Clinical nurse managers’ perceptions of factors affecting role performance


Abstract

Aim This study explored clinical nurse managers’ perceptions of the factors affecting role performance.

Method Interviews were carried out with 15 clinical nurse managers in four trusts.

Results Results highlight the main influences on the role, the barriers to successful role fulfilment, and the stressors that cause some of the postholders to consider leaving the NHS.

Conclusion The findings of this exploratory study established the diversity of the clinical nurse manager role and showed that they continue to play a central role in healthcare delivery.

In the UK in the 1980s, the role of clinical nurse managers and their education and preparation needs received considerable attention. A search of the literature, via CINAHL, the British Nursing Index and the RCN databases, using the key words ward manager, clinical manager, ward sister and clinical management, found that between 1980 and 1985, 11 different studies had been reported (Alexander 1983, Fretwell 1982, Lathlean and Farnish 1984, Marson 1982, Ogier 1982, 1986, 1989, Orton 1981, Pembrey 1980, Runciman 1983). All drew attention to the pivotal role played by clinical nurse managers in promoting high standards of care. On wards where emphasis was given to patient-centred care, the ward learning environment was also effective in delivering care. Pre-registration students undertaking placements on ‘good’ wards commented positively on their experiences, regarding the ward sister as an effective role model. Some authors described the preparation of competent clinical nurse managers, with accounts of preparatory courses which were considered to have been effective at the time (Dodwell and Lathlean 1987, Pembrey 1987). From 1995 onwards, however, interest in the role of the clinical nurse manager seems to have waned. One reason for this change might be the move to examine different models of care delivery and their impact on patient outcome, a
line of inquiry that originated in the US (Adams et al 1995). Shortell et al (1994) report that numerous factors related to the wider organisation of hospitals influence the relationships between nurses and between nurses and other health professionals. These relationships inevitably influence the function of clinical nurse managers and their morale. Poor communication and lack of autonomy have influenced nurses’ decisions to leave the profession, suggesting that rates of attrition might be related to perceptions of stress and inadequate support (Cavanagh 1989). In this respect, clinical nurse managers appear to be no different from their junior colleagues. A comprehensive review of the literature from the UK and US suggested that effective support appeared to be the strongest predictor of job satisfaction among clinical nurse managers and the main factor encouraging retention (Cameron-Buccheri and Ogier 1994). The characteristics identified as the most influential in helping clinical nurse managers to feel supported were:

- Feeling valued as individuals.
- Receiving important information.
- Being able to contribute to organisational decision making.
- Receiving feedback on performance.
- Having sufficient resources to maintain clinical involvement.

Since the publication of this review, the role of the clinical nurse manager in the UK has increased in complexity and become more demanding in response to changes in the delivery of nursing care, the political climate in which it takes place and major changes in post-registration nurse education (Cameron-Buccheri and Ogier 1994). The shift of theoretical components of professional preparation into higher education, the UKCC’s PREP requirements for CPD (UKCC 1994), demand for evidence-based care and the need for quality control and audit are among the most obvious factors. Other factors include growing public expectations fuelled by initiatives such as the Patient’s Charter (DoH 1995) and government promises to reduce waiting lists (Pedder 1998). Advances in technology, for example, day surgery and non-invasive surgical techniques and the increase in litigation have created additional pressures on clinical nurse managers (Pedder 1998). Clinical nurse managers must also be conversant with information technology, risk assessment and financial and human resource issues, and be aware of the implications of clinical governance for their area of practice. In light of these changes, it is surprising that so little attention has focused on the role of the clinical nurse manager. The old training schemes reported above would certainly be unable to cater for their present needs.

The study reported here represents a local initiative to examine the CPD requirements of clinical nurse managers employed in the four acute trusts served by a educational consortium in an inner city area. It took into account clinical nurse managers’ sources of work-related stress and variables relating to job satisfaction.

### Aim

The aim of this small-scale, exploratory study was to explore clinical nurse managers’ perceptions of factors influencing their ability to perform their role. These data, collected by interview, formed the pilot phases of a larger survey, which will involve a training needs assessment of clinical nurse managers to identify key issues for CPD.

### Design

The aim of the study could have been met either by undertaking a questionnaire survey or by direct interview. The criticisms of the survey as a method of data collection are well known. Those cited most commonly are: reliance on respondents’ memory and interpretation of the questions; unwillingness to return questionnaires; bias introduced by question wording; the order in which items have been presented; and lack of sufficiently detailed information (Bowling 1997).

Interviewing overcomes these problems because the meaning of a particular question can be clarified, probing and prompting allow more detailed information to be gathered, and a personal approach often encourages participation. The researchers anticipated that clinical nurse managers would be busy people who might not be inclined to complete lengthy questionnaires even if the content appeared to be of direct relevance to their professional development. A second reason for using interviews rather than questionnaires was the dearth of directly relevant recent literature, thus there was no up-to-date review or existing instrument that could be adapted. The limited information available – anecdotal comments from clinical colleagues and the experience of the research team – were used to draw up an interview schedule with open-ended questions designed to collect in-depth, qualitative data with a small, but representative sample of clinical nurse managers (Box 1).

### Sample

The sample was obtained randomly from the total number of clinical nurse managers (n=197)
employed in the four participating trusts. Randomisation meant that every clinical nurse manager employed had an equal chance of being included in the data collection. This was considered important because earlier studies have examined only ward sisters or charge nurses, ignoring the contribution of clinical staff responsible for managing other services, for example, A&E departments, theatres and outpatient clinics. The study would, therefore, contribute important new information concerning clinical leadership.

**Ethical considerations**

Permission to undertake the study was given by the local ethics committees serving each of the trusts. Participants were assured that the data would be treated in strictest confidence and that their identity and the identity of the institutions would not be disclosed in the final report or in any publication. All received written and verbal information and provided verbal and written consent. The director of nursing in each trust supported the project. They were included in early planning discussions, commented on the interview schedule before it was used and provided lists of staff so that a random sample could be drawn.

**Results**

Fifteen G grade clinical nurse managers were interviewed. They were divided equally between the four trusts. Nine were in charge of wards, five were in charge of a department and one was a night nurse practitioner. No one refused to be interviewed. A data collector conducted the interviews in a private room away from the clinical area. Each interview lasted about 30 minutes. Responses were tape-recorded with the participant’s permission and the transcribed data were analysed by content to identify recurrent themes.

On examining each of the interview transcripts, it was possible to categorise the clinical nurse managers as either: very satisfied, fairly satisfied or unsatisfied in their role. The four ‘very satisfied’ postholders felt extremely positive about their job:
- ‘I started this job a year ago. There have been lots of things that I didn’t expect, but it’s been fun.’
- ‘I’m the boss here! Workloads are increasing …but it’s exciting. It’s good. Things are very nurse-led now.’

The three ‘unsatisfied’ post-holders were clearly unhappy:
- ‘I’ve been a ward sister for 18 years …I would like to get out …I’m not interested in a higher grade. I might move into a different field.’

The remaining eight clinical nurse managers were fairly satisfied with most aspects of their role. Relationships with the clinical team and with patients tended to be viewed in a positive light. Handling the budget was widely regarded as the least satisfactory aspect of the role and the one for which additional preparation would be most welcome.

The individual questions asked for more specific information on different aspects of the clinical nurse manager role. The interview opened with a general comment: ‘Tell me about your job.’ This was intended to set the scene and help establish rapport. All the clinical nurse managers spoke at length. Their responses highlighted the complexity and diversity of their work. This ranged from responsibility for a 14-bed ward to a large and very busy accident and emergency department. Ten of the postholders immediately mentioned the budget for which they were responsible. In most cases this was considerable – up to £100,000. Other issues in response to Question 1 related to:
- Leadership and team building.
- Setting and maintaining clinical standards.
- Acting as a role model.
- Providing a satisfactory learning and working environment for junior staff, an effective service for patients and liaison with the multi-disciplinary team.

The level of responsibility and the inherently stressful nature of the work were frequently emphasised:
- ‘Ward sisters are very put upon …It’s a lot of responsibility …[There’s] not much appreciation for all our hard work.’

Question 2 explored clinical nurse managers’ perceptions of how other members of staff might see their role. Without exception, all stated that this depended on the staff member...
involved. One postholder was able to use feedback from her recent appraisal to guide her response. This had been positive and had boosted her morale. Several participants used the phrase ‘other members of staff’ to refer to doctors. In most cases, however, it seemed that a reasonable working relationship had evolved and liaison with the multidisciplinary team was effective and an important component of success.

The researchers asked clinical nurse managers whether they felt involved in decision making, because of the alleged relationship to job satisfaction (Cameron-Buccheri and Ogier 1994). Four of the 15 clinical nurse managers did not feel involved in decision making in their institution. The night nurse practitioner viewed this positively because it left more time for clinical involvement. In the other three cases, this lack of input was perceived to have a negative effect, with changes being imposed from above. These individuals also responded negatively to Question 4, which asked them whether they felt valued by the organisation.

Responses to Question 5 were mixed. Those who felt most positively about their work were keen to retain clinical involvement, although not necessarily in the same post or even in the NHS. The three participants who appeared unhappy were unequivocal in their desire to leave the profession. For those in the largest, ‘fairly satisfied’ category, there was a degree of uncertainty about the future because of hospital closures, mergers and other changes. None of the 15 participants showed evidence of a definite career plan or anticipated a move into management or a full-time post in education, although teaching was frequently mentioned as an integral part of the role.

When asked about the most positive and negative aspects of their work, the clinical nurse managers commented that the positive aspects of the job were related to providing a good environment for patients and junior staff. The ability to make decisions and changes which would have a positive impact on service delivery were also viewed as important in helping to make the job worthwhile. Human resource issues were generally disliked, especially as a considerable amount of time was being spent in trying to recruit staff. Controlling the budget was also disliked. A few postholders commented on the need to be thoroughly conversant with information technology, remarking on how they had had to familiarise themselves with computer systems in their own time and at their expense.

The clinical managers identified the skills they believed were necessary to do their job well (Question 8). These emerged as:

- The ability to listen, to be impartial, supportive and to make decisions.
- The overwhelming view was that such skills need to be learnt in the working environment, although theoretical input can help refine them.
- When asked about further training that might be of value, attention was drawn to the need for input on human resource issues, budgeting and information technology. No deficits in clinical competence emerged and there was no reference to clinical governance.

Clinical supervision is regarded as an important tool in supporting and guiding practitioners (Butterworth and Faugier 1992), so the penultimate question on the interview schedule explored its availability and perceptions of its usefulness. Responses were vague. The participants did not appear to be aware of clinical supervision and where it was available, they were not using it in any of the four sample trusts.

The last question asked the clinical nurse managers for any further comments. This yielded no new information but served to check the validity of answers, with most postholders providing a brief summary of the main points.

**Discussion**

The interviews yielded a wealth of information concerning important aspects of the clinical nurse manager’s role and the rewards and challenges of their work. Thus, despite the small sample, the aim of the study was met. It was possible to identify key issues of crucial importance in meeting the CPD requirements of clinical nurse managers. Their comments were remarkably consistent, regardless of the trust in which they were employed, clinical specialty or the size of the ward or department. The interviewees felt they needed more extensive preparation to deal with human resource and financial aspects of the work. The lack of support to develop skills in information technology is also a cause for concern since they have become an integral part of modern working life. No mention was made of health promotion or clinical governance despite current policy initiatives, and clinical supervision was not seen as a source of support or guidance. This does not necessarily indicate that the clinical nurse managers felt fully conversant with these issues or that they did not regard them as significant: they might have been overlooked during discussion of deficits for which the need for CPD was perceived as more compelling.

Examining each interview transcript, it was possible to categorise a particular member of staff as satisfied or not satisfied in their work, a
study outcome that had not been anticipated. Those who were very satisfied appeared to enjoy better communication and feel more supported, corroborating previous authors (Cameron-Buccheri and Ogier 1994). Clinical nurse managers emphasised the importance of promoting an effective ward learning climate just as they did a decade ago, although nurse education has undergone many changes, with a shift in emphasis to higher education (Alexander 1983, Lathlean and Farnish 1984, Ogier 1982, 1989, Orton 1981, Pembrey 1980). The stressful nature of nursing shown by the most recent and comprehensive study (Nuffield Trust 1998) was corroborated. The absence of definite career plans and willingness to consider future employment outside the NHS is a cause for concern and merits further investigation.

**Conclusion**

The findings of this small-scale exploratory investigation have established the diversity of the clinical nurse manager role. They can be regarded as reliable and valid because the study was methodologically sound: the sample had been randomly drawn from the total population across all four participating trusts. The rigorous approach to sampling and the co-operation from staff owed much to the support of the directors of nursing. It is evident that clinical nurse managers play a central role in healthcare delivery and that, since the 1980s, the nature of their work and the need for CPD have remained largely unexplored. A larger survey to redress this situation is now under way.

**Acknowledgement**

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**Implications for practice**

- There is a need for further research on the role of the clinical nurse manager in health care delivery.
- Clinical nurse managers have highlighted that they need more preparation and training to deal with human resources and financial aspects of their work according to this small-scale study.
- There may be scope to develop a specific CPD programme that deals with information technology, career planning and stress management.

**References**


