resilience and composure Integrity and ethical stance Sustained personal commitment Practitioner competence and professional credibility
<b>ADDITIONAL INFORMATION &gt;</b>	Building an enabling context to develop and sustain nursing management, and appendices	



### Why the competencies were identified

The competencies are the result of research commissioned by the Office for Health Management in May 1999 as an initiative to support the development of nursing management in Ireland. This initiative followed the report of the Commission on Nursing which recommended that 'competency based approaches to management focus on the personal characteristics, skills and behaviours which underpin effective or superior performance'.

### How the competencies were identified

The research was carried out by Saville and Holdsworth (Ireland) Ltd and University College Cork. It proceeded in three stages.

**Stage One** Field research with a representative sample of nursing managers in front-level, middle-level and top-level roles across all of the main service sectors and geographical regions. The output of this stage was a definition of the competencies and the service contexts within which they are applicable.

**Stage Two** A national validation exercise involving consultation with groups of nurse managers and other service stakeholders across a series of regional venues. The outputs of this stage were further refinement of the competency definitions and a heightened educational awareness of their relevance to service delivery.

**Stage Three** The presentation of a formal report on the research, including recommendations on applications and communication.

### Why the competencies are needed

Nursing services are continually undergoing change and development in virtually all service sectors with growing demand levels, broader contributions to service delivery and increasing levels of sophistication/specialisation. In parallel, the health and social services are undergoing rapid and continuous change with an increasing emphasis on service standards and accountability, value for money and consumer empowerment. Nurse managers need the competencies not only to deliver today's services but also to lead the evolution of services in this challenging environment.

### Using the competencies to support the development of nursing management

These competencies will be of benefit to employers, staff representative associations and nurse managers at all levels. They should inform the recruitment and selection of nurse managers. They should enable nurses themselves to assess their development needs and plan for their own development. The Commission on Nursing recommended that health service providers should facilitate the development of personal career planning among nurses and midwives and the identification of these competencies should help those considering a managerial career. The competencies should also facilitate the process of training and development for nurse managers.

Each competency is presented in the following format.

COMPETENCY TITLE [ E.G. STRATEGIC AND SYSTEM THINKING ]

DEFINITION [ A BRIEF DESCRIPTION OUTLINING THE CRITICAL ASPECTS OF THIS COMPETENCY ]

#### Indicators of more effective performance

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- >
- >
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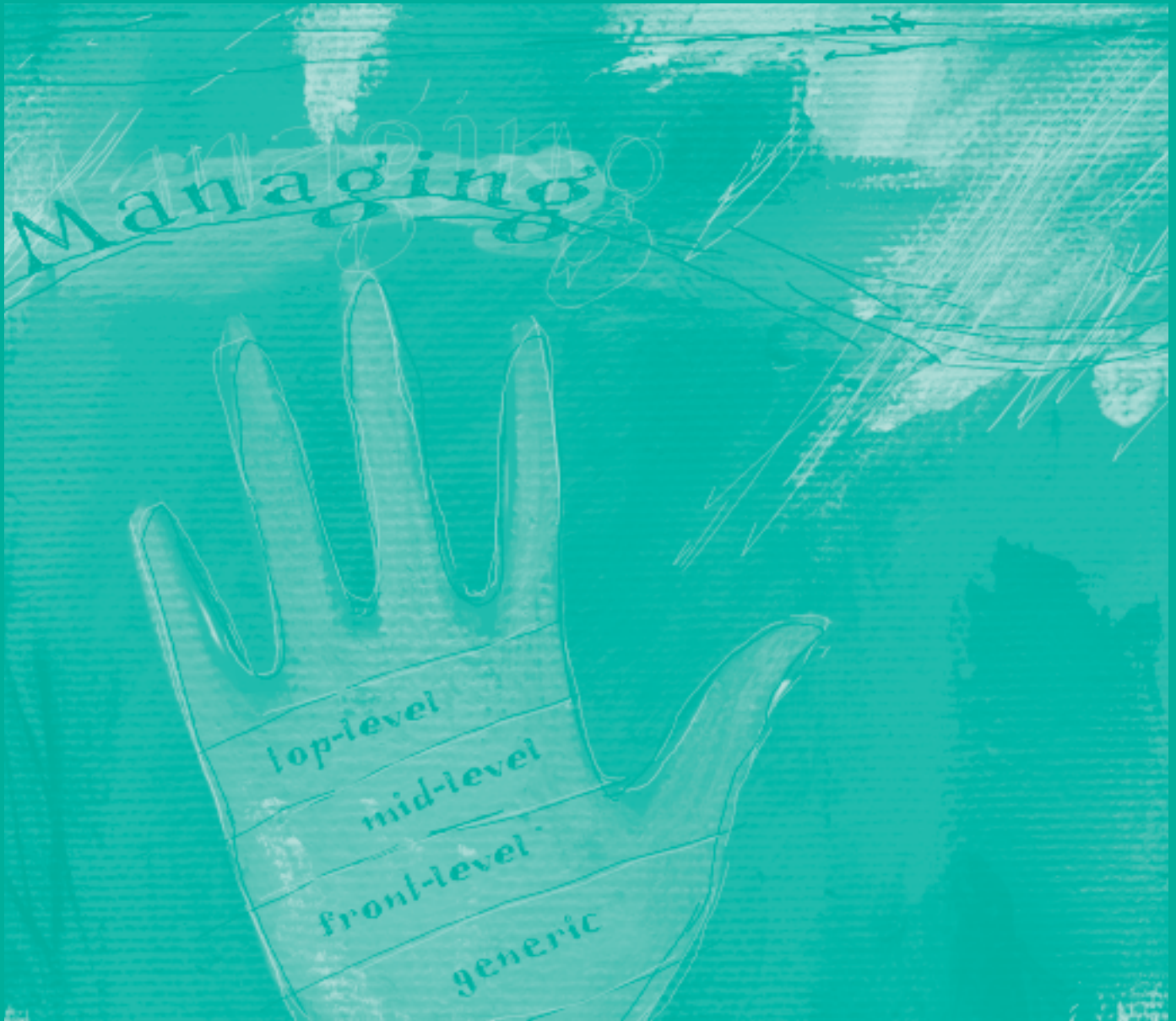
#### Indicators of less effective performance

- >
- >
- >
- >

> 2 lists of actions to help managers understand how to demonstrate this competency in practice.









## FOREWORD

The Office for Health Management, following the recommendation of the Commission on Nursing, commissioned this study to identify the management competencies required for nursing and midwifery management positions. Following a competitive tendering process, the proposal from Saville and Holdsworth (Ireland) Ltd and University College Cork was selected.

We welcome the results of this study. The competencies were developed in a rigorous and wide-ranging research exercise. They were then validated by consulting with groups of nurses throughout the country. We are therefore confident that they are grounded in the experience of nurse managers in Ireland. We also appreciate the forward-looking mentality adopted by the research team. They focused not just on the nursing managerial task as it is at present but also as it will evolve in the future as the recommendations of the Commission on Nursing continue to be implemented and as the wider health service evolves in response to the rapidly changing nature of our health care needs.

We believe that the management competencies identified in this user pack will be of benefit to employers, staff representative associations and nurse managers at all levels. They should inform the recruitment and selection of nurse managers by enabling employers to specify more clearly the competencies they are seeking and which they wish to assess. They should enable nurses themselves to assess their development needs and to plan for their own development. The Commission on Nursing recommended that health service providers should introduce systems to facilitate the development of personal career planning amongst nurses and midwives and the identification of these competencies should help those considering a managerial career.

The competencies should also facilitate the process of training and development for nurse managers. In the Office for Health Management we intend that any management development initiatives commissioned for nurse managers in the future should be informed by these competencies.

This management development user pack is a reprint in amended design and format of the OHM report published in February 2000 entitled *Report on Nursing Management Competencies*. Since the publication of the original report, assessment questionnaires have been developed and are available online at [www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie). In addition, a seamless management development pathway from front-line to top-level nursing and midwifery management is now in place.

Finally, I would like to thank all of those involved in the development and validation of these management competencies – all of the nurses, midwives and other stakeholders who participated in this study – and my thanks particularly to Dermot Rush and Geraldine McCarthy who led the research team. The greatest tribute that can be paid to all of them is if these competencies are widely used to contribute to the support and development of nursing and midwifery management in Ireland in this new millennium.

Denis Doherty  
Director  
Office for Health Management



# EXECUTIVE SUMMARY

## Origin and purpose

This research report was commissioned by the Office for Health Management in May 1999 as an initiative to support the development of nursing management in Ireland. This initiative followed the report on the Commission for Nursing which recommended that

- competency based approaches to management focus on the personal characteristics, skills and behaviours, which underpin effective or superior performance.

Accordingly this research set out to

- 1> identify and define the competencies which are required for effective nursing management in the Irish health and personal social services
- 2> ensure that the competencies are defined in the light of the future service requirements and the transitional challenges that they pose
- 3> recommend how these management competencies can be applied to enhance the future performance of nursing services.

## Method and scope

The research was carried out in three phases.

**Phase 1:** field research with a representative sample of nursing managers in front-line, middle-level and top-level roles across all of the main service sectors and geographical regions. The output of this stage was a definition of the competencies and the service contexts within which they are applicable.

**Phase 2:** a national validation exercise involving consultation with groups of nurse managers and other service stakeholders across a series of regional values. The outputs of this stage were a further refinement of the competency definitions and a heightened educational awareness of their relevance to service delivery.

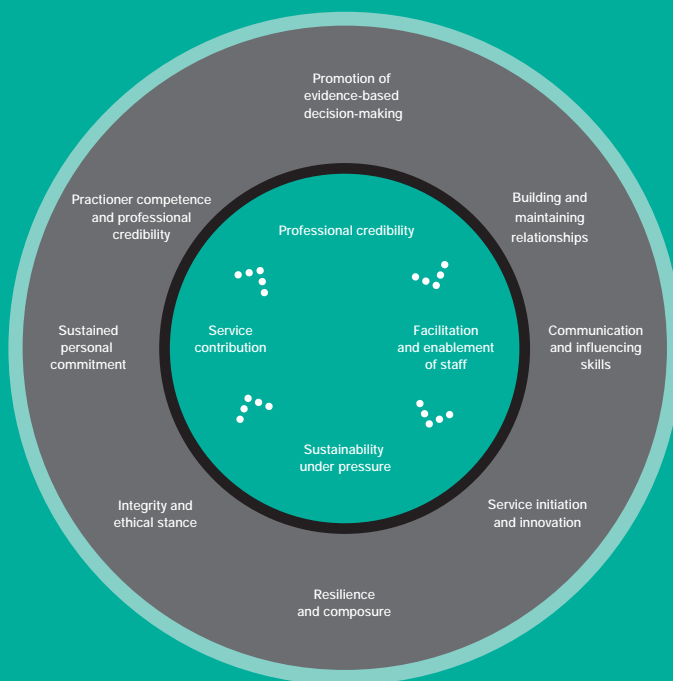
**Phase 3:** the presentation of a formal report on the research, including recommendations on applications and communication.

In total, the research drew on the contributions of over three hundred nurse managers and eighty service stakeholders (other professionals, management and service colleagues). An important element of the stage one process was a deliberate emphasis on exploring the likely future demands and contexts for nursing management. This was primarily accomplished by running three future scenario-scoping workshops which were attended by seventy-three nurse managers in total.

## Research findings

Nursing services are undergoing rapid change and development in virtually all service sectors with growing demand levels, broader contributions to service delivery and increasing levels of sophistication/specialisation. In parallel, the health and social services are undergoing rapid and continuous change with an increasing emphasis on service standards and accountability, value for money and consumer empowerment. Nurse managers need the competencies not only to deliver today's services but also to lead the evolution of services in this challenging environment.

The research has identified eight 'generic' competency areas which underpin effective performance at all levels of nursing management. These competencies can also serve as an initial 'readiness to manage' template which will assist individual nurses in their future career planning.



At the **front-line nursing management level** the research identifies three further critical competencies.

- 1> Leading on clinical practice and service quality
- 2> Planning and organisation of activities and resources
- 3> Building and leading a team

The **mid-level nursing management** roles make an important contribution to the integration and service development aspects of nursing provision. The research identified five role critical competencies at this level.

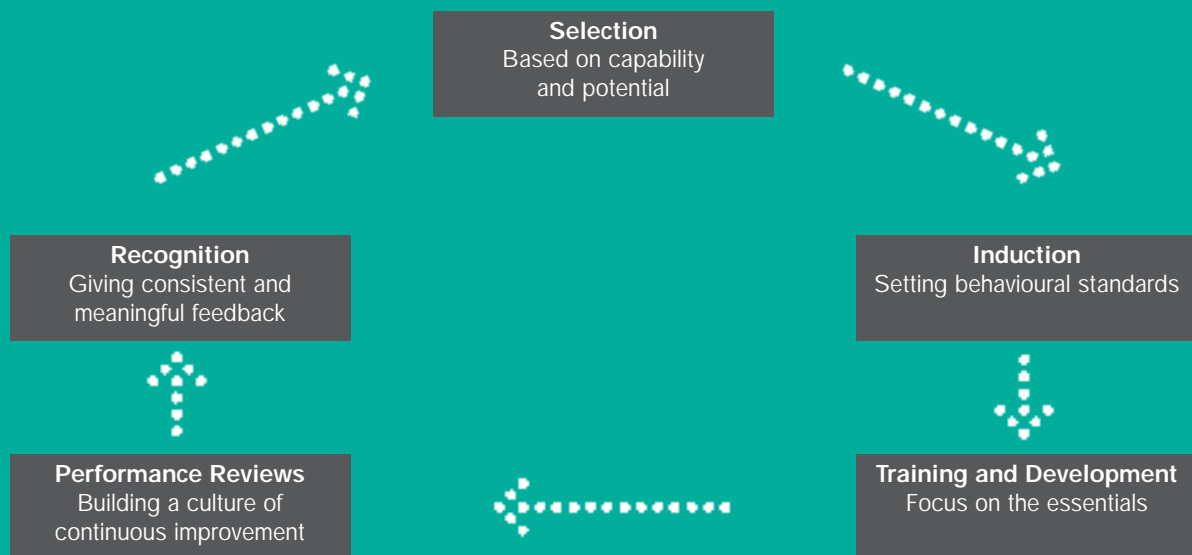
- 1> Empowering and enabling leadership style
- 2> Proactive approach to planning
- 3> Effective co-ordination of resources
- 4> Setting and monitoring performance standards
- 5> Negotiation skills

The **top-level nursing managers** face the challenge of ensuring that nursing makes a full contribution to the strategic development of services and that they play their part in the corporate management and stewardship of their own organisation. The research identified five role critical competencies.

- 1> Leading on vision, values and processes
- 2> Strategic and systems thinking
- 3> Working at corporate level
- 4> Establishing policy, systems and structures
- 5> Developmental approach to staff

## Application to support the development of nursing management

The competencies for nursing management can be used at a number of levels to enhance service performance, as illustrated below.



## Using competencies as the integration factor in performance management

The competencies should be used to bolster standards of nursing management and specifically they can be deployed as

- 1> selection criteria for recruitment purposes
- 2> behavioural standards in induction and training and as performance criteria for development, recognition and feedback purposes.

However further work needs to be done on the definition and specification of clear role profiles within the three levels of nursing management before the full benefits of competency-based development are realised.



# TRANSITIONS IN THE HEALTH SERVICE AND IN NURSING

## Origin of study

The *Report of the Commission on Nursing* (1998) recommended that the Office for Health Management commission a study of the competencies required for nursing and midwifery management positions. In particular it stated that

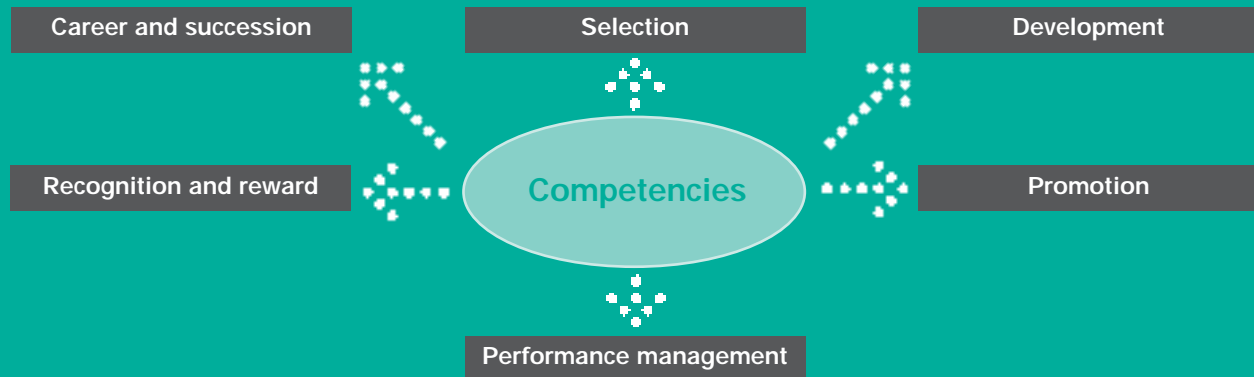
These competencies should be drawn up in the light of the management responsibilities identified for each level of nursing and midwifery management by the Commission (7.53).

## Defining competency

Competencies include behaviours, attitudes and knowledge that are skillfully applied. They complement the individual's academic and educational grounding to impact on overall job performance. One definition of competency is that adopted by Boyatzis (1982):

... an underlying characteristic of a person in that it may be a motive, trait, skill, aspect of one's self-image or role or a body of knowledge...

Competencies bring a more focused approach to the key qualities and behaviours required for effective performance and as such they can contribute to improved management through applications across a range of processes as illustrated below.



## Competencies – an integrated framework

However, competencies are not a panacea which can address all management issues, nor can their usage be slavishly generalised from one setting to another.

## Purpose

The purpose of this study was

- 1> to identify a future focused competency model for nurse managers in the Irish service context
- 2> to differentiate the competencies required at top-level, middle-level and front-line management
- 3> to utilise the results to inform good practice in the recruitment, selection and development of nurse managers

## Context within which nurse managers work

### *Changing health services*

The form and structure of the health services has changed dramatically during the last number of years. This has led to the introduction of a number of new initiatives to meet healthcare needs and to achieve health and social gain.

#### *The health strategy of 1994*

The strategy emphasised health promotion, disease prevention, pertinent use of expensive resources, promotion of better service links (particularly with community services); movement of patients between hospitals and the community and greater use of respite services, equity in relation to private versus public provision; provision of services for special and marginalised groups; collection and analysis of comprehensive data for use in need identification and evaluation of existing resource allocation; audits of service quality with particular emphasis on the consumers perspective and establishment of performance criteria for core service areas.

#### *The management development strategy for the health and personal social services (1996)*

The strategy emphasised the necessity for clinicians, professionals and health service managers to operate effectively in a more open and accountable culture.

The strategies above have meant major changes in the manner in which health and social services are provided and used and have led to the introduction of organisational restructuring and new management models including the following: service, directorate and unit models; strategic planning becoming the norm; creation of new services/new methods of service delivery such as provision of complex care on a daycare basis; greater use of technology resulting in information availability; greater devolution of decision making; a multidisciplinary approach to care; requirements for specialist skills; and pressure groups who lobby for specialist services.

These, together with increasing legal requirements (for example those for children, nursing homes, freedom of information etc) and the emergence of a more well-informed, enlightened, demanding and litigation conscious public, have major implications for nursing and nurse managers.

More recent policy documents also point to the major challenges and era of unprecedented change and restructuring facing the Irish healthcare sector. The health strategy document *Quality and Fairness: A Health System for You* (2001), the *Action Plan for People Management in the Health Service* (2002) and *The Health Service Reform Programme* (2003) all place emphasis on the need for the health service to be more person-centred and to become an employer of choice by ensuring a positive and participative management style, whereby staff at all levels in the organisation are empowered through devolved decision-making processes.

## Transitions in nursing

Within nursing itself there are also a number of key transitions occurring as a result of the changes in the health service and the publication of *Report of the Commission on Nursing*. These relate to

- management of nurses and nursing
- development of professional nursing
- clinical practice developments.

### *Management of nurses and nursing*

The world of nursing management is undergoing a transition process across a very broad front. Transitions include

- greater opportunities for nurse managers to work at strategic rather than operational level, using knowledge and expertise to effect strategy
- the introduction of more appropriate nurse management structures; a move from functional management to executive and service/directorate/unit models of management
- a requirement to utilise a participative management style and an ethos of decentralisation and shared governance rather than centralisation
- a move from reactive and transactional to proactive and transformational leadership
- a move from non-representation to full representation and active involvement in service planning
- the strengthening of the front-line managers role and responsibilities, with focus on managing and facilitating rather than supervising and with greater emphasis on enabling staff rather than on task control
- a move towards succession planning in nurse management
- a change from certificate to graduate qualifications for nurses
- a change from vocation, discipline, diligence and obedience to intellectual freedom and academic debate
- a change from few promotional opportunities to wider opportunities for nurses both internal and external to nursing
- an oversupply of registered nurses to shortages and difficulty in recruitment and retention
- a move from fixed work contracts to flexible working arrangements
- a move from a predominantly nursing workforce to the introduction of other grades working in multi-skilled teams, leading to issues of manpower planning, skill mix, skill training provision, management of a multi-skilled workforce and maintenance of quality service with non-nurses working side by side with registered nurses
- a move from a single professional nursing function to a team and partnership approach of equals in specialised fields of practice
- the possibility of joint appointments in nursing and education.

### *Development of professional nursing*

In parallel with service developments there has been a significant development of the professional status of nurses and career opportunities available to nurses as reflected in

- adequate and pertinent orientation of healthcare professionals to service sites
- focused and relevant in-service education, establishment and utilisation of nurse education centres
- personal development planning, career development and the creation of career ladders in clinical, education and managerial positions
- a framework for continuing education especially in clinical practice by the creation of clinical nurse specialist and advanced nurse practitioner positions in liaison with the National Council
- education and practice to advance learning of practitioners who are truly independent in their clinical practice role and who can function autonomously in nurse-led services yet interdependently in regard to other medical staff
- diploma to degree-level education for student and registered nurses as the norm rather than the exception
- responsibility for the provision of nurse education to be shared in a partnership arrangement between health services, third-level institutions, An Bord Altranais and others
- support for formal education through reimbursement of fees, flexible scheduling, leave of absences as the norm rather than the exception.



### *Clinical practice developments*

The clinical practice of nursing continues to grow in both breadth of contribution and complexity of activities, as reflected in

- the introduction of professional practice models instead of the traditional and functional models of care with responsibility and autonomy for focused nursing care of individual patients or groups of patients centred in the needs of patients and the role of registered nurses
- nurses responding to the advancement of scientific knowledge and technology by performing many of the procedures formerly carried out by medical colleagues
- autonomy and freedom to act within professional practice perimeters and protocols using innovation and creativity instead of routinisation and care based on rules and regulation
- decreased professional barriers and a team approach to care comprising nurses and professionals allied to medicine in an effort to improve patient services and outcomes
- the setting of standards and measurement of outcomes of care, including the utilisation of audit as a means of ensuring continuous improvement
- the teaching of students perceived as both an expectation for practice and an opportunity
- the recruitment and retention of highly qualified and committed staff
- the maximum and appropriate utilisation of staff recruited to support nurses in their role
- a move towards more proactive and community/home based care for older people, with implications for the recruitment of specialist nurses and others to care for projected numbers together with new skill acquisition and demand for a range of services
- the establishment of low-cost nurse administered units with respite beds where nurses have the admitting and discharge rights, to optimise service use
- an increased demand for domiciliary midwifery services, the development of nurse-led birthing centres and prenatal and postnatal community care provision clearly linked to need, especially for marginalised groups
- the increasing contribution of education and prevention focused activities.

The pace and rate of change in nursing services poses a significant leadership challenge for nursing management. The ingredients for a successful management response will include both a shift in culture towards a more transformational leadership style and a more structured and focused approach to the development of management competencies at all levels within the services.

# ORIGIN, PURPOSE AND METHODOLOGY

## The project structure

The project was conducted in three phases.

**Phase 1:** A future role analysis of three main levels of nursing management based on field research and the definition of a forward looking competency model with full reference to stakeholders' views and international comparisons.

**Phase 2:** A wide ranging consultation and education process with nursing managers across the country.

**Phase 3:** Production of a formal report setting out the future competency requirements together with the recruitment and management development applications and a communication plan to build a momentum for implementation.

## Project design

Both quantitative and qualitative methodologies were utilised in the first two phases. These included role analysis, individual interviews, repertory grid interviews, future scenario focus groups and a stakeholder survey. An initial field sample of fourteen large service sites including general hospitals, mental handicap, psychiatric, maternity, sick children and public health specialities across the country was selected. Each service provided a vertical selection of top-level, middle-level and front-line nurse managers to participate.

### Phase 1

#### *Role analysis*

Phase 1 of the study involved making contact with the fourteen sites. The research team visited the sites where participants completed a role analysis instrument. The questionnaire collected information on the nurse manager's work and sought to establish the main tasks performed, rated by both importance and frequency as well as exploring the context in which these tasks were performed. This instrument provides a thorough and systematic task analysis of the management role.

#### *Interviews*

Members of the research team organised individual interviews with a sub-sample of nurse managers at each site (see Table A). Other than the top-level managers (all of whom were included) the sample was a representative one. In most cases one site was visited at a time when it was possible to conduct three interviews – one with a manager from each level, i.e. top, middle and front line. Interviews were ninety minutes to two hours in duration using qualitative methods to obtain data.

#### *Critical incident interviews*

Critical incidents were used to explore real life management situations. Three to four incidents were analysed, investigating both negative and positive outcomes. By identifying the key characteristics that contributed to successful or unsuccessful performances, these interviews provided rich insight into critical aspects of role performance.

#### *Repertory grid interviews*

In this part of the interview, repertory grids were completed with top and middle managers only. This method explored the nurse manager's perception of the factors that differentiated 'better' from 'less' effective performers. The nurse managers were taken through a structured process to explore the personal characteristics which they saw as differentiating their best performers from others in target roles (i.e. middle managers reflecting on front-line managers and differentiating why some were 'better' performers than others).

#### *Future scenario focus groups*

Future scenario focus groups were conducted with an expanded national sample of top-level, middle-level and front-line nurse managers (n=93) in Dublin over a two-day period. The sample was chosen based on geographic location and branch of nursing represented (general, psychiatric, mental handicap, paediatric, public health and care of older people). Members of the research team led sessions with groups from each management level. A 93% attendance rate from invitees was achieved. Themes discussed related to future health service demands and attendant challenges for nurse management. The conditions necessary to facilitate future role development were also discussed.

### *Stakeholder survey*

Nurse managers who attended the future scenario focus groups nominated non-nursing stakeholders and a questionnaire was mailed to 318 of those nominated. Seventy-eight stakeholders representing chief executive officers, general managers, doctors, other healthcare professional and service managers responded within the timeframe. The questionnaire collected both quantitative and qualitative data. Its purpose was to identify the qualities associated with effective nursing management, particularly in terms of the way nursing interfaces with other disciplines in the provision of services. This questionnaire also incorporated a future orientated component.

### **Phase 2**

Phase 2 involved communication of the emerging competencies at workshops in eight locations countrywide (Dublin: two sessions, Galway, Meath, Tullamore, Sligo, Cork, Limerick, and Waterford). Two hundred and fifty-seven nurse managers attended. These were grouped according to level and were asked to examine and reflect on the emerging competency models. Each group was allocated specific competencies to examine and their views were elicited on the adequacy and relevance of the definitions, areas of applications and the associated positive and negative behavioural indicators. The response at these workshops was strongly supportive in terms of both endorsing the research findings and in adding refinements to the definitions and context descriptions.

*Number of nurse managers who were involved at each phase of the study*

	<b>Role Analysis</b>	<b>Individual Interviews</b>	<b>Future Scenario Focus Groups</b>	<b>Validation Workshops</b>
Top-level	14	14	23	33
Middle-level	33	16	31	71
Front-line	118	13	39	153
Total	165	43	93	257

### **Findings**

Quantitative and qualitative data was collated, analysed and merged from all stages of the research to build the competency model. Relevant international research comparisons were also made. Eight generic competencies were identified:

- › evidence-based decision-making
- › relationship building
- › communication and influencing
- › initiation and innovation
- › resilience and composure
- › integrity and ethical stance
- › sustained personal commitment
- › practitioner competence and professional credibility.

Core competencies for each level of management were also identified. All competencies have been developed to include definitions, areas of application, and positive and negative behavioural indicators as set out in the competency booklets in this user pack.

### **Benefits of participation**

The project was not just an exercise in collecting information. It also served as an important educational exercise at a number of levels, exemplified as follows.

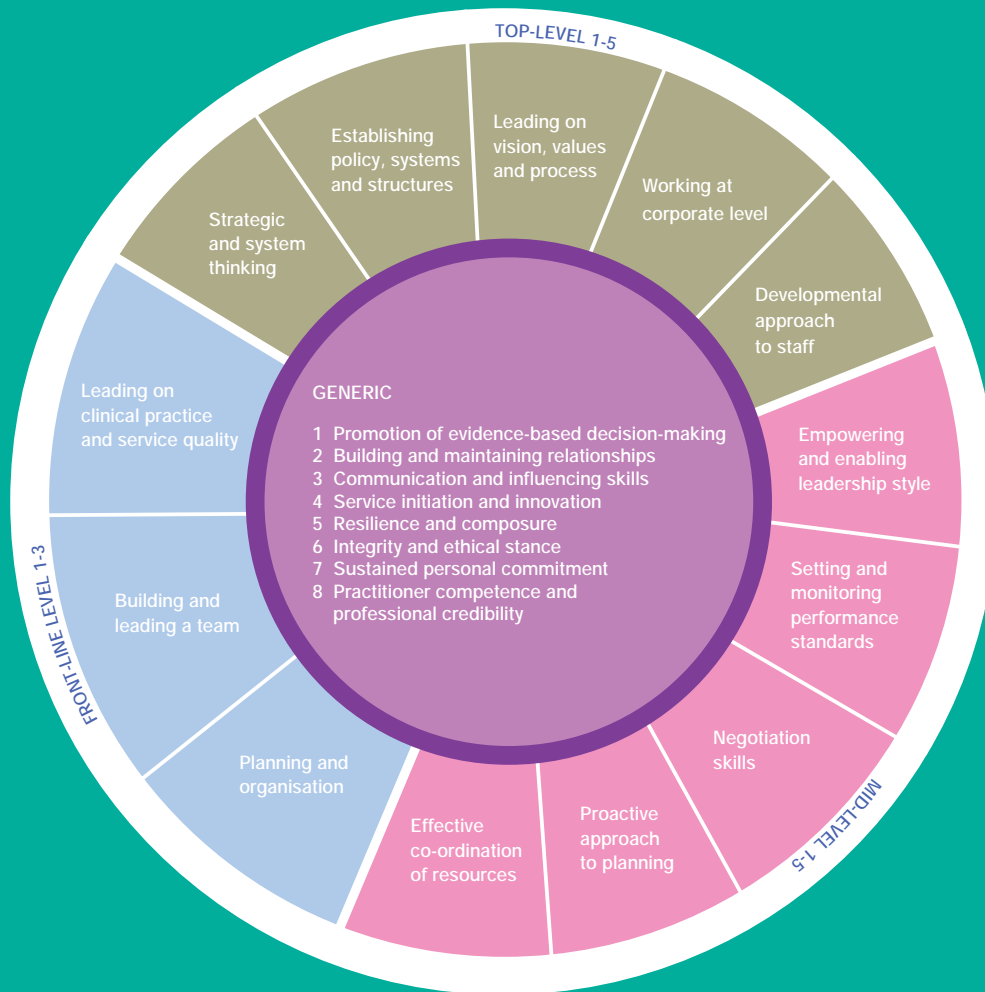
- 1> With the nursing profession and nurse managers in particular, focus was placed on the behaviours, attitudes and qualities which are required for taking nursing and health service delivery forward.
- 2> For the stakeholders group the project served to reinforce what nursing management can contribute and also to clarify the wider service expectations for the contribution of different levels of nurse management.
- 3> For the service as a whole focus was placed on the recruitment and development implications specifically relating to the competence and capability to carry out the management role effectively.

### **Phase 3**

Phase 3 called for the production of a formal report setting out the future competency requirements (for nurse and midwife managers) together with the recruitment and management development applications, and an enabling context to build a momentum for implementation. This management competency user pack for nurse and midwife managers provides all of the elements of Phase 3.

# SELECTING THE COMPETENCIES RELEVANT TO YOUR ROLE

Twenty-one competencies are defined and analysed in the competency booklets included in this user pack.



## 1 Identify the level most appropriate to your role, top-level, mid-level, front-line

Select the level that best matches the demands of your role in the short and medium term. Use the space below to record your level.

Your level:

## 2 Study the generic and critical competencies relevant to your level and prioritise them in terms of your current job. It would be beneficial to prioritise them as either very important or important.

In deciding this please assess your own development needs and consider your current responsibilities and how your role may evolve in the coming 12 to 18 months. Do consult your manager or a colleague if that would help. Use the spaces below to record your priority competencies.

### Generic Competencies

1	<input type="text"/>	5	<input type="text"/>
2	<input type="text"/>	6	<input type="text"/>
3	<input type="text"/>	7	<input type="text"/>
4	<input type="text"/>	8	<input type="text"/>

It is important to note that the eight generic competencies do not change across the levels.

### Critical Competencies

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2	<input type="text"/>	4	<input type="text"/>
	5	<input type="text"/>	

## 3 Consult the appropriate competency booklet and review the performance indicators relevant to the competencies identified for development

### What next?

Log on to [www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning) to complete your personal development planning materials.





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- 1 Promotion of evidence-based decision-making**
- 2 Building and maintaining relationships**
- 3 Communication and influencing skills**
- 4 Service initiation and innovation**
- 5 Resilience and composure**
- 6 Integrity and ethical stance**
- 7 Sustained personal commitment**
- 8 Practitioner competence and professional credibility**

Nursing services are now being delivered in a service environment characterised by

- a) rapid rate of change
- b) increasing levels and volume of service demand
- c) a greater complexity in nursing tasks and duties
- d) a greater complexity and interconnectedness in service delivery systems
- e) services which are increasingly delivered through multi-disciplinary teams
- f) an emphasis on resource justification in terms of the linking of service outcome with the activity levels and resources used by the service.

Although we worked with three distinct representative samples at the different levels of nursing management, nevertheless the research indicated that there were a number of core competency domains that are critical to effective management across all three levels. We have described these level-spanning competency areas as the eight generic competencies requisite for effective nursing management.

The figure below conveys the message that nursing managers in all service areas are challenged to

- a) demonstrate the value and highlight the contribution of the evolving nursing capability
- b) organise and structure work to enhance effectiveness and efficiency of services
- c) play a lead role in the facilitation of service co-ordination and clarity (for both inter-disciplinary colleagues and clients)
- d) ensure that service standards and consistency are sustained.

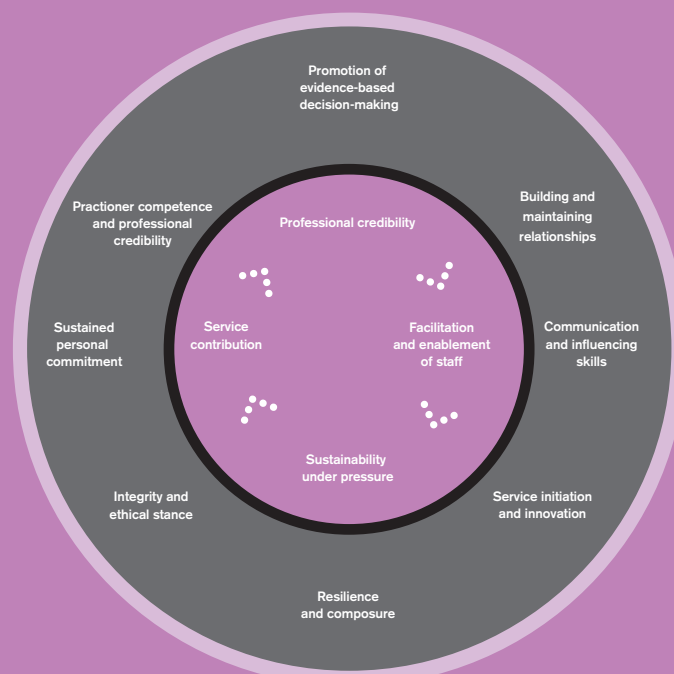
These generic competencies for nursing management can be used in two ways:

- 1> as a core skill set which nursing managers will need to continuously refine and build on as they develop their careers
- 2> as an initial set of basic building blocks indicating the potential to pursue a career in nursing management.

With the increased opportunities for the development of specialist or expert practitioner nursing roles, front-line nurses will now have greater options in terms of career paths and developmental opportunities. These generic competencies will be helpful as a template against which to assess or review suitability for progression along a management career path. They should also be used as a developmental framework so that capable nurses can be given opportunities and guidance on the job that develops their contribution in each of these critical performance areas.

### Generic competencies for nurse managers

- 1> Promotion of evidence-based decision making
- 2> Building and maintaining relationships
- 3> Communication and influencing skills
- 4> Service initiation and innovation
- 5> Resilience and composure
- 6> Integrity and ethical stance
- 7> Sustained personal commitment
- 8> Practitioner competence and professional credibility



## Definition

Makes decisions in a well judged and timely manner bringing all relevant information to bear when addressing problems or issues. Uses logical analysis to break complex problems into their component parts. Applies research findings to improve nursing practice and processes.

### AREAS OF APPLICATION

- › Evaluation of service needs and new service proposals
- › Allocation of scarce resources across multiple demand areas
- › Making judgements in complex disputes
- › Evaluation of adequacy of service provisions
- › Evaluating trends from service data
- › Integrating research findings into nursing practice
- › Problem solving in crisis situations
- › Finding solutions to complex client service issues
- › Makes unpopular decisions on the best evidence available
- › Day to day gathering of information in the clinical setting, accessing, probing and observing behaviours and actions

# 1



## Promotion of evidence-based decision-making

### Indicators of MORE effective performance

- › Uses analysis and logic in considering problems and issues
- › Promotes and expects evidence based decision-making process to be used by all staff
- › Uses a wide range of information sources and knows how to access relevant information to address issues
- › Can break complex problems down into component parts and address these in a systematic fashion
- › Takes an overview of complex problems before generating solutions; anticipates "knock on" effects of different solutions
- › Differentiates the critical features of an issue from the more minor or irrelevant and focuses attention on the essential nub of a problem
- › Ensures that he/she consults widely on difficult issues and probes the facts and data presented, including looking at a situation from different perspectives
- › Generates a number of options, often in consultation with others, and evaluates these for adequacy before deciding on a particular solution

### Indicators of MORE effective performance

- › Able to process a lot of material, either written, oral or quantitative data, quickly and accurately in order to evaluate an issue or a situation
- › Can make decisions in a timely manner in a crisis and will be comfortable making a decision with incomplete information (albeit not necessarily a final one)
- › Most of own solutions and suggestions turn out to be correct and accurate when judged over time. Is often sought out by others for advice and solutions
- › Intervenes quickly when there is a problem with direct reports and is able to make difficult or negative decisions when all other efforts fail
- › Demonstrates a sound knowledge of procedures and protocols in operational matters
- › Shows the confidence to take decisions up to own level of discretion but will also recognise when to take an issue to the next level.

# 1



## Promotion of evidence-based decision-making

### Indicators of LESS effective performance

- Tends to be overly intuitive or jump to conclusions
- Is unclear in own expectations of subordinates in terms of how systematically they address problems and issues; allows too much intuitive and non-evidenced decision-making from subordinates
- Tends to take 'the given' as correct and may be somewhat uncritical in approach to the information or situation that is presented
- Has difficulty breaking down complex problems and may miss significant sub-components or points when doing so
- Tends to jump into solutions without adequately evaluating their implications and knock-on effects
- Finds it difficult to 'see the wood from the trees' in complex problems and can get distracted into dealing with the peripheral or largely irrelevant while neglecting the core issue
- Tends to see a situation only from one perspective and may neglect to consult people who would have relevant information or an important perspective on the situation
- Generates a single option and neglects to evaluate it fully before coming to a conclusion

### Indicators of LESS effective performance

- Slow to make decisions, will tend to dither. Requires an excessive amount of time or can be inaccurate when consolidating and evaluating management-level information, be it written or quantitatively presented (NB one would expect individuals to have relative strengths and weaknesses within this indicator)
- Tends to dither or refer to others in a crisis situation; may become disorganised in response to a crisis and own responses may lack coherence
- Shows a track record of inconsistency in terms of qualitative decision-making. Tends to be disregarded by others when they need advice on complex issues
- Takes too long to intervene when there is a problem with direct reports; finds it difficult to assert self sufficiently to make negative or tough decisions regarding subordinates, seen as ineffective in handling trouble makers
- Has significant knowledge gaps in terms of operational procedures and protocols, which adversely affect quality or speed of decisions
- Takes too many problems or issues to the next level of manager when they should be dealt with at this level.



## Definition

Forms strong positive working relationships across all areas of the service, builds on a common understanding. Demonstrates a supportive and reciprocating work style including strong empathy with service users.

### AREAS OF APPLICATION

- › Building reciprocal working relationships at all levels and across service areas
- › Providing support to staff and service users in distress
- › Being accessible to others with sensitive issues
- › Handling employee relations issues and conflict diplomatically
- › Provision of support in service setting to nursing staff, other healthcare professionals, management and service users

# 2



## Building and maintaining relationships

### Indicators of MORE effective performance

- › Relates well to people of differing styles and at all levels in the organisation
- › Has strong empathy and puts self into the shoes of the other person
- › Helpful and offers support to colleagues on a regular basis
- › Reads people well and can access how they are feeling and thinking
- › Makes it easy to be approached and talked to; builds rapport and is a patient listener
- › Demonstrates a strong understanding of why groups do what they do, is good at 'early sensing' of agenda in terms of positions, intentions and needs
- › Uses diplomacy and tact in fraught situations and can diffuse tense situations comfortably
- › Addresses conflict situations positively, showing respect, listening to the involved parties and achieving common ground in most cases
- › Shows self-awareness in terms of how people are coming across and also as to how well they are working with significant others

### Indicators of MORE effective performance

- › Shows personal concern for direct reports, is interested in them as 'whole people'. Spends time on their concerns and questions and is available to listen to problems
- › Anticipates and listens to staff worries and concerns and follows them through.

# 2



## Building and maintaining relationships

### Indicators of LESS effective performance

- › Has a 'one size fits all' style or has significant difficulty relating to different types of people
- › Tends to see things from own perspective; struggles to understand different view points
- › Is very transactional in style, only offers help on an opportunistic basis. Too engrossed in own concerns
- › Has difficulty 'sensing' how people are. Avoids feelings and remains somewhat distant
- › Is difficult to access due to 'business'. May be aloof or status conscious, overly formal style puts off others
- › Doesn't understand group dynamics well. May stereotype groups or avoid dealing with them
- › May take difficult situations too personally or may be too uncomfortable with expressed negative emotions. Gets anxious
- › Avoids conflicting situations until they are inescapable, may take on overly pushy style or accommodate too easily
- › Doesn't think about (or care) how he/she affects others. Doesn't care about the needs of others. Has a one-way benefit style

### Indicators of LESS effective performance

- › Works with direct reports on a more formal basis. Devotes insufficient time to their issues and to offering support
- › No open channels of communication to staff. Distances self from staff.

## Definition

Gets a message across fluently and persuasively in a variety of different media (oral, written and electronic). Makes a compelling case to positively influence the thinking of others. Is strategic in how he/she goes about influencing others; shows strong listening and sensing skills.

## AREAS OF APPLICATION

- › Making a proposal for resource allocation or new services
- › Presenting at national or local fora on professional topics
- › Arguing the case on a complex service issue
- › Making motivational presentations and selling new ideas to staff
- › Briefing of staff and other professions
- › Explanation of complex and sensitive information to service users and their families
- › Writing formal correspondence and reports
- › Will be a member of influential committee/task group

# 3



## Communication and influencing skills

### Indicators of MORE effective performance

- › Marshals information cogently to make a persuasive case; communicates information clearly in the spoken word; makes well-structured and persuasive presentations
- › Can communicate in a rational, emotional mode as appropriate in order to engender enthusiasm in the audience. Can make memorable interventions
- › Thinks in advance who and how to influence; puts in place a communication strategy for complex issues; shapes or adjusts message to suit the needs of the target audience
- › Builds and uses networks across sectors and disciplines; regularly builds coalitions of interest around new proposals
- › Is comfortable using more than one medium to present a message; is skillful in adjusting the level of communication to suit the audience
- › Has strong two-way listening skills; is able to elicit information from others in a non-threatening way and can read between the lines
- › Writes authoritatively and clearly in terms of memos, directives and reports

### Indicators of MORE effective performance

- › Develops fluent and cogent written proposals and papers to suit a variety of audiences (i.e. professional, managerial, general public and service)
- › Can put a message across to the public media in a confident, clear and composed way; is comfortable yet astute in dealing with the media on sensitive issues
- › Chairs meetings with structure, clarity and strong positive facilitation; can use humour and ensures meetings achieve a purpose or result
- › Able to use body language appropriately, e.g. eye contact, having a strong physical presence
- › Able to articulate needs of client clearly and passionately. Is a strong advocate.

# 3



## Communication and influencing skills

### Indicators of LESS effective performance

- › Presents a case in a poorly structured or incoherent way
- › Makes presentations in an overly factual or formal way; lacks impact and the ability to grab attention in presentation style
- › Doesn't think about the audience in anticipation of presentation or communication; fails to anticipate audience requirements
- › Tends to use formal channels in a more conservative and conventional way; neglects to build interdisciplinary platforms for proposals
- › Has significant weaknesses in at least one of the main communication modalities (spoken, written, or electronic); has difficulty adjusting the level of communication to suit the audience
- › Tends to have too much of a 'push' style in communication; does not listen carefully or closely enough to others and misses vital nuances
- › Writes memos, directives and reports in an overly laborious or confused manner. Memos lack structure or have either too much or too little detail to suit the requirements of the issue

### Indicators of LESS effective performance

- › Lacks confidence when fronting for the organisation and dealing with the media; lacks fluency or seems disjointed and ill at ease when dealing with sensitive issues in public fora; can be indiscrete when dealing with sensitive public relations issues
- › Has difficulty writing formal papers in a fluent way; written work is dull and uninspiring in tone and content
- › Chairs meetings in a poorly structured or inadequately assertive way; does not achieve clear results from meetings
- › Lacks awareness of how to project an image non-verbally – does not maintain eye contact, e.g. reads notes during formal presentations
- › Relies heavily on hierarchy to force an issue. Lacks the confidence to assert the client needs.



## Definition

Drives to achieve positive results at all levels of the service. Takes initiatives to move the service forward and shows a willingness to try out new ideas.

### AREAS OF APPLICATION

#### At top-management level

- › Promoting new service initiatives
- › Promoting new applications for professional skills
- › Broadening and deepening the contribution of nursing
- › Initiating quality systems, audit and interdisciplinary initiatives

#### At middle-management level

- › Develops a new project team to address a specialist need within the service
- › Creates new expanded roles to develop team members
- › Organises multidisciplinary 'think tank' to address waiting-list problem and uses problem solving techniques with the team
- › Gets clients ideas/suggestions as to ways the service might be improved

#### At front-line level

- › At the forefront of clinical practice leading the team in new areas of innovative treatment and care

# 4



## Service initiation and innovation

### Indicators of MORE effective performance

- › Puts focus of energy into a few core areas or initiatives, doesn't get overloaded by too many issues. Personally 'champions' a small number of significant projects or service initiatives
- › Promotes nursing as a significant contributor or leader in interdisciplinary service improvement projects or constantly challenges and questions how nursing can add more value to service provision
- › Looks to nursing managers (at both front and middle level) to develop service improvement and quality initiatives
- › Sees the research-based practice and new specialty developments as positive opportunities for the contribution of nursing
- › Shows strong project management skills in developing new ideas. Personally tracks and monitors progress toward project/initiative goals
- › Brainstorms with team on a regular basis to develop solutions to service issues and problems
- › Uses patients' suggestions to look at issues in a fresh way. Tries out new ideas and ways of working. Has a flexible approach and welcomes change
- › Is actively sought out as a good 'ideas' person for working parties and project teams. Comes up with many ideas for service improvement.

### Indicators of LESS effective performance

- › Gets swamped or overloaded and doesn't use role or position of power sufficiently to push new ideas or service initiatives forward
- › Has a more steady state and conventional image of nursing; concentrates totally on current models of service provision; liable not to take risk (no matter how well justified)
- › Allows nursing to play a subsidiary or peripheral role in new initiatives; leaves interdisciplinary leadership to other disciplines
- › Is slow to originate new practices or apply new techniques; plays safe in terms of own service contribution
- › Doesn't put sufficient structure into new service initiatives, overloads the operational system with extra demands. Leaves project progression to others without checking on progress; allows projects to lose momentum
- › Authoritarian approach with team and does not involve them in brainstorming solutions
- › Does not seek patients' views unless having to deal with a complaint. Tends to stick to the tried and trusted. Rigid in the face of change and dislikes being out of routine
- › Tends to be overlooked when setting up new projects and is not regarded as an 'ideas' person. Comes up with few ideas for service improvement.

## Definition

Maintains a disciplined and professional level of performance under sustained or situational pressure. Can bounce back from adversity or setbacks. Shows persistence and flexibility in achieving goals.

## AREAS OF APPLICATION

- › Maintaining calm and providing leadership in a crisis
- › Handling a wide variety of demands in a time-limited environment
- › Maintains composure in pressurised negotiations for resources when confronting service accountability issues
- › Dealing with negative emotions when confronting poor performance or other contentious issues
- › Dealing with irate clients or other stakeholders in highly charged situations

# 5



## Resilience and composure

### Indicators of MORE effective performance

- › Acts coolly in a crisis situation and retains composure; gives staff the confidence of being led in a crisis
- › Puts coherence and a structure on the response to crisis situations; calms down other staff and models a composed response
- › Maintains an objective and detached stance when dealing with conflict. Does not become defensive or irritated when dealing with conflict or a negative presentation from others
- › Is usually turned to or counted on to hold things together during difficult times or crises
- › Deals with unexpected situations or crisis in a flexible and fluent way; isn't knocked off balance by the unexpected
- › Maintains composure and calm outlook when one's efforts or initiatives are resisted or blocked; takes stock before reacting on an emotional level
- › Bounces back from setbacks and will persist with efforts even against strong resistance
- › Puts time into supporting and coaching one's staff on how to react appropriately in crisis or difficult circumstances; promotes a professional response in times of stress

### Indicators of MORE effective performance

- › Can sustain an exceptional degree of performance and effort for a considerable period of time under pressure but also recognises when it is time to take a break; knows how to recognise and manage own stress levels
- › Knows how to switch off from stressful work situations; tries to achieve a positive balance and quality of life between work demands and overall life experience; pays deliberate attention to own stress management.

# 5



## Resilience and composure

### Indicators of LESS effective performance

- › Gets flustered or disorganised in a crisis; gives impression of lack of leadership in crisis situations
- › Reacts incoherently in a crisis situation; has a contagious confusing effect on other staff and is unable to reassure
- › Becomes overly defensive or personally upset when dealing with negative views or emotion from others. Fails to maintain an objective and detached stance
- › Tends to get bypassed or sidelined when there are difficult times or crises to be dealt with
- › Is easily thrown off balance or knocked out of stride by the unexpected situation; is slow to readjust to new circumstances
- › Easily shows frustration when blocked or initiatives are rebuffed; takes it personally when does not get initiatives accepted and will show this in an easily read or public way
- › Is easily put off own goal or intentions by strong resistance; gets discouraged or demotivated when efforts are resisted or rebuffed
- › Does not support staff in a structured way when there is a crisis or difficult situation to be dealt with; doesn't keep close enough to staff or colludes in dysfunctional responses

### Indicators of LESS effective performance

- › Will persist with effort under stressful conditions for too long without taking a break; does not recognise or monitor own stress levels and demand systems
- › Fails to achieve a reasonable balance between demands of work and quality of life; allows him/herself to get into a stress rut and fails to develop a range of stress management techniques.



## Definition

Holds an appropriate and effective set of professional and managerial values and beliefs and behaves in line with these. Promotes and consistently supports ethical and value-based staff practices.

### AREAS OF APPLICATION

- › Ensuring that professional ethics and values are disseminated through all levels of the nursing service
- › Articulating an ethical and values-driven stance at corporate level
- › Contributing to the formation of organisational ethics and values
- › Dealing with complex ethical client and service dilemmas
- › Acting as a role model for other staff in the handling of complex or sensitive issues



# 6



## Integrity and ethical stance

### Indicators of MORE effective performance

- › Makes a positive contribution to the development of ethics and values at both professional and organisational levels; ensures that there is an active and ongoing debate in these areas
- › Tries to ensure that personal values are consistent with those of the organisation and will strive to air and reconcile any significant differences; will positively address possible compromise of values due to organisational needs or exigencies
- › Makes efforts to develop and promote a set of organisational values and the climate that is consistent with these; is a champion and articulator of values at organisational level
- › Is looked to for guidance on standards, norms and values by others; stays solid on values during crises or other close calls on ethics; seen to project a consistent set of values
- › Articulates client needs and the primacy of positive client services over and in counter-balance to a service needs driven agenda
- › Always follows through on issues and behaves in a manner that is consistent with own and the organisation's espoused values and practices; will check back to others where there are value or integrity issues

### Indicators of MORE effective performance

- › Shows fairness and consistency in dealing with direct reports and other staff; doesn't generally operate hidden agendas and doesn't give preferential treatment
- › Is able to treat personally sensitive information with confidentiality; is careful not to speak in an indiscrete or hurtful way about others
- › Admits mistakes and is willing to take responsibility when things go wrong as a result; doesn't misrepresent self for personal gain
- › Is generally honest and truthful in dealing with individuals; elicits trust from others on this basis.

# 6



## Integrity and ethical stance

### Indicators of LESS effective performance

- Tends to go along with whatever ethics or values are currently in place, either organisationally or professionally, without questioning or evaluating these seriously; doesn't see ethics as a high priority for personal role
- Will allow self to be compromised by values and conflicts without addressing these
- Allows ethics and values to be downgraded in importance when a crisis arises; tends to be sidelined or avoided by others when there are serious ethical issues to deal with; would be seen by others as inconsistent in personal set of values and practices
- Tends to operate primarily from a service driven agenda and will subordinate the client experience to service expediency at times
- May be inconsistent in living up to own or the organisation's espoused values and practices; may tend to hid difficult issues, sweep them under the carpet and not refer back to relevant parties
- Tends to treat direct reports and other staff inconsistently; shows favouritism towards some staff and may operate inconsistent or hidden agenda

### Indicators of LESS effective performance

- Shows poor judgement in terms of maintaining confidentiality; may be indiscrete or talk inappropriately in a way that affects others
- Tries to avoid the blame when things go wrong; may try to direct the blame towards others inappropriately and may misrepresent situations for personal gain
- Can be evasive and less than truthful on many occasions; may not be widely trusted as a result.

## Definition

Is personally committed to achieving end goals and the continuous improvement of the service. Shows enthusiasm and a high level of motivation in leading and completing projects. Highly committed to the nursing profession and keeps abreast of current issues.

### AREAS OF APPLICATION

- › Continuous improvement focus on personal role and that of the service
- › Champions and promotes nurse education throughout the service
- › Initiates systems to capture learning and debrief staff
- › Attends conferences, meetings and other professional fora

# 7



## Sustained personal commitment

### Indicators of MORE effective performance

- › Takes a positive view of nursing and its future
- › Personally committed to, and actively works on, self-development and performance improvement
- › Ability to work hard, showing drive and positive energy in bringing the service and staff to a higher level
- › Sets realistic but challenging goals and constantly reviews these
- › Constantly challenges and questions how and what nursing 'can do' to improve and better the service
- › Has a vast amount of clinical knowledge and expertise. Continuously updates and shows willingness to share this
- › Shows a strong degree of self-awareness, seeking feedback from colleagues
- › Accepts both negative and positive criticism
- › Learns quickly from experience. Ability to reflect on incidents and situations and to debrief self and others in order to learn and find better ways of doing things
- › Sees new developments in nursing practice and research as opportunities for developing the nursing services and profession

### Indicators of MORE effective performance

- › Works well with others and enjoys facilitating learning, mentoring or coaching others. Will use a variety of learning resources.
- › Actively sees nursing as involving and leading interdisciplinary services to improve and better the service as a whole.

# 7



## Sustained personal commitment

### Indicators of LESS effective performance

- › Holds a negative view of the future nursing profession and articulates same
- › Self-development and performance review are low on the list of personal priorities
- › Finds it difficult to maintain a sustained effort. Is less focused on service improvement and bringing staff to a higher level
- › Only sets comfortable targets and goals for staff
- › More comfortable in a steady state where there is no element of risk taking. Concentrates on the here and now
- › Limited amount of knowledge and experience. Does not impart this to others and thus neglects keeping others informed
- › Lacks self-awareness and avoids/does not actively seek feedback from others
- › Finds it difficult to accept any criticism
- › Too busy focusing on the next task. Does not stop to look at what is happening or spend time reflecting on incidents. Avoids seeking new approaches
- › Sees research and practice initiatives as threatening the status quo. Will play safe in terms of developing the service

### Indicators of LESS effective performance

- › Avoids teaming up with others and facilitating learning. Will leave this to the formal systems that are in place
- › Allows nursing to remain peripheral to the interdisciplinary services, leaving other disciplines to lead.

## Definition

Has the functional and technical knowledge and skills to make a credible contribution to nursing practice.

## AREAS OF APPLICATION

- › Applicable as an underpinning foundation for most core activities at all levels of nursing management

# 8



## Practitioner competence and professional credibility

### Indicators of MORE effective performance

- › Demonstrates a sound grasp of core nursing issues from a functional or technical perspective
- › Shows sound professional judgement in decision-making on functional areas
- › Shows the capacity to follow a more detailed presentation on a particular functional area
- › Picks up on functional or technical points quickly
- › Is good at learning about new practice development or technical knowledge
- › Takes steps to regularly update professional knowledge base
- › Has a track record of making a substantial professional contribution.

### Indicators of LESS effective performance

- › Shows a lack of understanding in core functional or technical areas
- › Makes marginal or poor judgements due to lack of professional knowledge
- › Loses the thread of an issue once it gets into functional or technical detail
- › Is among the last to learn or adapt new technologies
- › May be stuck in past skills and technologies
- › May show no interest in functional or technical areas
- › Lacks the credibility of a substantial practice achievement or contribution.





**CONTENTS >**

- 1 Planning and organisation**
- 2 Building and leading a team**
- 3 Leading on clinical practice and service quality**

The work of front-line nurse managers has become increasingly demanding and more complex as service volumes and patient expectations continue to grow.

Specifically in relation to front-line nursing and midwifery management the Commission on Nursing recommends that front-line managers fulfil the following functions:

- › professional/clinical leadership
- › staffing and staff development
- › resource management
- › facilitating communication.

The Commission also recommends that clerical and information technology support should be made available to nurse and midwife managers in order to support them in their managerial function.

The **primary purpose of the role** in front-line nurse management is to co-ordinate and lead the implementation and delivery of nursing activities within a circumscribed unit of service. The unit of service may be a ward, a day treatment service, a geographical catchment area for public health, a community psychiatric nursing service, or a day or residential service unit for people with an intellectual disability.

### Scope of the role

The role typically encompasses key result areas including

- › planning of services in terms of need analysis, activities, targets and priorities
- › deployment of resources, both human and physical, including budgeting, scheduling and task allocation
- › the development of care and individual service plans
- › providing leadership on standards and quality assuring service delivery and evaluation
- › acting as a professional role model, counselling, tutoring and mentoring less experienced staff
- › acting as a focal service contact point and primary liaison with other disciplines and service collaborators
- › providing direction, support and supervision to front-line staff on the discharge of their roles
- › providing a limited direct client service role, usually in areas of greater complexity or sensitivity.

### Timeframe of impact

Short-term impact of most decisions: from immediate to one month ahead.

### Critical success factors in the role

- › the effectiveness and quality of the service response
- › the smooth co-ordination of resources and activities
- › the efficiency of resource usage
- › provision of leadership in crisis response
- › setting a positive tone for the service delivery
- › ongoing development of staff capability and performance.

### Evolving trends and role challenges

- › greater input into resources planning and accountability
- › greater emphasis on tracking activity levels, processes and outcome against the resources deployed
- › trends towards more formalised and systematic approaches to quality assurance and service audit.
- › greater emphasis on multi-disciplinary models of service delivery
- › challenge of keeping abreast with the latest developments in service technology and of applying research-led best practice in the practical service delivery context
- › growing emphasis on consumer rights and the need to provide services that empower and positively educate clients
- › the emphasis on a continuity in service care across delivery settings and programmes
- › the research identifies three critical role competencies as well as the full range of generic competencies that underpin management success at all levels.



## Definition

Plans and organises resources efficiently and effectively within a specified time frame. Co-ordinates and schedules activities. Manages unexpected scenarios.

### AREAS OF APPLICATION

- › Allocation and co-ordination of resources to achieve tasks, scheduling of rosters
- › Procuring and evaluating material resources
- › Prioritisation and meeting demands under pressure or in emergencies
- › Record keeping and reports for operational activities
- › Planning of meetings, case conferences or other events

## 1



## Planning and organisation

### Indicators of MORE effective performance

- › Ensures maximum use of available resources in annual, monthly and weekly rostering
- › Plans ahead to cover foreseeable demands and eventualities
- › Is proactive and flexible in problem solving staff shortages and demand fluctuations
- › Plans and organises individual and group programmes in a consultative way to achieve best possible outcomes
- › Delegates well, giving clear task accountability and taking into account the strengths, weaknesses and development needs of staff
- › Is proactive in evaluating client care and ensures efficient planning liaison with interdisciplinary colleagues
- › Anticipates clinical problems or other service user issues and takes proactive action
- › Responds in an organised and calm way to unexpected developments, quickly taking stock, and prioritises actions and resources
- › Keeps open channels of communication with a range of relevant personnel across the services (nurses, doctors, paramedical, technical, IT) etc
- › Makes early contact with family and other service staff to plan and organise the next sequence of care activities (i.e. transfer across programmes, community discharge)

### Indicators of LESS effective performance

- › Rosters in a mechanical and routine way without thinking about demand patterns
- › Does not anticipate scheduling problems or leave issues etc
- › Fails to anticipate staff shortages and may respond in a blanket way that wastes resources
- › Is more directive and less consultative in patient allocation and does not link activities
- › Is clinically competent but does not delegate clearly and may lack knowledge and insight of individual staff capabilities
- › Is reactive in organising client care and lacks initiative in co-ordinating interdisciplinary activity
- › Less adept at thinking ahead and anticipating client needs
- › Concentrates too much on the present delivery of service (thinks today only)
- › Responds in a disorganised manner to unexpected or crisis situations
- › Works too much in a singular or single discipline manner and does not link effectively across services and staff
- › Leaves continuity of care planning too late and does not organise the next sequence of service in a seamless way.

## Definition

Acts as a role model in terms of capability and professionalism. Leads a team confidently, motivating, empowering and communicating with staff to promote provision of a quality service. Blends diverse styles into a cohesive unit, coaches and encourages improved performance.

### AREAS OF APPLICATION

- › Promoting high standards in the daily running of the clinical services at unit level
- › Leading and managing interdisciplinary care for service users
- › Empowering staff through team meetings, coaching, education and promotion of staff initiatives

# 2



## Building and leading a team

### Indicators of MORE effective performance

- › Articulates a vision and sets clear objectives for service delivery
- › Provides a regular forum for staff communication, is receptive and respectful of contributions from staff
- › Leads and manages change. Makes a positive case for change
- › Develops good team relations and deals promptly with individual and team discord, thus creating and maintaining favourable working environment
- › Understands the importance of culture and good working relationships
- › Deliberately monitors and works to improve the team process, encourages team review and reflection
- › Develops staff to their full potential by devolving authority and responsibility within professional limits
- › Believes in and promotes the self-governance model
- › Models excellent work practices and uses his/her skills to educate others through coaching, mentoring and thus disseminates good practice
- › Encourages initiative in staff and expects individual accountability, recognises positive performance and intervenes when standards fall

### Indicators of MORE effective performance

- › Monitors workload pressures on staff and intervenes as appropriate
- › Develops and maintains staff morale by delegating appropriately, supporting, motivating and expecting individual accountability
- › Positively promotes change and leads from the front in trying out new or better ways of delivering services.



# 2



## Building and leading a team

### Indicators of LESS effective performance

- › Lacks enthusiasm and vision for the service
- › Lacks structure in eliciting contribution from staff and does not hold regular meetings. May appear not to listen or value staff contribution
- › Slow to develop the team. Requires advice and prompting to meet staff needs
- › Fails to create an environment suitable for team cohesion
- › More comfortable following and avoiding team conflict. Too concerned about what others may think or say
- › Less concerned about working atmosphere and does not appreciate its effect. Does not see the importance of shared success
- › Uses an authoritarian or overly directive approach in work assignments
- › Tells others what to do but does not delegate stretching tasks or encourage autonomous practice
- › Does not show confidence in the use of the self-governance model
- › Knowledgeable and clinically competent but does not participate in staff development and does not pass on skills and knowledge to the team

### Indicators of LESS effective performance

- › Relies heavily on the team to provide necessary care but does not liaise or monitor demand levels on staff
- › Slow to intervene when standards slip
- › Ignorant of the type of pressures placed on staff and does not seek to alleviate stress
- › Tends to follow rather than initiate change
- › Takes few initiatives personally to improve services and does not go out of way to encourage initiative.

## Definition

Sets and monitors standards and quality of service, leads on proactive improvement.

### AREAS OF APPLICATION

- › Ensuring that service users receive a good standard of clinical care and client service
- › Implementing and monitoring standards of clinical care for the service
- › Interdisciplinary networking to ensure high quality effective systems for service delivery
- › Monitoring and evaluation of accommodation and catering services for the service area

## 3



## Leading on clinical practice and service quality

## Indicators of MORE effective performance

- › Regularly reviews practice and clinical standards of care and measures them
- › Judges clinical service provision based on clinical expertise
- › Possesses sound knowledge of procedures and protocols in operational matters
- › Develops new ideas in order to improve care and optimise to full potential
- › Identifies service problems – assesses, plans, and takes action
- › Strives for leading edge in practice
- › Stimulates and supports clinical and research initiatives to improve care
- › Shows a strong knowledge of quality assurance processes
- › Identifies areas for quality improvement and works with interdisciplinary team members to improve particular processes/practices
- › Regularly reviews the quality of hotel, catering and other support services. (e.g. CSSD). Convenes regular meetings for feedback
- › Encourages staff evaluation of supplies and equipment (e.g. IV giving sets, syringe drivers and other pumps)

## Indicators of MORE effective performance

- › Develops service user care plans, which transcend disciplines and programmes of care (e.g. hospital to community)
- › Has an active involvement in contributing to policies, which are critical to patient care
- › Demonstrates high standards of practice in own work areas and acts as a professional role model for the staff
- › Educates staff opportunistically on the job
- › Monitors and scans the environment non-invasively, making sure everything runs smoothly
- › Does a regular review of service user perspectives and complaints and of incidents (e.g. falls) and seeks out methods to achieve better outcomes.

## 3



## Leading on clinical practice and service quality

## Indicators of LESS effective performance

- › Lacks knowledge and expertise to judge service and clinical care provision by staff
- › Ignores problems until they become critical and/or unmanageable
- › Shows an inadequate knowledge of procedures and protocols
- › Has no impetus to be a leader of clinical practice
- › Would rather keep things the way they are. Safer. Sees no need for change
- › Is not comfortable with new initiatives and research. Sees these as barriers to providing the service now
- › Requires regular prompting from managers to review clinical standards and avoids doing so
- › Avoids involvement of staff in the development of quality initiatives for service users
- › Does not encourage staff to actively participate in the review of ward/unit equipment. This results in dissatisfaction with equipment/supplies
- › Maintains barriers between inter-disciplinary teams, which results in conflicting plans and programmes of care

## Indicators of LESS effective performance

- › Lacks understanding in the implementation of quality policies. Takes a passive role in this area and does not keep abreast of quality issues
- › Works independently refining own skills and knowledge but not sharing this with others
- › Maintains a closed mind and refuses to elicit or believe evidence. Does not wish to shape a service by what the 'users' say – there is only the professional way.





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The work of nurses in mid-level nursing and midwifery management positions covers a broad spectrum with considerable variations in core tasks and areas of responsibility. Nonetheless, this role is becoming pivotal to effective service co-ordination and is increasingly involved in quality assurance.

Specifically in relation to mid-level nursing and midwifery management the Commission on Nursing recommends that the responsibilities should include the following:

- › have a defined management role and not merely retain a 'gate-keeping' administrative function
- › have defined management responsibility with explicit delegation of authority from directors of nursing and chief nursing officers
- › have definite functional roles either in managing units of care or in the management of functional responsibilities such as in bed management and practice development co-ordination
- › have the authority to manage their area of responsibility without constant reference to more senior management. However, as in all management, there should be effective communication with front-line and senior management. (7.29, page 16)

The **primary purpose of the role** in mid-level management is to co-ordinate the development and delivery of nursing services across a significant service sector (geographical sub-regions, a hospital division etc).

### Scope of the role

- › to lead in the professional planning and commissioning of new services and new ways of delivering effective services (e.g. skill mix, nursing attendants etc)
- › to ensure co-ordination of resource deployment (staff primarily) across service units/wards etc to meet fluctuations in demand
- › to ensure that all nursing services are managed to optimise effectiveness, quality and efficiency
- › to ensure co-ordination of scheduling across different activity areas (departments, theatres and wards, day and residential services)
- › to take a lead role in functional areas such as personnel, health and safety, activity analysis etc
- › to play a lead role in staff recruitment and induction
- › to lead the implementation of performance review and staff counselling
- › to develop a coherent nursing identity and a clear management style for the division/service area
- › may have a managerial role in addressing complaints, discipline or grievance issues
- › takes a lead role in facilitating interdisciplinary and inter-service issue co-ordination and resolution
- › budget planning for nursing resources.

### Timescale of impact

One month to one year plus ideally, although staffing issues and resource planning can have a much shorter timeframe in terms of problem solving and short-term response planning.

## Changes, trends and challenges

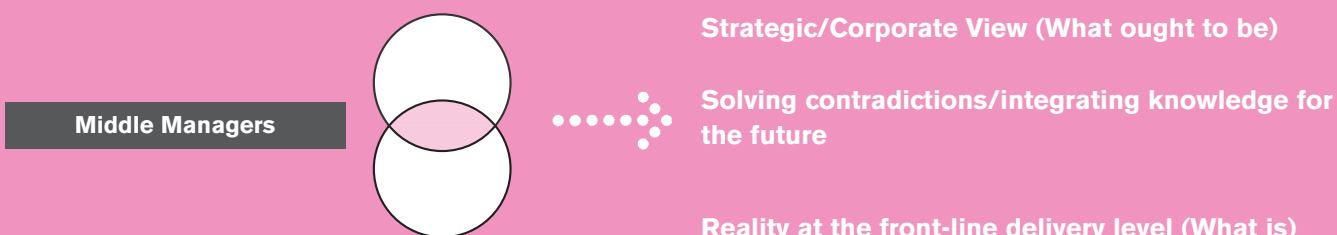
### The trends

- › growing emphasis on value for money
- › growing emphasis on formalised protocols and processes for service evaluation, audit and quality assurance
- › increasing specialisation within the delivery of services
- › public health nursing becoming a primary health service hub
- › community nursing fulfilling a skills transmission and facilitation role with other providers of care
- › the urgent issue of staff shortages and the need to review core and peripheral tasks in role allocation
- › evolving models of nursing practice not all of which are consistent with each other
- › the need to develop new approaches to skill mix, to giving away skills and to being more innovative in models of service delivery.

### The challenge

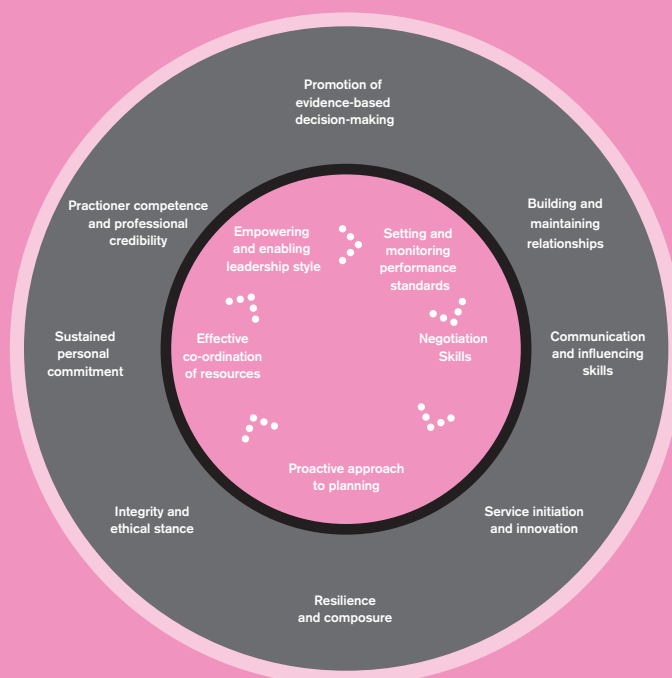
The challenge is to take up an 'integrator role' involving

- › at service delivery level integrating the resourcing and quality assurance activities across service units
- › at service delivery level integrating the deployment and contribution of specialist/expert nurses within the overall service system
- › at service development level integrating the learning on the practice level and the impact of new technologies etc with the requirement to deliver continuity and quality of service within a resource efficient paradigm
- › at service development level integrating the leadership and learning and practice at front-line service level with the values and policies being developed at corporate or organisational levels
- › at service management level, integrating the service quality imperative with the need for efficiencies in resource deployment
- › at service management level the need to champion evidence-based nursing management practices while retaining a primary patient advocate role
- › to act as the 'knowledge integrators' by bridging current realities and practice at delivery level and the strategic direction for the service (see diagram).



## Middle-manager competency map

We have identified five critical competencies for this level of nursing management.



## Definition

Practices an enabling management style with the front-line management team and other contributing professionals.

### AREAS OF APPLICATION

- › Operating a consultative decision-making process on service issues
- › Pushing down responsibility and accountability to front-line management levels
- › Proactively involving staff in managing change
- › Joint development of care standards, operating protocols etc
- › Encouragement of service proposals from the front line

# 1



## Empowering and enabling leadership style

### Indicators of MORE effective performance

- › Uses a consultative approach, is approachable and keeps channels of communication open with staff/trusts them to keep leader informed and ensures team members are informed at all times
- › Uses a democratic style and encourages staff to make decisions about their environment. Delegates tasks effectively
- › Gives time to staff development/team meetings and allows staff time to plan and develop their work and assists in making time and resources available to do so
- › Fully involves other service providers in deciding upon service needs and developments
- › Encourages all team members to participate and contribute views on service issues
- › confident and comfortable about own capabilities and level of accountability when inviting contributions from others
- › Works to create a team ethos and collaboration across units at front-line
- › Encourages synergies and sharing of ideas and learning from projects
- › Leads enthusiastically on change. Presents the benefits case, influences staff positively and gets 'buy in'

### Indicators of MORE effective performance

- › Deliberately delegates stretching tasks to junior managers and supports their learning and delivery. Coaches junior managers to improve reflection and practices
- › Leads emotionally as well as rationally. Understands team members needs well and responds empathetically. Has a strong positive influence in team situations
- › Establishes ad hoc management teams to develop service proposals
- › Encourages front-line contributions.

## 1



## Empowering and enabling leadership style

## Indicators of LESS effective performance

- Tends to remain distant and does not ask for views or opinions. Uses a top down style of communication
- Uses an autocratic style and makes own decisions and communicates these to staff as 'fait accompli'. Tries to do everything. Does not delegate
- Tends to hold few and short meetings with a strong emphasis on routine and maintenance of status quo
- Does not involve other providers or professionals in decisions regarding service needs or developments
- Selectively involves team members in discussions on service issues
- Is anxious or less confident about own role when engaged in consultative decision-making processes
- Tends to manage subordinates on a more individualistic basis. Everyone works on their own project without sharing. Doesn't create a common view or ethos
- Is reluctant to change, focuses on the difficulties. Looks to compromise and minimises changes in practice or routines
- Is overly cautious and plays too safe in delegating tasks to others. Tends not to fully trust the capability of subordinates

## Indicators of LESS effective performance

- Tends to be more formal in style and treats all individuals in the same way. Can be wooden or uninspiring in team settings
- Relies on the formal management chain to develop new proposals or services.



## Definition

Establishes clear objectives and defines core standards of performance and clear expectations for his/her unit managers. Regularly reviews performance against standards.

### AREAS OF APPLICATION

- › Defining service level expectations
- › Tracking service quality and intervening as appropriate
- › Conducting staff appraisals and reviewing performance
- › Giving staff a clear sense of priority
- › Establishing project management protocols

## 2



## Setting and monitoring performance standards

## Indicators of MORE effective performance

- › Establishes project teams with clear terms of reference, reporting protocols and review processes
- › Regularly reviews progress on work projects in relation to set targets
- › Encourages team to set and achieve short-term and medium-term goals
- › Conducts formal appraisals or performance reviews with staff and sets agreed targets and goals
- › Uses tangible measures as outcomes to evaluate service or performance levels and collects these regularly
- › Intervenes decisively where service levels or quality are below standard and establishes a remedial process
- › Will be assertive in addressing staff performance problems. Will intervene in a timely and positive way
- › Will be prepared to make tough decisions or invoke sanctions for poor performance as needed
- › Coaches and mentors staff to improve their performance
- › Strongly encourages junior managers and supervisors to set specific performance goals and standards

## Indicators of MORE effective performance

- › Encourages and supports assertive performance management by junior managers
- › Encourages staff development and sharing of best practice. Links staff development and training to the priority service needs.

# 2



## Setting and monitoring performance standards

### Indicators of LESS effective performance

- › Establishes project teams without clear enough guidelines or objectives. Fails to put in place systems for tracking and review of progress or may not set specific enough targets
- › Tends to focus on day-to-day operations and does not set medium-term targets
- › Does not conduct formal appraisals nor review performance systematically, does not set specific goals or measures
- › Doesn't use tangible data to evaluate progress or service levels or does so on an inconsistent or irregular basis
- › Collects data but doesn't use it to address shortfalls in performance, slow to respond to failing standards
- › Will tend to let performance issues fester or intervene in a negative way when they have gone too far
- › Will tend to let difficult decisions slip or put off confronting the issue
- › Lets staff perform as they can without positive guidance
- › Lets subordinate managers concentrate on the day-to-day without giving enough attention to leading on standards assurance
- › Lets junior managers refer difficulties with staff performance upwards

### Indicators of LESS effective performance

- › Reactive to staff development needs and does not link training and development to service priorities.

## Definition

Skilful in the handling and positive resolution of conflict, building common ground and seeking to achieve mutually acceptable outcomes. Can be skilfully assertive to achieve desired outcomes, puts a case across well.

### AREAS OF APPLICATION

- › Negotiating with senior management and external agencies to obtain resources
- › Introducing new ways of working and selling the benefits of change
- › Resolving employee relations issues
- › Adjudicating or mediating in inter-professional disputes or client issues
- › Negotiating to redeploy staff

## 3



## Negotiation skills

### Indicators of MORE effective performance

- › Always investigates background to issues thoroughly and investigates all possible options, senses when there is a more complex or sensitive underlying issue
- › Shows a balanced approach in disputes and listens to both sides. Is open minded
- › Able to use high level of communication skills to convince or argue the needs of staff and of service
- › Able to see others' viewpoints and builds a win/win case and bridges the interests of both parties
- › Able to put forward alternative suggestions in problem solving
- › Retains composure under pressure and stays calm, is assertive but not aggressive
- › Skilful in getting both parties to exchange positions and check their relative understanding
- › Can win concessions by offering some ground and doesn't let the issue destroy the relationship
- › Judges the timing of interventions to maximise effect
- › Anticipates objections and prepares ground. Gets into consultation early
- › Knows how to get things done both through formal channels and the informal network.

### Indicators of LESS effective performance

- › Will go into sensitive meetings poorly prepared or with only half the facts and tends to jump to a solution
- › Shows bias and may get emotionally involved, takes sides in disputes or prejudices issues
- › Poor communication skills, doesn't present effective arguments
- › Tends to see things only from own perspective and doesn't sell benefits to the other party
- › Does not put forward suggestions. Only provides one proposal and then waits for solution
- › Tends to react emotionally and shows the strain, can become aggressive in style
- › Allows both parties to concentrate only on their own concerns, doesn't encourage position clarification
- › Wins concessions at too high a cost to the working relationship. Only wants to get and doesn't offer to give or reciprocate
- › Misjudges situations and has a 'bull in a china shop' effect, overreacts too early
- › Doesn't read the environment well, doesn't get key players on side early enough
- › Is overly rigid or naive in only going through formal channels to get things done.

## Definition

Looks ahead and forward plans for service developments. Anticipates trends and identifies opportunities. Ensures that the learning from new service models and practices influences service planning.

### AREAS OF APPLICATION

- › Planning the development of new services and practices
- › Anticipating resourcing needs on a medium-term basis
- › Making a strong input to interdisciplinary policy and planning groups
- › Forward planning on complex service issues (e.g. new work practices, etc)
- › Integrating the learning from implementing new practices with future plans



## 4



## Proactive approach to planning

### Indicators of MORE effective performance

- › Sensing and keeping ear to the ground on corporate agenda. Leads on translating the corporate agenda into practical service planning
- › Shows strong trend anticipation and sensing skills and uses these to opportunistically develop services or practices
- › Shows awareness of service needs, able to analyse and assess current systems and demand levels to develop best system, based on needs
- › Constantly seeking to identify areas for practice development, i.e. where improvement is necessary in terms of staff and service development, so that better outcomes can be achieved
- › Develops a proactive and positive working relationship with unions and staff associations around change issues
- › Collaborates with other disciplines and agencies in the development of service plans. Leads interdisciplinary planning groups
- › Acts as the conduit to ensure that the learning from new service practices actively shapes future service plans
- › Takes responsibility for service policy development.

### Indicators of LESS effective performance

- › No awareness of 'bigger picture'. Tends to view service at micro or operational levels only
- › Misses opportunities to develop new services due to short-term focus, or lack of awareness of developments within the wider health and social care system
- › Does not analyse or assess service needs, tends to be reactive in approach to service development
- › Only examines need to improve services when there is a crisis
- › Only relates to unions and staff associations on a reactive basis and may become embroiled in difficult industrial relations with unions
- › Tends to be more comfortable planning from a single discipline perspective
- › Continues to plan services in a top down way without consulting the staff on the learning from current applications and practices.
- › Needs to be continuously reminded to engage in policy development.



## Definition

Ensures that critical human and material resources are allocated in an effective way, monitors activity levels and intervenes to align resources and maximise efficiencies.

### AREAS OF APPLICATION

- › Ensuring an adequate supply of staff to meet service demands
- › Planning and monitoring the use of material resources
- › Setting budgets and tracking expenditure
- › Tracking service levels and reorganising staffing to meet contingencies
- › Continually reviewing how productively resources are being used to meet service needs

## 5



## Effective co-ordination of resources

## Indicators of MORE effective performance

- › Shows system understanding and the ability to balance multiple resourcing issues
- › Consistently achieves efficiencies in resource usage by intelligent deployment, adjustments and monitoring
- › Negotiates services and resource levels with funding bodies and/or third parties
- › Demonstrates the capability to accurately measure resource usage against activity level for key areas (utilisation indices)
- › Implements effective monitoring systems for all key resource deployments
- › Can skilfully deploy and adjust human resources to meet changes, demands and contingencies
- › Is resourceful in solving staff shortages or crises. Reacts quickly and sources staff creatively
- › Shows a financial awareness as relevant to the service. Plans budgets and track variance
- › Shows a sound appreciation and usage of IT systems for resource management
- › Very mindful of wasting resources and encourages this attitude in staff and junior managers. Cuts down appropriately on resources used and values cost saving as a way to free up resources for further service developments.

## Indicators of LESS effective performance

- › Manages resource usage in a reactive and historically informed way
- › Is slow to intervene and lacks flexibility in reviewing and reallocating resources to meet changing needs or demand levels
- › Refers service and resourcing level issues to the director without fully developing them
- › Lacks confidence in dealing with funding agencies and third parties
- › Monitors resource usage, mainly by significant exceptions or on an ad hoc basis
- › Not aware of non-professional staffing and resources issues
- › Operates standard rotas and scheduling without consideration of changing service needs and opportunities
- › Has difficulty coping with unexpected staffing problems. Slow to react and relies too much on conventional approaches
- › Averse to financial monitoring, defers to finance staff without making an informed contribution
- › Uses IT systems at a minimal level or not at all
- › Tends to waste resources and downplays this issue with staff and other managers. Makes resource cuts in a reactive or poorly thought through way. Lacks a rationale for where efficiency is needed.



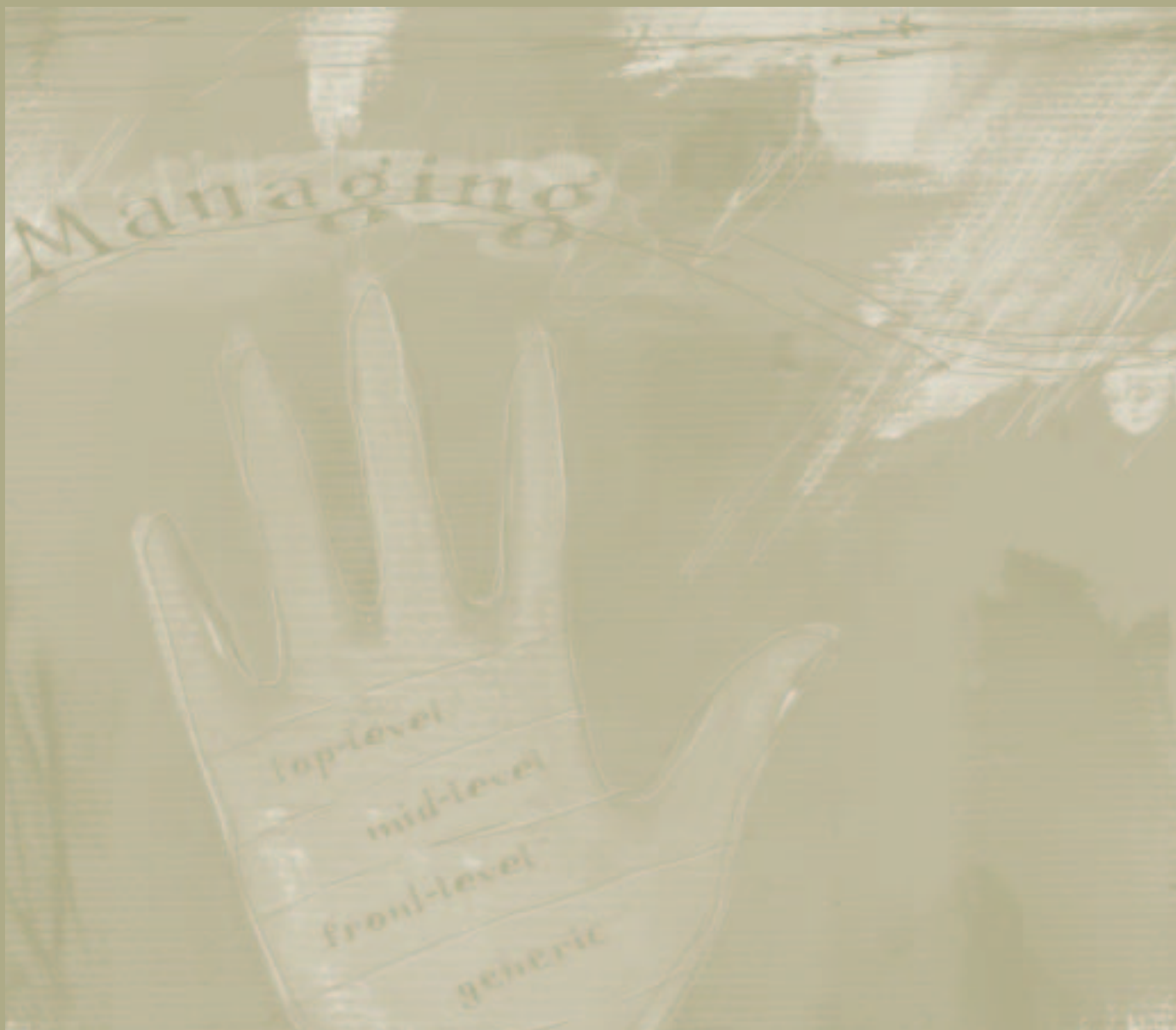
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- 2 Establishing policy, systems and structures
- 3 Leading on vision, values and process
- 4 Working at corporate level
- 5 Developmental approach to staff

The work of nurses in top management positions is becoming increasingly complex. This is a result of the rapidly changing healthcare context in which nurses work, together with the changes which are taking place in nursing including those from the recommendations of the Commission on Nursing.

Specifically in relation to senior nursing and midwifery management the Commission on Nursing recommends that responsibilities should include the following.

- › providing strategic and clinical leadership and direction for nursing and midwifery and related services which results in the delivery of effective, efficient, quality-assured and patient-centred nursing and midwifery care
- › developing a shared sense of commitment and participation among staff in the management of change, the development of nursing and midwifery services and in responding to the health needs of patients
- › developing the concept of care planning in collaboration with other professionals
- › participating in the overall financial planning of the health services provided, including the assessment of priorities in pay and non-pay expenditure
- › ensuring that the appropriate in-service programmes and ongoing learning needs are met for all assigned staff
- › ensuring that modern standards of clinical nursing and midwifery care are in operation and that regular monitoring of nursing and midwifery care is undertaken. (7.20, page 15)

The **primary purpose of the role** in top management is to assume responsibility for the nursing service and to provide strategic leadership for this activity.

### Scope of the role

The role involves

- › developing and maintaining a network of co-operative relationships at local, national and international level and amongst individuals, groups and organisations
- › anticipating and interacting with key stakeholders from multiple clinical and administrative services in developing mission, strategic plans, budgets, policies and structures
- › fostering multi-disciplinary working relations and strengthening the interface between different locations of care – hospitals, community etc
- › establishing and communicating a vision for nursing, setting direction and creating commitment, innovation and entrepreneurship
- › understanding rapidly changing environmental trends, strengths and weaknesses of the organisation and future opportunities
- › creating an environment where individuals with diverse backgrounds and needs work harmoniously and co-operate together, establishing objectives and role clarity
- › allocating appropriate authority and autonomy, encouraging mentorship, coaching and rewarding excellence
- › changing nursing management structures and processes when and if required
- › encouraging a commitment to lifelong learning and a developmental approach to staff
- › promoting and commissioning research towards health and social gain.

### Timescale of impact

Long-term impact of decisions: up to five years.

### Critical success factors

- › timely and appropriate communication
- › maintaining high visibility and personal commitment
- › showing persistence in a changing environment
- › articulation of a shared vision
- › recognition and development of staff potential
- › using analytical ability
- › thinking strategically and seeing multiple relationships between factors
- › ability to lead and empower individuals and groups.

## Change trends and challenges

### *The trends*

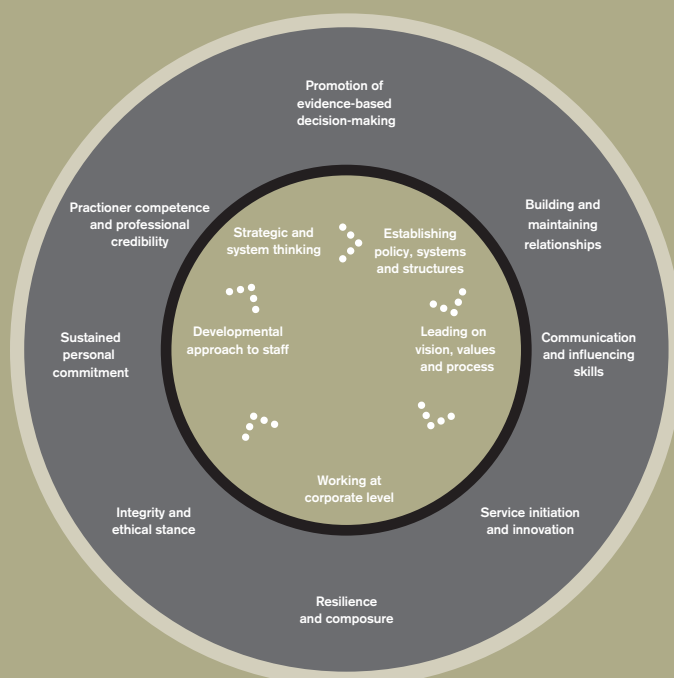
- › greater emphasis on service planning
- › need to measure and manage outcomes – development of clinical audit and evidence-based practice
- › focus on continuous quality assurance and risk management
- › new management models – moving from tribalism to partnership
- › increased use of technology and rapid technological advances
- › devolved accountability
- › emphasis on value for money
- › consumerism and associated litigation
- › move towards a corporate culture
- › transition to primary health model of care
- › increasing threats/violence in the workplace and attendant concern for staff welfare and health and safety issues
- › move towards multi-skilled, multi-disciplinary and integrated working teams

### *The challenges*

There is a need for

- › high-level team building skills to develop effective teams at all levels of the service
- › frequent and effective communication
- › high visibility and leading by influence
- › inspiring a shared vision in a professional group with diverse needs
- › initiation of policies for the introduction of clinical career paths, skill mix, staff retention strategies
- › active promotion of the optimal use of technology for nursing purposes
- › negotiating for and delegation of resources for the nursing service
- › ensuring that systems and policies are in place to meet demands of the service
- › promoting organisational change and devolution of responsibility
- › ensuring that all nursing systems comply with the requirement for freedom of information and informed patient choice
- › development of research skills and funded nursing research
- › advancing a systematic approach to training, development and career planning.

To respond to the scope of the role and the trends and challenges in the health service and in nursing, the following generic and core competencies are specifically required for those holding top nurse management positions in the health service. We have identified five critical competencies for this level of nursing management.



## Definition

Sees the bigger picture of service delivery and appreciates the interconnectedness of issues. Looks ahead and anticipates substantive issues. Adopts a proactive forward planning approach to service delivery.

## AREAS OF APPLICATION

- › Anticipation of health trends and developments and sees the service implications
- › Seeing the need to develop new services across traditional function and sector boundaries
- › Anticipation of staff resource shortages and attendant service consequences
- › Ensuring a systematic approach to succession planning



## 1



## Strategic and system thinking

## Indicators of MORE effective performance

- › Scans the environment and uses a wide range of 'sensing' methods to identify and anticipate trends and keeps abreast of wider national and international and health service trends and taps into research sources
- › Regularly reviews population profiles and other needs analyses data and adjusts plans accordingly
- › Makes a link between apparently separate service issues and devises a coherent strategy in response
- › Deals with concept and complexity confidently; described by others as far seeing, intellectually sharp
- › Identifies patterns and trends in complex data
- › Can draw up credible pictures and visions of service probabilities for the future
- › Puts together a convincing strategic plan for the development of the service and adopts anticipatory strategies to deal with future probabilities
- › Can see past short-term solutions to the possibility of unintended consequences
- › Anticipates and systematically provides for management succession and talent development at all levels
- › Is comfortable thinking across traditional service concepts and boundaries; challenges the assumptions.

## Indicators of LESS effective performance

- › Reactive to trends and changes
- › Confines attention to local and single profession, or service-specific issues and reacts to identified needs or confines analysis to an annual planning cycle only
- › Fails to see the underlying or dominant issues in trends and developments
- › Tackles issues on a single item agenda basis and misses the connections
- › Takes a lot of time to absorb the full picture; more comfortable dealing with concrete issues
- › More comfortable dealing with the here and now
- › Doesn't present a coherent future view
- › More comfortable making tactical organisational plans
- › Puts in place short-term solutions to issues but these cause further problems later on
- › Approaches management succession on a reactive or 'ad hoc' basis, does not address the wider talent development issues
- › Take the current service concepts and boundaries as the given and works within these.

## Definition

Designs and implements structured policies and systems for the management of service delivery which ensure clear role accountability for service levels, quality and decision making discretion.

### AREAS OF APPLICATION

- › Ensuring that responsibility and accountability for service delivery is delegated down to the lowest level possible
- › Initiating and designing policies and systems for management
- › Initiating and negotiating new services and new models of service
- › Ensuring that each management level carries clear accountability and responsibility
- › Ensuring that resources are planned and managed efficiently, including reorganising services to achieve efficiencies

# 2



## Establishing policy, systems and structures

### Indicators of MORE effective performance

- Puts in place policies and systems to allocate and monitor resources effectively (including resource priorities)
- Plans financial budgets using high levels of business management expertise
- Can marshal resources effectively to get things done and achieve results (finding people, materials, etc) and ensures that new service programmes are accurately specified and well structured
- Puts in place policies, systems, structures and practices which enable managing from a distance
- Sets clear objectives and measures for the service
- Puts in place and acts on processes for monitoring progress and results. Ensures that there are feedback loops for all main service elements
- Clearly assigns responsibility for areas of service to the appropriate management levels, including responsibility for critical tasks and decisions
- Is clear and confident in delegating both routine and important tasks to one's staff and management team
- Is generally comfortable letting the management system run without intervening and can work through others without directly intervening

### Indicators of MORE effective performance

- Assigns enough authority for people to make their own decisions and lets them finish their work without intervening unless asked or absolutely needed
- Can orchestrate multiple activities at once to accomplish a goal
- Allocates resources (staff, financial, material, services) effectively in emergency or crises situations.

## 2



## Establishing policy, systems and structures

### Indicators of LESS effective performance

- › Allocates resources in an incremental or historical way; is reactive to individual pressures and lobbies
- › Lacks confidence in financial and resource planning, over reliant on financial department view
- › Doesn't know how to access key resources effectively, wastes time or lacks initiative in this regard and allows proposals to go forward which haven't been fully worked up or evaluated
- › Doesn't think or manage in terms of policies, practices and systems and prefers a hands-on management style and has to be physically available for things to go well
- › Doesn't use goals and measures to manage the service and doesn't set standards and ways for staff to measure their own performance
- › Doesn't systematically track system performance and doesn't provide feedback on work in progress
- › Acts as though people cannot perform without close supervision. Isn't clear who is responsible for what, just throws tasks at people
- › May delegate but then 'micro-manages' and intervenes inappropriately without letting staff finish their work

### Indicators of LESS effective performance

- › Lacks a plan or systematic approach for working through others
- › Delegates without passing on the authority, does not communicate the 'bigger picture'; afraid to trust the judgement of others and intervenes too frequently, cutting off valuable learning opportunities
- › May not anticipate or see how multiple activities come together. Own performance decreases as the number of task activities increases
- › Responds in an incoherent or disorganised way in a crisis.

## Definition

Articulates a compelling vision for the role and contribution of nursing to the service. Presents a positive view of future possibilities. Creates an enthusiastic and committed work climate.

### AREAS OF APPLICATION

- › Taking the lead in transforming the nursing service. Leading by articulation of core values and beliefs
- › Contributing positive views on the future direction and contribution of nursing at both local and national levels
- › Building a strong team ethos for the nursing service
- › Taking the lead on standards setting and implementation
- › Leading and managing change in services

## 3



## Leading on vision, values and process

### Indicators of MORE effective performance

- Articulates a strong vision of the core nursing contribution and purpose and creates positive and optimistic views about the future contributions of nursing
- Charts the way ahead, establishes, milestones and stages on the journey to the vision, celebrates progress
- Communicates the vision and purpose in a way that is meaningful at all service levels
- Creates a climate in which people want to do their best, shares ownership, visibility and successes. Pushes these values and behaviours down the management system
- Acts in a manner consistent with the compelling vision and values (e.g. empowering, changing own behaviour in line with the vision, etc)
- Is comfortable taking a strong position on core service issues but will encourage direct and tough debate at service levels
- Builds strong team ethos; usually operates in a team format; talks 'us', 'we' and the team versus 'I'; runs participative meetings and processes to get the team motivated and enthused. Ensures that credit for success is shared

### Indicators of MORE effective performance

- Makes each individual feel his/her work is important. Knows how to motivate different individuals. Invites input from others and empowers others (pushes down tasks and decisions)
- Displays a consistent and appropriate set of core values and beliefs on the job and during all circumstances. Leads on these standards by own behaviour and rewards these values in other. Intervenes decisively where standards of behaviour, performance or attitude contravene the espoused positive climate.

## 3



## Leading on vision, values and process

## Indicators of LESS effective performance

- › Lacks conviction or passion in communicating the core purpose and contribution of nursing. Also more comfortable in the 'here and now', not clear about future possibilities
- › Doesn't think through on an operational level how the change needs to happen and does not highlight progress
- › Can't simplify communication enough to help staff at all levels understand the vision or strategy
- › Less concerned about the working atmosphere, more of a driver just interested in work outputs, doesn't see that success is shared and celebrated
- › Doesn't act as though he/she really believes the vision or holds the values strongly at a personal level
- › More comfortable following or avoiding conflict. Too concerned to be liked or about what others might say and lacks the confidence to confront service issues at senior management level
- › Fails to create a common mind set, rejects team processes in favour of too much 'one-to-one' management and individual rewards. Doesn't create team synergies
- › Has more of a 'one size fits all' mentality, doesn't know what motivates individuals

## Indicators of LESS effective performance

- › Displays personal values that aren't fully consistent with either the organisation or the needs of the particular service. May not reflect enough on own values and their behavioural impact. May not respond to the values of others. Lets malcontent and negative behaviours fester
- › Not confident enough to address conflicting views or values.



## Definition

Makes a full contribution to the executive management of the services by taking an inter-professional perspective and adopting a corporate overview.

### AREAS OF APPLICATION

- › Actively engaging with the broader health and social gain agenda
- › Making a full contribution to the executive management team
- › Acting or deputising for the senior manager in their absence
- › Fronting for the organisation with external agencies
- › Making a full contribution to wider organisation and service strategies

# 4



## Working at corporate level

### Indicators of MORE effective performance

- › Shows a broad knowledge and strong understanding of the overall service system and the environment it operates within (sees the wider context)
- › Is knowledgeable about and proactive in contributing to the development of current and future organisational policies and practices
- › Understands and can articulate the origins and reasoning behind key policies, practices and procedures. Knows how the organisation works and understands the culture of the service
- › Works skilfully across organisational service and professional boundaries. Keeps lines of communication open and knows how to get things done through both formal and informal structures and channels
- › Builds coalitions of interest and works for 'win win' solutions in complex interdisciplinary or service conflict areas. Able to adopt a service overview rather than a profession specific perspective
- › Confident and committed in representing the organisation's perspective, policies and position with external agencies
- › Is sensitive to and skilful in handling complex political situations. Sees corporate politics as a necessary part of the role and works the process well. Shows anticipation and judgement in politically sensitive areas

### Indicators of MORE effective performance

- › Understands how senior managers think and can talk their language and develop appropriately positive approaches. Is comfortable dealing with more senior managers, external bodies and government departments.

## 4



## Working at corporate level

### Indicators of LESS effective performance

- Shows a limited knowledge about the overall service system and the wider environment that it operates within. Looks inwards too much
- Limits personal input to profession or service specific policies and practices. Doesn't see the wider context or contribute to the broader agenda
- Rejects or misunderstands the complexity of large organisations with multiple stakeholder views. Shows a limited understanding of how and why things work the way they do in the organisation. Too accepting or passive in this area
- Doesn't get things done or have an influence outside own area. May not negotiate well within the organisation
- May lack the interpersonal skills or organisational intelligence to build platforms of common interest. May be seen as overly protective of own professional or service areas. Doesn't operate with the greater good in mind
- Uncomfortable when asked to represent the wider organisation in public settings
- Could be seen as excessively political and not being trustworthy. Shows a naiveté in either ignoring or contravening political sensitivities
- May be too direct and not consider impact on others or anticipate responses

### Indicators of LESS effective performance

- Lacks confidence when working with more senior managers and may not perform at personal best. May not understand the senior executive view nor know how to influence them effectively. Says and does things that don't fit the situation.

## Definition

Has a strong focus on developing the contribution of staff at all levels. Is a good judge of capability and promotes talent. Creates a positive climate for the development of performance and contributions at all levels of the services.

### AREAS OF APPLICATION

- › Recruitment and promotion of staff into key positions
- › Performance appraisal and review, including management development planning
- › Developmental tasking and stretching of staff
- › Promoting a continuous improvement culture
- › Actively championing and promoting learning throughout the system
- › Putting in place systems to capture and disseminate learning

## 5



## Developmental approach to staff

## Indicators of MORE effective performance

- › Judges capabilities and talent well, generally succeeds in promoting the more capable performers appropriately
- › Defines the strengths and limitations of individuals accurately after reasonable exposure, accurately forecasts future potential
- › Provides challenging or stretching tasks deliberately for able subordinates. Encourages able subordinates to take on new roles or accept developmental moves
- › Takes a deliberate interest in the career development of able staff and promotes development and training activities/ opportunities
- › Puts in place a systematic approach to training and development
- › Strongly promotes continuous professional development, champions and resources this effectively
- › Encourages middle managers to systematically develop front-line managers capability and regularly reviews the effectiveness of this effort
- › Encourages an ethos of staff initiative and promotes service related project work to channel improvement and innovation contributions

## Indicators of MORE effective performance

- › Promotes an emphasis on research-led practice at all levels of the service
- › Actively encourages staff contribution to professional conferences and other dissemination channels
- › Promotes an emphasis on quality improvement and continuous improvement in staff performance at all levels. Looks for feedback on own performance from staff at all levels
- › Promotes formal performance evaluation and review systems at all levels
- › Promotes a learning culture within service
- › Develops structures and systems to systematically capture and disseminate learning and best practices at all levels of the service
- › Encourages debriefing and discussion on service improvements at all levels
- › Contributes actively to the development of knowledge and learning within the nursing profession; encourages and promotes activities for professional development.

## 5



## Developmental approach to staff

### Indicators of LESS effective performance

- › Is less objective and analytical in judging staff capability, swayed by impression management and 'once off' views of staff. Promotes staff beyond their capabilities. Is non-specific and overly general in identifying staff strengths
- › Too focused on getting the job done 'here and now'. Keeps staff performing well but in static roles. Retains high performers too long, lacks ambition for own staff
- › Leaves training and development to the formal education system or delegates without sufficient personal tracking
- › Allows training and development to operate on an 'as demanded' basis
- › Leaves development of front-line managers to mid-level manager's discretion. Selectively 'champions' development for preferred staff
- › Sees new initiatives as coming from outside the system. Loathe to divert staff from routine operations
- › Sees service development as the prerogative of senior nurses only and favours a 'top down' initiative model, comments on poor performance only, mainly suspicious of new initiatives

### Indicators of LESS effective performance

- › Sees performance evaluation as a 'by exception' management activity. Lacks structure in reviewing performance. Sees performance review as a one-way process only
- › Allows learning and best practice in one area to go unrecognised in other areas; neglects to put in place systems or structures that will facilitate learning transfer
- › Tends to be too focused on 'here and now' operations to actively encourage systems for learning or continuous improvement
- › Doesn't encourage or allow staff to put time aside to debrief or discuss improvement areas
- › Fails to make a contribution to the development of professional knowledge and practice at local or national levels; is a passive recipient of new professional knowledge without making a reciprocal contribution.









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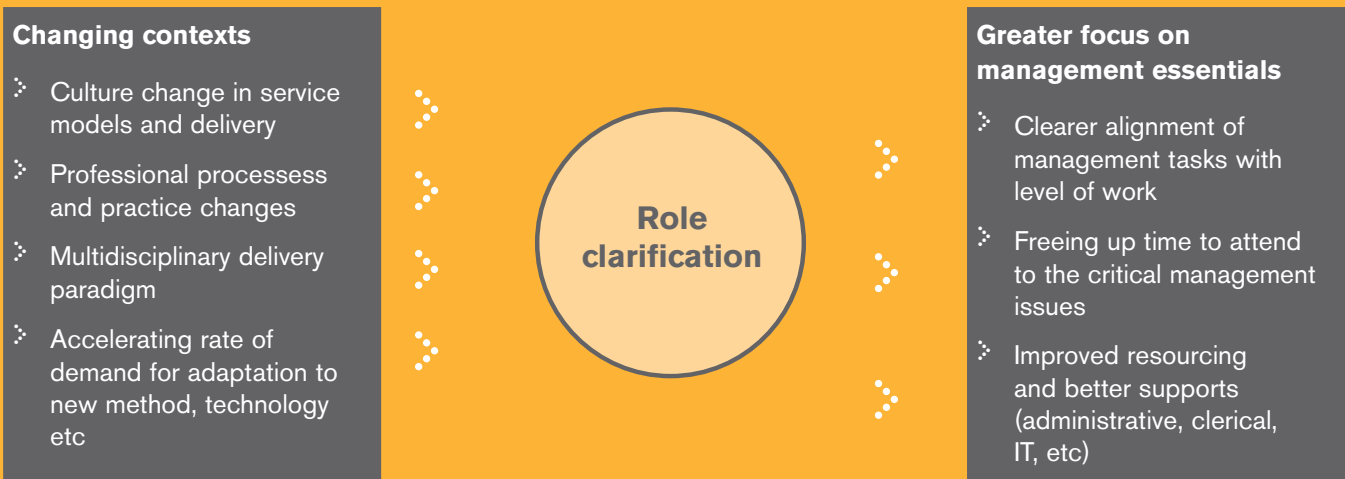
The challenge of building and sustaining the competence of nursing management is an urgent and substantial one.

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

## 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"><li>➤ Positively shifts performance on average .70 standard deviation</li><li>➤ Has positive return on investment (average 700%)</li></ul>	<ul style="list-style-type: none"><li>➤ Positively shifts performance by an average of .41 standard deviation</li><li>➤ Has positive return on investment (average 87%)</li></ul>
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.