




# Barriers & Supports encountered by Nurse Managers

Dr Kerri-ann Hughes PhD RN  
School of Nursing,  
Massey University



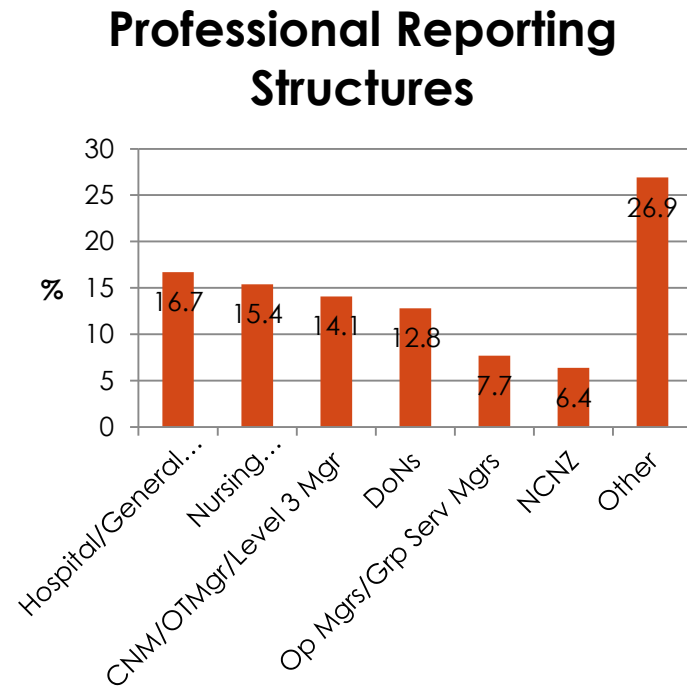
# The survey findings

The survey findings are divided into five groups of responses:

- Reporting structures
- Span of Control
- Ability to influence
- Supports & Blocks
- Ideas for improvements

# Professional Reporting Structures

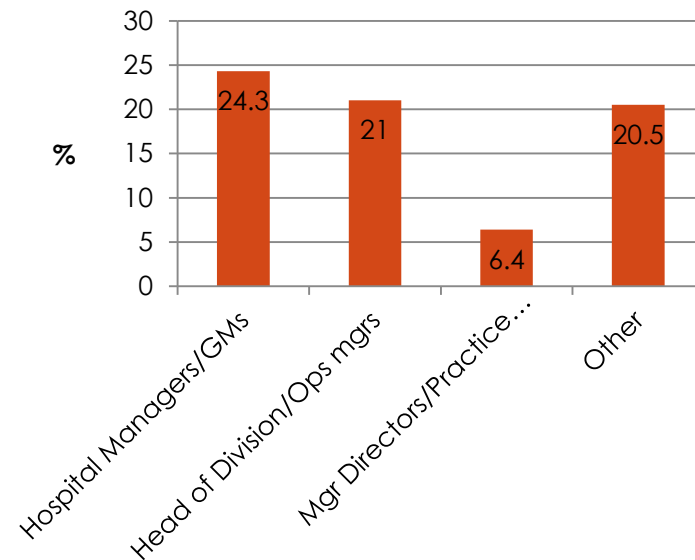
- Q1 (a) – what position do you report to (a) professionally and (b) operationally?



# Operational Reporting Structures

- 41% reported operationally to a different role to the one that they reported to professionally
- 51.3% reported being accountable both professionally and operationally to the same role.
- 7.7% of respondents did not respond

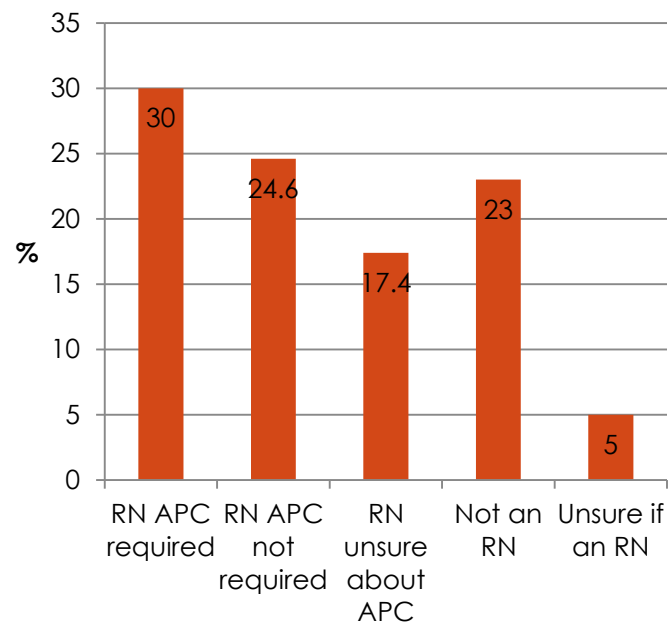
## Operational Reporting Structures



# Reporting RE: RNs and APCs

- Q1 (b) – Do you know if your immediate manager is an RN and if their role requires them to have a current APC?

**RN Managers & APCs**



# Why is this information important?

- International research indicates that where nurses report to nurses both professionally and operationally there is a shared culture of professional practice and nurse leadership that provides more effective and safer patient outcomes.
- Found in the first three forces of Magnetism: Quality of nursing leadership; Organizational structure and management style
- <http://www.nursecredentialing.org/ForcesofMagnetism.aspx>
- Wong, Laschinger, Vincent & O'Connor (2010)
- Scott, Sochalski & Aiken (1991)
- Weinberg (2003)

# Span of Control - Numbers

- Q2 What is the number and type of staff reporting to you?
- Direct Reports ranged from 3 -125 staff
- Duty Nurse managers – represented by 8% had anywhere from 10 -1000 people reporting to them on a shift by shift basis

# Span of control – Types of staff

Majority staff types included:

- Senior RNs, Speciality RNs, RNs, Ens and HCAs. 32% of this group also included ward clerks and administrators.
- Other staff groupings included: technicians, orderlies, CSSD, play specialists, phlebotomists, allied health staff, hospital aides, caregivers, household staff and maintenance workers.



# Span of Control – 5 things every leader should know (Forbes Magazine, 2012)

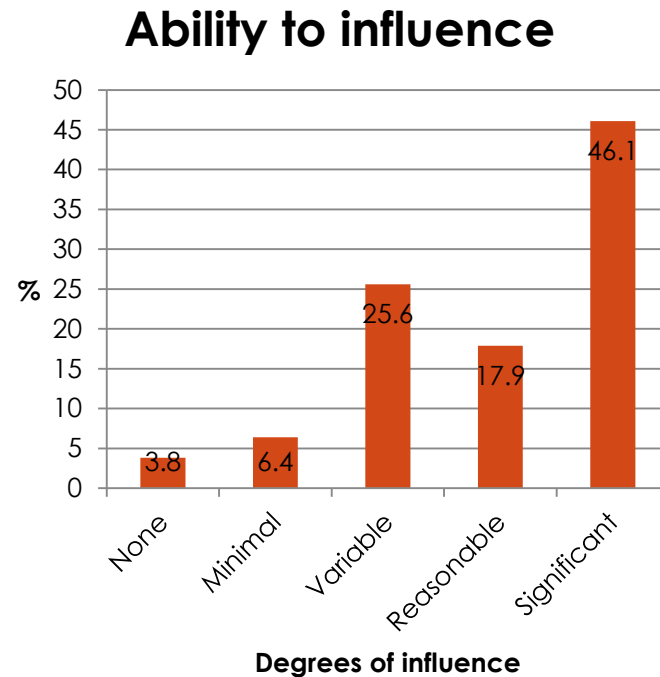
Magazine, 2012)

- Context
- Understanding
- The missing link
- Time is your most valuable commodity
- Truth is your most valuable asset



# Ability to Influence

- Q 3 As nurse managers how much are you able to influence the quality of nursing practice in your area?



# How you were able to influence nursing care

## Group 1 – Individual attributes

- Role modelling
- Having a positive attitude
- Showing passion
- Good leadership
- Visibility on the floor

## Group 2 – Employer Influences

- Supportive employers who encourage change
- Being involved in recruitment processes

## Group 3 - Patient safety and care

- Ensuring high standard of quality patient care through use of:
- Introducing new evidence based practice, guidelines, standards, best practice and standing orders
- Attending quality meetings
- Utilising regular audits and follow up including annual reviews
- Being involved in policy review
- Attending senior nurse forums
- Involvement with ward practice, bed placement, and treatment and discharge planning

## Group 4 – Involvement with other professionals

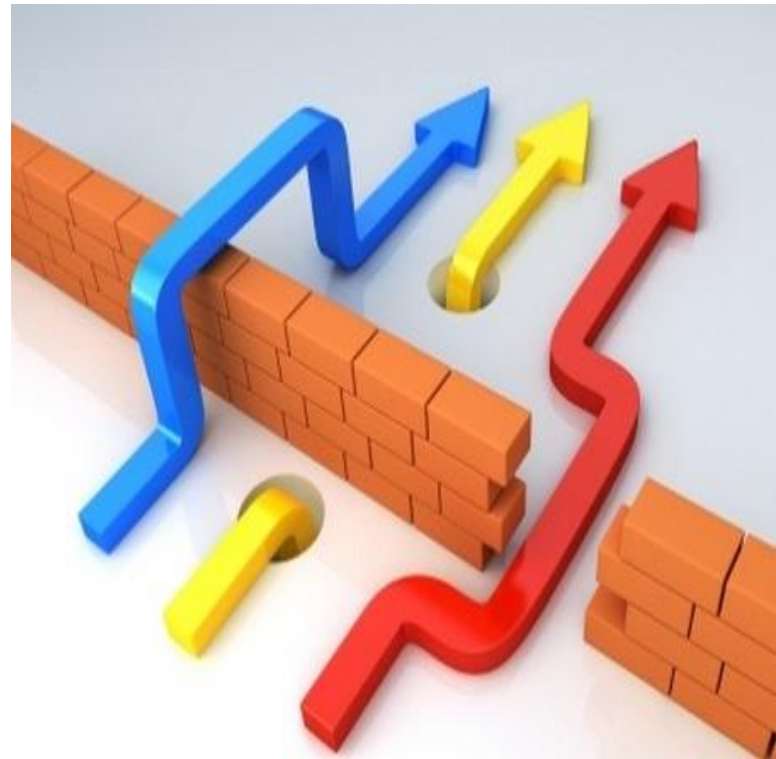
- Providing peer support/working alongside staff
- Through mentoring and preceptorship
- Staff/ward meetings
- Strong working relationships with training institutes and students
- Providing positive performance appraisals and staff follow up
- Utilised as a resource for other staff as an assessor for PDRPs, IVs, trendcare reliability and also to troubleshoot problems

# Negative impacts on ability to influence nursing care

- Time & resource issues
- Few nurse sensitive indicators (specific to type of nursing work)
- Working shift by shift diminishes influence
- Troubleshooting only meets current issues doesn't resolve long term issues
- Changes are dependent upon senior management support/approval
- Requirement for approval for change hinders progress
- Increasing distance from the coalface in some roles

# Supports & Blocks

- Q 4 What are the factors that either support or block you from influencing nursing quality?



# Supports for influencing nursing quality

Top 5 areas identified as providing a supportive workplace:

1. Your own individual energy and passion for the work
2. Having good clinical skills and knowledge available in the workplace
3. Support from senior management team, colleagues and nursing team
4. Having good leadership from all levels of management
5. Having good management systems in place

# Barriers hindering influencing nursing care

Top 5 barriers identified as hindering your ability to influence nursing care were:

1. Lack of senior management understanding
2. Time poor
3. Overloaded workloads
4. Inadequate resourcing
5. Nurse burnout

# Ideas for improvements

- Q 5 asked you for any other comments around ideas for improvement.
- You identified 17 individual areas impacting on nursing care that could be improved.



## Individual areas impacting on nursing care that could be improved

- Undertaking a teambuilding exercise/enabling staff time to allow for peer review, identify problems and discuss potential solutions.
- Using the information on health literacy to review discharge planning practices.
- Getting involved with national policies and forums.
- Increasing networking opportunities to reduce health silos and increasing collaborative working with external providers.
- Valuing the differences both older and younger nurses bring to the healthcare environment.
- Being able to influence resourcing and skill mix
- Having the tools and support to positively and proactively manage poor performance of staff.
- Increasing knowledge around the Ministry of Health (MoH) health targets and managing health targets.
- Being able to empower staff and encourage uptake of leadership roles
- Having resources to build leadership skills and strategies for nurses.
- Changing practices that enable more clinical time with patients and families from admission through to discharge.
- Eliminating any culture of blaming and negativity that exists.
- Improving knowledge around health literacy of the community.
- Having standardised practices across DHBs in areas such as care planning and assessments.
- Improving rostering and fatigue management.
- Increasing knowledge around budgeting and financial impacts to make more informed decisions.
- Increasing involvement with senior nursing management and nursing peer groups

# Taking the Research further

So where to from here:

- I am now focussing on taking the barriers and supports and doing a literature review both nationally and internationally on nursing strategies that have been undertaken to try and break down the barriers. I will use keywords from the list of improvements you have offered.
- I am also looking at social theory and the narrow economic view of commodification of nursing care and the devaluing of the social care component of nursing care and how this commodification can be reframed and repositioned in light of some the barriers and supports. This article was accepted for both presentation and publication has at an Australia New Zealand Academy of Management Conference last year in December. However I have held off publishing in the Australia New Zealand Journal of Management as I would like to publish this article in a New Zealand Journal.

# Thank you



California Casualty   IVR325

people will forget what you  
people will *said* forget what you  
but people will *did* never forget  
how you made them  
*feel.*

-MAYA ANGELOU

- For being great participants and a wonderful audience
- For listening and being interested in this research
- For being fabulous nurses
- If you have any strategies you are using that you would like to share, I am happy to compile a list of strategies with acknowledgements so that the section can disseminate out on their website
- My email is [k.a.hughes@massey.ac.nz](mailto:k.a.hughes@massey.ac.nz)
- And finally any questions?