

**A DESCRIPTIVE STUDY OF THE HEAD NURSE ROLE:
A COMPARISON OF THE WORK ACTIVITIES AND BEHAVIORS OF
NOVICE AND EXPERT HEAD NURSES**

by
Kathleen Ann Dunn

A Thesis Presented to the University of Manitoba
in Partial Fulfillments
for the Degree of Masters in Nursing

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KATHLEEN ANN DUNN

A thesis submitted to the Faculty of Graduate Studies of
the University of Manitoba in partial fulfillment of the requirements
of the degree of

MASTER OF NURSING

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ABSTRACT

The head nurse represents a key management position in hospital organizations and has significant influence upon staff development, staff satisfaction and the quality of patient care delivered. This descriptive study explores the role of the head nurse and identifies differences that exist between the work behaviors and activities of newly appointed head nurses and those of experts in the position. The conceptual framework for the study is based upon the work of Patricia Benner (1984) who identified five distinct levels of skill performance and acquisition among general duty staff nurses.

The study involved a total of ten head nurse participants, five novices and five experts. Questionnaire, interview and nonparticipant observation methods were used to collect and analyze quantitative as well as qualitative data. The use of methodological triangulation in the study design strengthens the research findings. Recommendations for nursing practice, education and research are made based upon the study results.

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CHAPTER 1

OVERVIEW OF THE STUDY

Introduction

The head nurse plays a key role in the delivery of patient care, both directly and indirectly (Young & Hayne, 1988). Increased attention towards education and selection criteria for first-line managers in hospital settings has occurred in response to the changing nature of the head nurse role (Strike-Cruickshank, 1988). A better understanding of this complex role will facilitate staff development, job satisfaction of staff nurses and the delivery of patient care (Whelan, 1988; Duxbury et. al., 1984). In light of the current shortage of nurses in Canada (Meltz, 1988), insight into nursing management practices is crucial to help address the issues relevant to recruitment and retention of Registered Nurses. Like private corporations, health care organizations will have to concentrate more on management development and career ladders in response to the increasingly competitive market among hospitals to attract and retain the best employees (Styles, 1988).

The work of Patricia Benner (1984) which explores the process of skill acquisition and the use of intuition in clinical nursing practice has tremendous implications for nursing education. The model of situational skill acquisition discussed in her book "From Novice to Expert: Excellence and Power in Clinical Nursing" emphasizes the role of experience in developing expert nursing practice. Benner challenges academic programs to evaluate the role of experiential learning and intuitive judgement in the development of nursing expertise. One recommendation from her research findings is to tailor learning opportunities specific to the various levels of skill acquisition into the curriculum design of nursing education programs . It has been proposed that this strategy would facilitate skilled pattern recognition and a prompt progression through the novice to expert levels of performance (Benner & Tanner, 1987). Administrators are also challenged to reevaluate staff development programs, job descriptions,

performance appraisals and mechanisms for recognition of individual nurses in terms of the novice to expert stages of skill acquisition (Benner, 1984).

Benner's research findings are based upon the performance levels of general staff nurses. However, this pattern of skill acquisition has tremendous implications for understanding performance levels in the head nurse role. Research in the area of nursing administration has been limited (Henry et. al., 1988), and a review of the nursing literature reveals a paucity of studies specific to the head nurse role. Decision making through intuitive judgement (Schraeder & Fisher, 1988) and skill acquisition through experience have been identified as key factors in differentiating novice from expert staff nurses. The nursing administration literature discusses similar themes; experience, priority setting, judgement and decision making are considered integral components of effective management (Stevens, 1985; Sullivan & Decker, 1988).

Purpose of the Study

The transition from staff nurse to the role of head nurse is a common topic in nursing literature (Gambacorta, 1983). Conflicts in role expectations often arise in the early stages of head nurse development. It is believed that with experience, time management and priority setting skills are established to meet the demands of the position (Nowak & Adams; 1988). What factors facilitate skill development in the head nurse role? What aspects of management practice separate the novice from the expert head nurse in the workplace? Differences in perception, work activities and behaviors between new and experienced head nurses need to be measured and documented. This is the purpose of this study.

Statement of the Problem

The differences that exist between the newly appointed head nurse and the experienced head nurse have not been previously addressed through the research process. The objective of

this descriptive study is to explore the work activities and behaviors of novice and expert head nurses and to identify factors that differentiate novice from expert managers.

The Research Questions

The research questions that will be addressed are:

1. What are the work activities and behaviors of novice head nurses?
2. What are the work activities and behaviors of expert head nurses?
3. What are the differences in work activities and behaviors between novice head nurses and expert head nurses?

Significance of the Study

Previous research has yet to address the question: do novice head nurses develop into expert head nurses through the same process of skill acquisition as seen in staff nurses? If Benner's theory of skill acquisition is applicable to the head nurse role, this finding would have great significance for future nursing administration policies and practice. Current practices in the selection, education and evaluation of new head nurses may need to be reassessed. Because research in this area has been limited, results from this study only add to our current understanding of the head nurse role.

It is an accepted view that the head nurse is a key position in hospital organizations and plays a pivotal role in monitoring the delivery of patient care (Hodges et. al., 1988; Mohr, 1988; Miller & Heine, 1988; Adams, 1988). Developing "expert" managers at this first-line level of nursing administration has tremendous implications for nursing practice and patient care. Identification of management strategies and educational needs would facilitate the development of a cadre of expert nurses at this key level of management.

Conceptual Framework

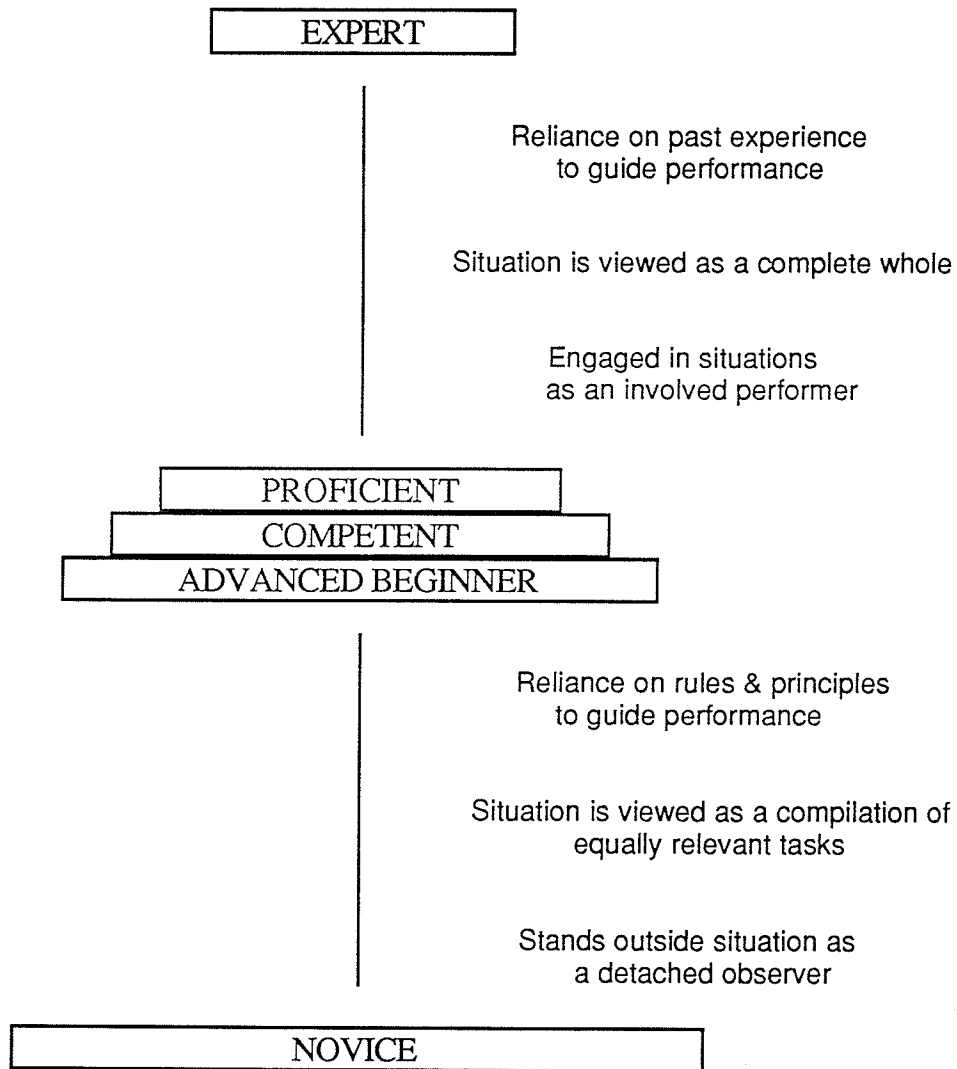
Through the results of a systematic study that applied the Dreyfus Model of Skill Acquisition to the nursing profession, Benner was able to identify a framework that explains the acquisition and development of skill in nursing practice. Benner's findings are based upon her work with the 1979 AMICAE (Achieving Methods of Intra-Professional Consensus, Assessment and Evaluation) Project which utilized questionnaire, interview and observation methods involving over 1,200 nurses (Benner, 1984). It is not surprising, given the magnitude of this descriptive study, that the findings have stimulated a new way of thinking about nursing practice and education.

The Dreyfus Model of Skill Acquisition is based upon the study of chess players and airline pilots, completed in 1980 by Stuart Dreyfus and Hubert Dreyfus (1979), whose backgrounds respectfully include mathematics-system analysis and philosophy. The model posits that a student passes through five levels of proficiency in the acquisition and development of a skill: novice, advanced beginner, competent, proficient, and expert (Figure 1). These levels reflect changes in three areas of skilled performance. (1) There is a movement from the reliance on abstract principles, rules or guidelines to the use of past experience to guide performance. (2) There is a change in learner's perception of the demands of the situation; the situation is viewed as a complete whole versus a compilation of equally relevant pieces or tasks. The ability to set priorities and increase efficiency are linked with this change in perception. (3) There is a progression where the learner no longer stands outside the situation as a detached observer, but becomes engaged in the situation as an involved performer.

The extremes of this continuum are thus the novice and the expert levels of skill acquisition and performance. The other three levels of advanced beginner, competent, and proficient learners build upon each other and link the two ends of the spectrum. For the purposes of this study, only the novice and expert levels of practice will be operationalized, as these variables are the focus of the problem statement. If differences do exist among novice, advanced beginner, competent, proficient and expert head nurses, it was assumed that the

Figure 1

Conceptual Framework
The Dreyfus Model of Skill Acquisition



research findings of this study would reveal notable differences when comparing the two extremes of the scale.

According to Benner, novices are beginners, who have no previous experience in situations in which they are expected to perform, and they usually depend upon rules to guide their actions. They tend to focus on the tasks. Reliance on rules makes it difficult to assess which tasks are most relevant in situations and when exceptions might be appropriate. The skill of setting priorities through use of intuition is foreign at this level of performance. Benner suggests it takes two years for staff nurses to move through the novice and advanced beginner stages, before progressing into the competent level of skill acquisition.

It is not clear in the management nor nursing literature how long a training period it takes for head nurses to become independent, capable managers. Previous studies of head nurses have limited their sample to individuals with a minimum of two years work experience in a head nurse role (Raber, 1988; Miller & Heine; 1988). Discussion of this issue with Directors of Nursing, and reflection upon my personal experience as a head nurse confirm the assumptions of these current research studies in indicating that a time period of two years may be required for first time head nurses to become proficient in the role. Thus, for the purpose of this study, novice head nurses will be defined as those registered nurses in a first time head nurse role for less than two years.

In contrast, expert nurses usually have a background of experience that prepares them to intuitively grasp situations and zero in on the real problem without consideration of irrelevant possibilities. They tend to have a more global view of the situation and rely less on rules and guidelines to govern their behavior. It is the use of intuitive judgement that allows expert nurses to make exceptions to rules. Benner (1984) tentatively suggests that proficient nurses move into the expert level of performance after three to five years experience, however, recognizes that this period of estimation requires further study.

For the purpose of this study, a minimum of three years and a maximum of twelve years experience in the position was the guideline for distinguishing expert head nurses. This time

frame was selected to control for the rapidly changing and complex role of this level of management. The literature suggests that head nurses with more than ten years experience in their current position may not reflect the changing nature of the role, and may be functioning in a different style than younger nurse managers. It was originally proposed that expert head nurses selected for the study be limited to ten years experience in their position, however, the population under investigation revealed a large number of identified 'experts' with more than ten years experience. The time frame was therefore extended to twelve years to provide for an adequate sample.

Benner's distinction of expert practitioners was arrived at through peer evaluation (Benner, 1984). The methodology of this study employs Benner's approach. Expert head nurses were determined through a process of peer review. Thus, expert head nurses were defined as those individuals in a head nurse position, with three to twelve years experience, who were recognized as experts by their peers.

There are two key concepts that can not be isolated from this model, the role of experience and the influence of perception upon skill acquisition. Benner (1984) describes experience as more than the passage of time or longevity. Experience involves the refinement of preconceived notions or theories through encounters with particular situations in reality, that challenge theory and add nuances or different shades to accepted paradigms. Nursing practice is viewed as more complex than absolute rules and theories. An important assumption of the Dreyfus model is that experience will facilitate mastery of a skill. Perception, or the vision of what is possible, separates the expert level of practice from the other levels. Benner claims that not all nurses will be able to become experts. This vision may never occur for some nurses; they may only progress as far as the competent or proficient levels of skill performance.

Because all nurses do not reach the expert level of performance, the sample selection procedure for this study was given careful consideration. Criteria for separating novice and expert head nurses had to be identified. Consultation with Directors of Nursing in the proposed

study setting confirmed the availability of adequate numbers of novice and expert head nurses for this study. Thus, the feasibility of the study design was given consideration in advance.

Operational definitions for 'novice' and 'expert' categories were evaluated throughout the study as data was collected and analyzed. This ongoing evaluation of the research design was necessary as Benner (1984) clearly states that her findings require further study to validate the reported time frames that distinguish various levels of skill performance among staff nurses.

Another aspect of Benner's framework is the view that situational experience distinguishes the level of skilled performance achieved through principles and theory learned in the classroom, from the judgements and skills that can only be acquired in real situations. A novice does not exclusively refer to a student, a new graduate or a new employee. Any nurse, even an expert in another area, may be limited to the novice level of performance when faced with a situation where he or she has no previous experience.

This concept fits well with the demands of the position for a newly appointed head nurse. In nursing, we tend to reward excellence in clinical practice by appointing skilled clinicians into head nurse or educator roles with limited preparation (Darling & McGrath, 1983). The expectations of job performance change drastically, and overnight a staff nurse needs to learn how to plan, budget, delegate, motivate and control staff and supplies (Colton, 1981). The expert clinical nurse becomes the novice head nurse. A skilled practitioner whose previous position was mastered must deal with the stress of new tasks, new situations and identify priorities of the position.

Assumptions Underlying the Study

The major theoretical assumptions underlying this study include:

1. Head nurses have perceptions concerning the role expectations of their positions;
2. Head nurses develop skills through experience;
3. Perceptions of the head nurse role change with experience;

4. Changes in perception and experience influence the level of skill acquisition and performance in the head nurse role;
5. The level of skill acquisition and performance of head nurses can be determined through observable work activities and behaviors;
7. Work activities and behaviors can be objectively measured; and
8. There is a difference in the level of skill acquisition and performance between novice and expert head nurses.

Definition of Terms

Benner (1984) suggests that it takes two years for nurses to move through the novice and advanced beginner stages, and three to five years before some nurses attain 'expert' levels of performance. Not all nurses will become experts, thus it is important that these nurses be identified to the researcher, either by peers or by supervisors. For the purposes of this study, the concepts of novice and expert head nurses will be defined as:

1. Head Nurse: the nurse manager with 24 hour responsibility on a patient unit for clinical nursing care, patient teaching, staff development, and unit management (Miller & Heine, 1988).
2. Novice Head Nurse: Registered Nurses who have been in a first time head nurse position for less than two years.
3. Expert Head Nurse: Registered Nurses who have been identified as 'expert' practitioners (based on Benner's framework) by their peers (i.e. other head nurses), and who have been in a head nurse position for a minimum of three years and a maximum of twelve years.

The structured observation method and analysis of data utilized in this study is based on Mintzberg's (1973) methodology for observation of managers, and requires the definition of four additional terms.

4. Work activity: a single event, that has an identity of its own, and has an observable beginning and ending (Raber, 1988).
5. Role: an organized set of behaviors that belong to an identifiable position (Mintzberg,1973), that underlie the functional purpose of work activities (Raber,1988).
6. Responsibilities: include the specific actions, tasks, and behaviors for which a job incumbent (i.e. head nurse) is accountable for.
7. Behavior: the manner in which individuals act, operate or conducts themselves; this includes observable habits or tendencies (Morehead, 1981).

Methodology

This descriptive study of the head nurse role, with a focus upon the novice and expert levels of practice incorporated methodological triangulation to facilitate the collection and analysis of both qualitative and quantitative data. The study participants included ten head nurses in an a large tertiary care centre. The use of a questionnaire, interview and structured observation methods provided more than one source of data collection and added to the richness study results.

The research design selected for this study was influenced by the research questions to be addressed, by previous nursing administration research that describes the role of the head nurse, and by management studies that explore the work activities of managers. A review of the literature is necessary at this point to provide a foundation of knowledge about the nature of the head nurse role and recognized differences that exist between novice and expert head nurses.

CHAPTER 2

REVIEW OF THE LITERATURE

The role of the head nurse is a common theme in nursing journals and books. A review of the literature reveals an abundance of anecdotal articles, but very few relevant research studies or findings specific to the research question under study. The literature review included a critical examination of the following areas: (1) General management theory relevant to the topic; (2) Previous nursing research studies that explore the role of the head nurse; (3) Current issues and challenges facing the role of the head nurse; (4) Educational needs and management training practices of first-line managers in nursing; (5) Literature specific to novice and expert head nurses; and (6) Methodological similar studies.

General Management Literature

The role of the 'Head Nurse' in nursing literature can be compared to the role of the "first-level supervisor", the "first-line manager", or the "middle-manager" in general management literature. Drucker (1974), Katz (1974), and Mintzberg (1973) offer theoretical frameworks for describing the role and responsibilities of managers that have been applied to nursing administration. Organizing, coordinating, planning, and controlling are the key concepts that emerged from the classical view of management, and are terms that are commonly used to define the role of managers (Mintzberg, 1973).

Katz (1974) found that effective administrators require three skills: technical skill, human skill, and conceptual skill. Depending on the level of administration, managers will require different levels of expertise in these three skill areas. At lower levels, technical skill, or an understanding and proficiency in the methods, procedures, processes and techniques of a specific kind of activity, will be of greatest importance. Human skill, or the ability to work with others is seen as important at every level of management. Conceptual skill, or the "ability

to see the enterprise as a whole" (Mintzberg, 1973, p.93) becomes increasingly critical as the level of responsibility reaches the top level of administration.

Mintzberg (1973) sees the manager's role as more complex than described by the traditional view. Research suggests that managers play a "complex, intertwined combination of interpersonal, informational, and decisional roles" (Mintzberg, 1975, p.49). Management literature that describes the role of managers in terms of organization, coordination, planning and control, does not sufficiently describe the scope of administrative positions.

Drucker (1980) views the role of the manager as dynamic, and responsive to the demands of the turbulent workplace. Hospitals are included as institutions strongly influenced by "turbulent times" (Drucker, 1980, p.4). It is the role of managers to develop actions and strategies, and to respond to opportunities that will structurally strengthen an institution's capacity for survival. Drucker's view of management supports Mintzberg's findings. Adaptation to change and a complicated scope of responsibilities are inherent in the management role; It is more complex than a written job description that limits the generally accepted functions of managers to planning, organizing, staffing, directing and controlling.

Horne and Lupton (1965) completed an exploratory study of the work activities of 66 'middle' managers through the use of self-reporting instruments that recorded weekly activities. Patterns of activity were grouped into 'functional areas'. This study revealed that three quarters of manager's time was spent organizing, regulating and controlling activities; the other quarter was spent on formulating, which typically involved discussion and revision of plans with other employees.

In a descriptive study, Marples (1967) examined the role of managers and described the types of problems and time involved in dealing with issues that were typically encountered during the course of a day. Self-recording and direct observation were the principal data collection methods used for describing the roles of managers. Marples found that the research strategy used for this particular study did not fully capture the role of the manager, for the manager was isolated from the 'system', and the 'system' was not included in the analysis of data.

Recommendations for further research encouraged a qualitative methodology approach that would recognize the manager's membership in the system, and capture the complex nature of management positions.

Sasser and Leonard (1980) describe first-line management as "one of the most difficult, demanding, and challenging jobs in any organization" (Sasser & Leonard, 1980, p.113), but at the same time one of the most vital positions to the organization. This level of management must respond to the demands of administration, while maintaining 'harmony' with the demands of the collective work force. These demands are often in conflict and it is "the ability to maintain one's balance when shifting forces pull in opposite directions... (that) measure... one's success" (Sasser & Leonard, 1980, p.113). This conflict experienced by first-line supervisors is enhanced by mixed emotions and loss of identity as they try to supervise employees that were often former peers and their source of support in the workplace. Senior management also contributes to this role conflict. First-level supervisors are expected to be responsible for implementing the goals of upper management, however, they usually have unclear or insufficient organizational authority to carry out necessary actions. Sasser and Leonard urge senior administrators to provide first-level supervisors with clear expectations and authority that will allow them to do their jobs. This will improve the overall performance of the organization. Role ambiguity and role conflict are common themes in the nursing literature, and are phenomena associated with the role expectations of head nurses.

Uyterhoeven (1972) states that 'middle' managers accomplish their goals largely by managing relationships in three directions: upward with superiors; downward with subordinates; and laterally with peers. Uyterhoeven also identifies the ratio of responsibility to authority as a complicating factor and source of conflict in middle-management positions. Middle management positions are described as entry level positions to management. They are usually an individual's "first try at general management", and candidates are selected "on the basis of outstanding achievement as a functional specialist" (Uyterhoeven, 1972, p.80). These concepts are not foreign to nursing administration. New managers are unable to transfer

previous experience to their new positions. They must learn a new set of skills and they must overcome resentment from subordinates who may view the middle manager's capabilities and background as insufficient, and see their promotion as a result of 'educated elitism'. The author views this transition period as a major risk, not only to the organization, but to the individual who has been promoted. "Not all managers will be able to make this transition; not all will possess the required general management skills; and in spite of earlier successes, not all will successfully meet the new challenge" (Uyterhoeven, 1972, p.81).

Waters (1980) describes the difficulty of preparing managers through formal educational programs. The focus of management education is usually devoted to the 'content' of management; This method of teaching does not guarantee effective outcomes, or an 'ability to actually perform' behaviors in appropriate contexts. Managerial skill development involves converting abstract generalizations to actual behaviors required in specific situations. Waters states that it is the abstract and the inexact nature of descriptions of essential management skills, that makes this process of formal education difficult. Effective management education is a current issue in nursing administration. Water's position on managerial skill development leaves the reader with two important questions. How then do we prepare first-line managers? What basis do we use as selection criteria for future managers?

In reviewing the management literature, the concept of 'novice' and 'expert' managers was not found in studies, nor theoretical texts. Transition to the role of manager, management skill development, and education of new managers were concepts applicable to the 'novice' first-line manager. Role expectations and practices of 'expert' managers were not found in the literature.

General management theory and studies related to first-line managers are helpful in understanding the complex role of the head nurse, however, there are certain elements to health care management that separate hospitals from the world of business. General management theory provides a valuable framework for developing nursing administration research, but it is

often not directly applicable to issues facing the nursing profession. Thus, it is important to closely examine the nursing literature and to critically examine previous research findings.

Nursing Research Studies

In a recent review article of current research in nursing administration research, Henry et.al. (1988) identified a desperate need for studies in this area. Henry describes the paradox of nursing administration as a role that ensures the development and implementation of research to change nursing practice, the environment, and the outcome of practice in the workplace, however, makes limited effort to study its' own role. Henry's findings reveal a paucity of research devoted to improving the practice of nursing administration. Research conducted in hospital settings focuses heavily upon priority problems such as developing systems to measure patient care requirements, on retaining personnel, and increasing productivity. There has been little effort to understand the role of nurse managers. Only three studies were reported that explored the educational needs of nursing administrators. No studies were reported that addressed the areas of collective bargaining, manager selection, marketing, or executive nurses.

Dunne et. al. (1988) also identified a paucity of nursing administration research. A review of the literature indicated that studies regarding selection, orientation, and ongoing development of middle-managers were limited. It is evident that further research is needed in nursing administration. Future studies that explore the role of the head nurse will have significant implications for nursing practice, given the limited literature on the topic.

In terms of the problem statement under investigation, the role expectations of novice and expert head nurses, a review of the literature did not uncover previous research studies in this specific area of nursing administration. There are numerous texts and anecdotal journal articles that describe the role of the head nurse and express opinions concerning the changing role of this vital management position. Previous research studies are limited, however, they do provide a foundation for future investigation.

Role of the Head Nurse

The literature supports the view that the role of the head nurse is an essential and valued position in hospitals (Hodges et. al., 1988) and effective management at the head nurse level is vital to linking the organizational goals to the unit level (Mohr, 1988). Miller and Heine (1988) describe the role of the head nurse as central to the implementation and coordination of patient care, while fostering the philosophy and policies of the organization at the staff level. The head nurse applies the objectives, goals, policies and practices of nursing administration to concrete situations on a nursing unit (Adams, 1988). First-line management is seen as one of the most critical roles in the administration of nursing services (Alidina, 1988). If this level of management fails, higher level planning becomes meaningless (Stevens, 1985).

Smith (1988) reviewed the historical evolution of the head nurse role. In the 1920's and 1930's the role of the head nurse emphasized staff supervision. Responsibilities during this time included patient care, housekeeping tasks, dietary services, equipment and sterilization of instruments. By 1940, the emphasis of the role was education, where the head nurse was primarily responsible for the nursing students on the ward. In the 1950's and 1960's, the role had a larger emphasis on patient care. The 1954 Canadian Nurses Association report on the functions and activities of the head nurse role found that 75 percent of time was spent on direct patient care (Smith, 1988). The role in the 1970's and 1980's is characterized by an emphasis on management. In reviewing a study of the changing roles of nurse managers (Smeltzer & Vicaro, 1988), it is evident that the administrative component is now the prime focus of the head nurse role.

The Canadian Nurses Association statement on the role of the nursing administrator describes the role as having two components: the professional and the corporate dimensions (C.N.A., 1988). The professional dimension includes knowledge and expertise with respect to professional nursing, leadership abilities, and advisor for nursing concerns in the organization. Corporate dimensions include participation in the organization's administrative team to determine policies, priorities, allocation of resources and general management issues. The

professional dimension of the role is greatest at the first-line management level, and the corporate dimension is greatest at the executive level. However, common to all levels are the management functions of planning, organizing, directing, controlling and evaluating.

Particularly relevant to the head nurse position are the functions of planning, organizing, and controlling, for these three functions involve dealing with "contingencies" (Sullivan & Decker, 1988).

Bergman et.al. in a 1981 descriptive study of the "role, selection, and preparation of unit head nurses" in Israel, developed an instrument for measuring the head nurse's self image of, his/her role, and other health professionals' perception of the head nurse role. The findings provided baseline data of role expectations and demographic characteristics of unit head nurses, however, the authors strongly recommend replication of the instrument in other population samples in order that some degree of generalization of results can be made.

In 1986, Beaman conducted a survey to identify the managerial tasks expected of first-line nursing managers. A list of common tasks was compiled from the results of the 73 returned questionnaires from the Directors of Nursing surveyed. The tasks identified as most important were supported by the literature, and were not affected by hospital size. Beaman identified the limitations of this survey methodology, however, felt that the research findings were valuable in providing information that could serve as a foundation for developing specific job descriptions for first-line nursing managers, and for developing appropriate educational programs for this key group of managers.

Wilhite surveyed 31 nurse executives, and found significant differences in the interpretation of the title "nursing middle managers" (Wilhite, 1988). Common definitions and descriptions of middle managers included the titles of supervisor, head nurse and Director of Nursing. The results of this survey demonstrated that there is confusion about the functions, responsibilities, and titles of different levels of nursing management. It is not surprising that unclear role expectations within the nursing profession add to the role conflict and role

ambiguity experienced by head nurses, and affect the way other health care groups perceive the role of nursing managers.

In a recent study of perceived role expectations of head nurses (Miller & Heine, 1988), significant differences in role perception were found in various types of hospital settings in the United States. Forty-three head nurses were interviewed using *The Head Nurse Role Questionnaire* and differences were found in job variability, job expertise, job capacity and job incentives. Due to the limitations of the study, Miller et al. (1988) recommended replication of the questionnaire in other settings where consideration should be given to hospital size, education level, age and employment tenure, in order to control for extraneous variables in researching the complex role of the head nurse.

Barker and Ganti (1980) conducted "an indepth study of the head nurse role", and found that the actual practice of head nurses did not reflect the expectations derived from job descriptions. Unclear job descriptions lead to unclear role expectations. The authors recommend that future research is required in this area, and that reliance upon job descriptions to evaluate the roles of first-line nursing managers may not be the most valid approach to increasing our understanding of this complex, but vital role.

Smeltzer and Vicario (1988) conducted a time and motion study to define the expected role functions of the nursing administration team, from the perspectives of the nurse manager and the nurse executive. A questionnaire was administered prior to the time and motion study to identify the main differences in expectations perceived between the two groups. Differences were found in the areas of patient care requirements, monitoring staff performance, orientation of new staff, and strategic planning. Of greater significance was the finding that "even though certain values were stated strongly by some nurse managers, often they did not spend their time in activities consistent with their expressed values" (Smeltzer & Vicario, 1988, p.70). The authors question the validity of previous studies that rely on survey methods alone, for the results may not be a valid analysis of the job expectations and role definitions of nursing managers.

Simms et.al. (1985) utilized a grounded theory approach to investigate the functions and priorities of nurse executives. This methodological approach provided rich data concerning the complex role of nursing executives and the changing nature of the role in response to societal and health care delivery demands. This qualitative approach has implications for studying the role expectations of head nurses, as previous quantitative research findings reveal specific data that is not generalizable. Replication is strongly recommended in most studies reviewed, as findings are limited by the instruments and the samples utilized in the investigations.

Role Expectations and Role Conflict

Role expectations, role conflict, and role ambiguity are common themes in the literature related to the complex nature of the head nurse role. Scalzi (1988) defines role conflict as the incongruity of expectations associated with a role, whereas role ambiguity results from a lack of clarity of role expectations. In her study of nursing executives, Scalzi identified work overload, quality of care concerns, role conflict and role ambiguity as the main factors related to role stress at this level of management. Similar issues have been identified with the head nurse role (Mohr, 1988; Miller & Heine, 1988; Powers, 1984).

The increasing emphasis on management responsibilities and decreased involvement of the head nurse in bedside care, has lead to role conflict for many new managers. The unrealistic and often conflicting expectations of patients, families, staff, physicians and hospital administrators all contribute to this role conflict (Powers, 1984). The staff view the head nurse as teacher, leader, decision maker, assistant, spokesperson and someone who attends meetings; the physicians view the head nurse as a member of the nursing staff, as the person with whom they collaborate, or as the administrator to whom they communicate displeasure or give instructions to, depending on the circumstances of the day; patients and families typically view the head nurse as the one who will solve all the problems; and the supervisor expects implementation of hospital policies, management of patients and staff, and coordination of goals and objectives (Barker & Ganti, 1980). Few roles are this complex, nor involve this scope of

conflicting expectations from different people. It is not surprising that role ambiguity is a common phenomenon experienced by newly appointed head nurses (Gambacorta, 1983).

In an early study of "activity preferences and leadership behavior of head nurses" (Anderson, 1964), head nurses were rated in terms of leadership behavior by themselves, their subordinates and their supervisors. The findings indicated a significant difference in value judgements among the three groups who were administered *The Leader Behavior Questionnaire*. "Head nurses who preferred nursing care activities were rated as the best leaders by subordinates; head nurses who preferred coordinating activities were rated as the best leaders by superiors; and the majority of head nurses expressed an interest for personnel activities"(Anderson, 1964, p.335). The issue of conflicting role expectations of head nurses was identified in this 1964 research study, and continues to influence the role of first-line nursing nursing managers.

The "expectations for the role of the head nurse held by head nurses, nurses, Directors of Nursing and doctors" was the title of a survey study conducted by Smith in 1975 (Smith, 1988). Differences in perception of the role were found. Common themes that emerged among doctors, nurses and head nurses perception of the role included: determiner of quality care, clinical leader, communication link and doctor's helper. The Directors of Nursing' role expectations of the head nurse focused more heavily upon management responsibilities.

Stahl et.al. (1983) examined head nurses' and supervisors' expectations and found potential conflicts in the area of role overlap, role definition, organizational structure and patient care responsibilities. In a 1986 study, Beaman found that planning, staffing, controlling, directing and organizing were the most common functions listed in head nurse job descriptions, however, the level of responsibility between first, middle and top-level management was unclear.

Golightly (1983) identified that clearly defined roles, agreement on priorities of the required work, common goals and an equal sharing of expectations is essential for a positive working relationship among all levels of management in a nursing department. Unclear role

expectations were also found to hinder appropriate selection and preparation of future nurse managers (Beaman, 1986).

In a 1986 descriptive study of role ambiguity among hospital head nurses, Ellis found that head nurses have difficulty defining their role. As a result they are torn between acting as nursing staff members and acting as managers. This role ambiguity is associated with feelings of anger and frustration and is reported to be a major cause of head nurse ineffectiveness. Role clarity can be achieved through education and structure. Ellis's findings reveal a prevalent need for both interventions if head nurses are to be successful in implementing the goals of the organization.

Adams (1988) also investigated the role expectations of the head nurse position, and identified the job description, individual personal values and the expectations of others as the main factors determining role expectations and role conflict among head nurses. The results of this study support previous research findings. The literature strongly suggests that a better understanding of the perceived role expectations of head nurses would help address the issue of role conflict and ambiguity among first-line nursing managers.

Impact of the Head Nurse

The nursing literature strongly supports the impact of the head nurse upon patient care, nurse-physician relationships, motivation of staff, staff education, job satisfaction and staff turnover (Kilpack, 1976; Case, 1983; Stevens, 1983; Gillies & Franklin, 1988). It is the head nurse who is believed to set the climate for the ward, and is the key person to influence the resultant level of professional nursing practice in the organization (Weeks & Schneider, 1987).

Previous studies have demonstrated that head nurse management style contributes to the work atmosphere and quality of patient care. Whelan (1988) identified that management style has a significant effect on the staff nurses' perception of quality of care. Due to the nature of the highly specialized setting used for this research, and the subjective element involved in

measuring quality of patient care, this study recommends replication in a less specialized setting, as the results can not be generalized.

Druxbury et. al. (1984) looked at leadership style, and linked management practices with staff nurse burnout and job satisfaction. In a similar descriptive study, Buccheri (1986) examined the perceived levels of job satisfaction and supervisor support for 203 registered nurses. Findings demonstrated a strong "positive relationship between nurses' satisfaction with their overall jobs and their perceptions of their supervisors as supportive of them" (Buccheri, 1986, p.23). The relationship between management style and burnout was further explored by Campbell in 1986. Sixty percent of the registered nurses surveyed and interviewed in this study, identified leadership style as a major factor in job satisfaction and job-related stress.

Gillies (1988) also found a significant relationship between management style and job satisfaction of nursing caregivers, however, her analysis went one step further. Characteristics of subordinates were correlated with satisfaction with specific leadership styles. Gilles concluded that Directors of Nursing need to assess the managerial style of candidates for head nurse positions in terms of the needs of the staff nurses on a particular unit. Managerial style must complement subordinates' needs, if a high level of job satisfaction is to be achieved. Maguire (1986) found similar results in a study of staff nurses' perceptions of head nurse leadership style. Leadership style was linked to leader effectiveness, which had a direct impact upon unit productivity.

Fretwell (1983) examined the ward sister' s role in creating a ward learning environment. Results from the questionnaire utilized in this study revealed that first-line nursing managers play a crucial role in determining the level of staff education on a ward (Fretwell, 1983).

Research in this area is limited, however, the results unanimously support the premise that the head nurse promotes the organizational goals and significantly impacts upon the quality of worklife and the delivery of quality patient care.

Current Issues

The Changing Role of the Head Nurse

The health care delivery system is changing. Lancaster (1986) asserts that more change has occurred in the last few years of society, the health care system and the nursing profession than have occurred in the previous fifty years. The impact of medical and technological advances, and the changing role of nursing are identified as major factors that affect role definition and the expectations demanded of the nurse manager from the staff nurse to the executive level (Strike-Cruickshank, 1988).

Powers (1984) believes that the traditional role of the head nurse as overseer of basic day-to-day ward activities has been replaced with 24-hour accountability. She sees this change occurring in response to the trend towards decentralization of nursing organizational structures and the impact of budget restraints upon Canadian hospitals. Decentralization of nursing departments means decentralization of authority. Direct power and responsibility for problem solving now rests at the unit level (McPhail, 1978). As more hospitals move towards a decentralized model of nursing management, the head nurse role will continue to grow in complexity and accountability far beyond the entry level nursing preparation (Hodges et.al., 1988).

Hodges et. al. conducted a survey of head nurse practice and education, and identified recent changes in the head nurse role that "validate the need for master's prepared head nurse in US hospitals" (Hodges et. al., 1987, p.40). The trend towards decentralization of decision making, and the belief that graduate prepared nurses at this level of nursing management would be most cost effective, were the major reasons given by the 288 Nurse Executives surveyed that supported this view.

Stress and Job Satisfaction

Job satisfaction and stress among head nurses is another issue identified in the literature. McCausland et.al. (1987) found that 82 percent of head nurses surveyed in their

study of job satisfaction stated that they experienced more stress in their present position than in their previous position as staff nurses. The authors attributed this increased stress as a result of increased managerial responsibilities and the perception of being "caught in the middle" between staff nurses and nursing management. Job satisfiers historically associated with the head nurse role include direct patient care, close associations with physicians and being at the centre of unit activities. As the head nurse role has changed in response to the demands of the health care system, these job satisfiers are seen as "lost" aspects of the position. The authors strongly urge nurse executives to examine the stresses associated with this role and the resultant job dissatisfaction. Efforts must be made to assist the socialization of staff nurses into managerial positions (McCausland et.al., 1987).

In a 1980 study that investigated the effects of organizational structure of nursing units and leadership upon nurses' stress and satisfaction, Leatt found that head nurses in different specialties reported different types of stress (Leatt & Schneck, 1983). Types of stressors were divided into role-related stressors and task-related stressors. It is interesting to note that there was general agreement among all the 153 head nurses surveyed on items considered most stressful. These included unavailability of physicians on the unit, insufficient resources to complete the work on the unit and troublesome patient behavior. Interpretation of the level of stress associated with the other 18 situations included in the questionnaire varied greatly according to specialty. Leatt concluded that continuing education programs for head nurses need to be tailored to the individual specialty, in order to assist head nurses in dealing with the stresses specific to their management position.

In 1988, Scalzi examined the role stress and coping strategies of nurse executives. The mailed questionnaire and interview methods used in this study revealed that work overload, quality of care concerns, role ambiguity, and role conflict were the major factors associated with role stress by this level of nurse managers. The nursing literature frequently identifies these factors as sources of stress for head nurses. Jennings challenges this viewpoint stating that there is "little research-based empirical evidence to support the seemingly high

prevalence of stress among head nurses" (Jennings, 1986,p.6). There are many anecdotal accounts of the head nurse role, but only five investigations of head nurse stress were found in a review of the literature. This is an area that requires further research.

Educational Needs and Management Preparation

The educational preparation of nursing managers is a current issue in the profession. Given the changing role of the head nurse, educational programs need to be established to help new managers deal with the increased administrative responsibilities of the role.

Orme and Trickett (1983) found that ward sisters and charge nurses identified a strong need for management training. Their results indicated that the request for further education had no relationship to the length of time nurse managers spent in their position, nor to the level of their individual training needs.

Kirk (1987) investigated the level of management development needs of nurse executives and first-line nursing managers. The most significant finding of this study was that there was no difference in the top 13 priorities identified between the two groups. Although the priorities of the positions were seen as similar, the scope and level of responsibility of the roles differed. The nurse executive vision tended to be broad and focus on the future, whereas the first-line nurse manager's goals concentrated upon the day-to-day operations. Kirk concludes that "both the nurse executive and nurse manager roles are becoming more complex" (Kirk, 1987, p.7), and that management development needs were identified by all nursing managers, regardless of their level in the organization.

Lack of role preparation for first-line managers is a common theme in the nursing literature (Lathlean, 1986; Stevens, 1980). Staff nurses rewarded for excellent clinical practice are not prepared for their new role as nursing managers in first-time head nurse positions (Darling & McGrath, 1983). The recent trend towards decentralization of nursing organizations requires entry-level management skills not only of head nurses, but of staff nurses assigned to charge nurse responsibilities (Geary, 1988). Nurses are challenged daily to

deal with increasingly complex problems and demands of the changing hospital environment (Binger & Mailhot, 1985). Many authors feel that the inclusion of management principles in basic nursing education, will help nurses in dealing with the management responsibilities of their positions (Stevens, 1980; Holle, 1980).

Vance (1986) surveyed nursing administrators and educators to determine the knowledge and skills considered essential for nurse managers to be effective in their positions. The items identified provide a valuable framework for selection and training of nursing managers, however, the findings of this study are limited. Replication is recommended in individual organizations to identify specific learning needs.

Gray et.al. (1988) developed a nurse management education program for head nurses that focused upon role transition. Head nurses were encouraged to examine the demands and conflicts of their role, and to develop strategies to deal with the problems of being a 'manager' versus those of being a professional 'nurse'. Socialization into the role of head nurse and the development of "management thought" are considered essential factors in minimizing the stress of role transition (Darling & McGrath, 1983; Gleeson et.al, 1983; Marriner, 1979).

Del Bueno et.al. (1984) developed a management training program and examined the feasibility and effectiveness of training selected nurses as managers before actual appointment to a head nurse position. Participants were limited to BSN graduates with a minimum 1 year of clinical experience. The purpose of this study was to determine if there is an objective process for reliably predicting the success of applicants in a management development program. The premise that guided this project was that " the novice manager either gives up, becomes disillusioned, or succeeds in spite of the nonsystem" (del Bueno et.al., 1984, p.7). Due to the limited sample size, the authors felt that the analysis of their data was not sufficient to draw conclusions, however, they did suggest that their results indicated that an individual nurse may not require several years of clinical experience to be successful in a beginning management position.

Selection of managers is gaining attention in the nursing administration literature (Urtel & Runtz, 1987). Assessment of education, experience and personal characteristics through interview methods may not be the optimal process for selecting candidates. Ertl (1984) recommends a participative selection process for choosing successful managers. The traditional interview method is considered incomplete in determining the future success of candidates. Involvement of staff in the selection process is believed to increase the success potential of new nursing managers.

Sullivan et.al. (1985) also support a more innovative approach to selecting head nurses. They recommend the use of 'assessment center technology' to determine the candidate's performance in actual work sample exercises. This approach is considered a more valid indicator of the candidate's potential for management success, than reliance upon traditional methods of selection. Productivity, employee satisfaction and the establishment of standards of practice are believed to benefit from this method of head nurse selection.

Several studies have examined the demographics of head nurses, and the effect of educational preparation upon job performance (Hodges et.al., 1987; Holle, 1980). Clinical experience is associated with high degrees of confidence in the management of patient care responsibilities (Farnish, 1985). The importance of clinical experience in determining management ability is an issue debated in the literature. The traditional role of the head nurse required clinical expertise (Smith, 1988; Powers, 1986), however, this role is changing. Del Bueno (1984) challenged this nursing management prerequisite in her management training program. Selected candidates were restricted to BSN graduates with one year of clinical experience. The changing focus of the head nurse role with increasing management responsibilities is believed to require a higher level of educational preparation (Holle, 1980).

Avent et. al. (1988) feel that "management education of head nurses is just one part of a complex situation" (Avent et.al., 1988, p.116). In their study of head nurse education and staff nurse turnover, they found no significant relationship between the level of management education and the resultant staff turnover rates. Avent believes that education can not be viewed

as the only factor in determining the effectiveness of a nursing manager. Other variables such as age, nursing experience, type of unit and personal factors must be considered in determining the selection criteria and future development of head nurses. It is evident that further research is required in this area to determine the role of education and clinical experience in preparation of successful nursing managers.

Holle (1980) identified a wide gap that exists between the competence levels which most nurse managers possess in their technical and professional knowledge, and the skills and knowledge required to effectively plan, organize and direct other members of the health care team. Holle recommended that management training and leadership development should be essential programs for continuing education departments in hospital settings.

Nowak and Adams (1988) developed a strategy using simulated games to develop skills in new managers. Their view is that to be an effective nurse manager, skills appropriate to a professional role must be acquired through experience or taught using strategies that link theory to practice. This supports Benner's view of skill acquisition. New head nurses are staff nurses who have been promoted. The use of past experience and current policies are the basis of orientation to the new position. Until experience is obtained in the new role, decisions are usually made by trial and error. The use of simulated games permits new managers to gain experience in decision making, and to develop skills in the area of planning, organizing, directing, coordinating, and budgeting (Nowak & Adams, 1988).

Davis (1988) used a similar educational strategy to prepare senior baccalaureate students to grasp the realities of nursing management practices. Students developed desirable characteristics of the ideal hospital and then met with managers in hospital settings to compare the ideal with reality. Davis felt that this linking of ideas with the practice setting allowed students to develop an understanding and identification of issues faced by nurse managers. This strategy was developed to help graduates appreciate and adapt to the realities of the clinical setting, regardless of their position (Davis, 1988).

Dodwell and Lathlean (1987) developed a management training program for newly appointed ward sisters. The program incorporated theoretical study and observational experience. The use of learning modules to teach nursing leadership concepts (Spickerman et.al., 1988) and the use of behavior modeling through observation (Sullivan & Decker, 1985) are other strategies that have been suggested in the nursing literature to develop managerial skills.

The success of the techniques described in these various teaching programs for management development support Benner's belief in experiential learning. These strategies are believed to facilitate a smoother transition from staff nurse to head nurse. They should also be considered valuable techniques for future development of 'novice' nurse managers into 'expert' managers.

Novice and Expert Head Nurses

The transition from staff nurse to head nurse or manager is a common theme in the nursing administration literature (Dooley & Hauben, 1979; Holle, 1980; Knoner, 1980; Cohen, 1985). The issues faced by 'novice' head nurses are similar to the findings reported in general management literature that discuss role transition factors experienced by newly appointed managers. A review of nursing literature failed to uncover the concept of 'expert' head nurses. Role expectations, educational and career needs, and challenges facing this group of managers were not addressed in the literature. However, these issues were discussed in terms of the newly appointed nursing manager.

The transition from a clinical nursing role to that of nurse manager requires learning and practicing an entirely new set of skills (Stevens, 1983; Sullivan & Decker, 1988). Nurses receive the majority of their education and skill development in relation to direct patient care. Nurses are educated to care, not to manage (Woodward, 1987). The role change from caregiver to manager of caregiver is a difficult transition for most nurses (Gray et.al., 1988).

Expert clinicians are often promoted to head nurse positions without educational preparation for management, clinical direction or teaching (Lees, 1979). There is an urgent need to develop strategies to meet those needs (Smith, 1988). Gambacorta (1973) notes the wealth of nursing literature that addresses the 'reality shock' that graduate nursing students experience when they move into staff nurse positions. Staff nurses who move into head nurse positions also experience 'reality shock'. Senior management must be sensitive to the expectations of the role, and need to help candidates handle role conflicts before their new positions overwhelm them. Darling and McGrath (1983) identified the causes and costs of 'promotion trauma'. Loneliness, unmet needs, and unclear job descriptions were identified as stressors for newly appointed nursing managers. Farabaugh and Davidhizar (1987) describe similar phenomena, but focus upon the difficulty of establishing good working relationships with former peers as a major source of stress for new managers.

In accordance with Benner's theoretical framework of skill acquisition, the expert clinician becomes the novice head nurse with this role change. Gray et.al. (1988) have identified role transition as a major obstacle for new managers to overcome, and have incorporated this issue into a unique management training program for nurses in their hospital. They feel nurse managers need to clarify those aspects of the management role that augment effective care delivery, and need to change their perception of role expectations as professionals to role expectations as managers. Professional values must be retained, but they need to be incorporated into the management role. This socialization into the management role all too often occurs within the day-to-day, trial and error climate (Sullivan & Decker, 1988).

Stevens (1985) identifies the greatest trap facing first-line nursing managers is 'action without a plan'. New managers tend to focus on the day-to-day problems. They need support and direction to step back and establish goals for the unit (Colton, 1981) and they need to develop skills required for effective decision making (Nowak & Adams, 1988). This process of skill development fits well into Benner's framework. The novice practitioner moves from a focus upon tasks to more global thinking, through experience and guidance.

A valuable strategy for developing a head nurse from a crisis manager to a planner is through the use of role models or mentors (Powers, 1984). This strategy supports Benner's model of skill acquisition. The use of competent preceptors is recommended to orientate novice nurses, where the focus is support in the clinical setting, assistance in establishing priorities and backup to ensure the important patient care needs do not go unattended, because the novice practitioner is not capable of sorting out what is important (Benner, 1984). This valuable framework has implications for management skill development for novice head nurses.

Despite the numerous anecdotal accounts of the transition from staff nurse to head nurse, research in this area is limited. The evaluation of the needs or role expectations of 'novice' head nurses has not been empirically studied. The issue of 'expert' head nurses is basically nonexistent in the literature. It is clear that this aspect of the head nurse role requires careful examination, given the importance of this management role in the hospital environment.

Methodological Similar Studies

The majority of nursing studies that examine the head nurse role have been based upon quantitative survey methods. Several recent studies have utilized qualitative methods, and recommend this method of data collection and analysis for future nursing administration studies.

Smeltzer and Vicario (1988) conducted a time and motion study to define the expected role functions of the nursing administration team from the perspectives of the nurse manager and the nurse executive. A questionnaire was administered prior to the time and motion study to identify baseline quantitative data. This methodological approach revealed significant findings. One interesting result was that "even though certain values were stated strongly by some nurse managers, often they did not spend their time in activities consistent with their expressed values" (Smeltzer & Vicario, 1988, p.70). The authors question the validity of previous studies that rely on survey methods alone, for the results may not be a valid analysis of the job expectations and role definitions of nursing managers.

Simms et.al. (1985) utilized a grounded theory approach to investigate the functions and priorities of nurse executives. This methodological approach provided rich data concerning the complex role of nursing executives and the changing nature of the role in response to societal and health care delivery demands. This qualitative approach has implications for studying the role expectations of head nurses, as previous quantitative research findings reveal specific data that are not generalizable.

Mintzberg's (1973) qualitative study, involving structured observation and interviews with five Chief Executive Officers led to the definition of a set of ten working roles common to all managers. An observational study of first-line nursing managers, based upon Mintzberg's theoretical framework, revealed the applicability of this theory to understanding the work activities and behaviors of head nurses (Raber, 1988). Similarities and differences in work patterns and behaviors among the four head nurses studied became apparent when the qualitative data was analyzed according to Mintzberg's ten working roles. Despite the small sample size utilized in both these studies, the nature of the data collection and analysis provided a wealth of knowledge in understanding management practices. This methodology provides a valuable framework for understanding the differences between novice and expert head nurses.

Conclusion

A review of the literature reveals a limited number of research studies that examine the role of the head nurse. Relevant research findings are limited by the methodology and samples utilized in the studies. Most authors strongly recommend replication of their studies in order that generalization of results can be enhanced. The use of alternative research strategies are also encouraged. Given the descriptive nature of the research question under investigation in this particular study, and the paucity of relevant research findings in the literature, a qualitative methodology is the most appropriate approach to studying the role expectations of novice and expert head nurses.

The significance of this study is supported by the literature. Benner's (1984) research findings concerning clinical nursing practice and education have had a tremendous impact upon academic and administrative thinking. This theory of skill performance has yet to be evaluated in terms head nurses and their process of skill acquisition and educational needs. In light of the growing complexity and significance of the head nurse role, a greater understanding of the position will facilitate effective management and quality patient care.

It is evident through the literature, that newly appointed head nurses face different challenges and role definition than experienced head nurses. Are there differences in perception between novice and expert head nurses concerning role expectations? If so, do these differences affect priority setting, skill acquisition and ability to perform effectively in the management role? Research has been limited in this area. Given the impact of administration upon nursing practice, education and research, it is imperative that greater attention be focused upon nursing administration concerns, and problems be addressed through the research process.

Chapter 3

RESEARCH METHODOLOGY AND PROCEDURES

This descriptive study of the role of the head nurse, with a focus upon novice and expert levels of practice, incorporates methodological triangulation, to facilitate the collection and analysis of both qualitative and quantitative data. The use of several methods of data collection and analysis increases the richness and reliability of the study results, especially when using a small sample size (Duffy, 1987; Haase & Myers, 1988).

Both qualitative and quantitative research methods have strengths and limitations (Glasser & Strauss, 1966; Knafel & Howard, 1984; Chenitz & Swanson, 1986; Polit & Hungler, 1987). Quantitative research "emphasizes the search for facts and causes of human behavior through objective, observable and quantifiable data" (Duffy, 1987, p.130). Qualitative methods study "the empirical world from the perspective of the subject, not the researcher" (Duffy, 1987, p.130). Qualitative research methods are well suited to this particular study, for they are congruent with the assumptions that underlie Benner's conceptual framework. Benner's findings were based on the premise that individuals who share a common culture and language have a background of common meanings that allow for understanding (Benner, 1984; 1989). The study design is based upon the conceptual framework, the literature review and the problem statement under investigation.

Design of the Study

The design of this descriptive study is based upon methodological triangulation, incorporating a quantitative questionnaire and qualitative observation and interview methods. The use of questionnaire methods has limitations, however, they are well suited to obtaining preliminary descriptive data that can be used as a foundation for more advanced quantitative studies (Skopek, 1986). The use of a semi-structured interview guide and structured observation also support the descriptive nature of the study, and will provide valuable

information from the perspective of the subjects. Methodological triangulation, the use of two or more methods of data collection procedures in a single study, is based on the assumption that "the weakness in each method is compensated for by counterbalancing strengths of another " (Duffy, 1987, p.132).

The methodological triangulation design of this study involves four methods of data collection: (1) a preliminary interview to collect anecdotal data describing the organizational and structural setting of the nursing unit for which the head nurse is responsible; (2) self-administration of *The Head Nurse Role Questionnaire* developed by Miller and Heine (1988) to provide information about the participant's perception of the head nurse role and demographic data for analysis of the study sample; (3) structured observation of the work activities and behaviors of the ten head nurse participants over a two to three month period (April to June 1990), each subject being observed for a period of two days; and (4) an exit interview completed on the final day of observation, to determine the "representativeness" of the observation experience, and to provide an opportunity for additional input from the study participant concerning the head nurse role.

Study Setting

After obtaining approval for access (Appendix A) the study was conducted in a 1100 bed, tertiary care hospital in central Canada. The centre currently employs 65 full-time head nurses, providing an adequate sample size. The researcher is known to the nursing department through previous employment as a head nurse and as a nursing supervisor.

The purpose of this research study is to identify differences between the novice and expert head nurse. It is assumed that if these differences exist, they will become apparent in the study of first line nursing managers in one institution. The nursing literature supports the complex nature of the head nurse role; thus, the decision to limit the study sample to one hospital setting would help control for extraneous variables that might influence the results if

head nurses were selected from a variety of hospital organizations, each with their own specific policies, procedures, training programs, management philosophy and job descriptions.

Sampling one hospital setting has obvious limitations concerning the representativeness of study findings. However, given that the study design is descriptive, and that previous research in the area is limited, results of this study will provide relevant information that will assist future studies.

The research sampling process and collection of data for this research study were completed over a three month period, from April to June 1990.

Study Sample and Selection Process

The sample size required for content analysis of qualitative data is usually not as large as the number of subjects required for statistical analysis of quantitative data. In qualitative research, the adequacy of a sample is determined by the quality, completeness and amount of information gathered, rather than by the sample size (Lincoln & Guba, 1985; Knafl & Webster, 1988). A stratified convenience sample of ten head nurses was selected for this study.

The subjects for this study were selected from head nurses managing in-patient units who met the criteria of novice and expert head nurses. All Head Nurses in the centre were invited to participate in the study (Appendix B). Those head nurses interested in participating in the study were asked to indicate their length of experience in a head nurse position within the organization.

Novice head nurses were selected by years of experience. Consistent with Benner's methodology, "expert" head nurses were selected through a process of peer review (Appendix C). A list of novice and expert head nurses were then compiled, and ten participants were purposely selected to maximize the spectrum of experience from one to twelve years while maintaining some degree of homogeneity among the clinical areas represented in the sample.

Head nurses were selected from in-patient areas only in the departments of Medicine, Surgery and Women's (Med-Surg); Psychiatry and pediatrics were not represented as only one head nurse from each area met the sample criteria. It was decided that for optimal comparison of the two head nurse groups, at least one novice and one expert should be selected from each clinical area. The medical / surgical departments included representation from two critical care areas.

Of the 65 head nurses employed at the tertiary care centre, only 30 met the criteria of in-patient managers. The Operating Room and Ambulatory Care head nurses were excluded from the sample in an attempt to control for extraneous variables. The researcher attended the departmental head nurse meetings for the medical, surgical and the women's centre groups to present the research study proposal and answer questions prior to asking for volunteers to participants in the study. Mintzberg (1979) identified the manager's attraction to verbal media versus written memos, thus this strategy was seen as an effective way for generating interest in the research study. This verbal exchange of information assisted in selecting an adequate sample.

Of the 30 head nurses that were eligible to participate, 21 returned participation forms (Appendix C). Ten novices and 11 experts were identified from this response. Of the 21 nominations, only seven experts were either willing to participate or met the criteria of the study; the majority of the experts nominated had more than ten years experience, worked in areas excluded from the study, or fell between two and three years experience. The seven experts that did meet the criteria of the study were nominated by more than one peer and often from other nursing departments in this large centre.

Originally, the study design proposed that expert head nurses would have a maximum of ten years experience in order to control for the changing nature of the head nurse role. Because the majority of nominated expert head nurses had more than ten years experience, this time frame was extended to twelve years to provide for an adequate sample.

The head nurse group obviously had some common set of criteria for measuring head nurse performance and determining 'expert' practice at this level of management. No specific criteria were listed for the peer review process; head nurses were simply asked "of all the head nurses you work with, who would you consider an 'expert' in the position?". Participants in the study were later asked for a list of attributes that they felt were essential to success in the head nurse role; these findings will be discussed later, but provide valuable information about the criteria used to identify "expert" head nurses.

Interestingly, of the ten head nurses listed with less than two years experience (novice category), two were actually nominated as experts by their peers. These two participants (both having one year and ten months experience) were purposely included in the sample, for the researcher felt that their insights into the role would be valuable to the study findings. It would also be important to identify differences in their work activities as compared to the other three novice head nurses. Evaluation of the operational definitions for novice and expert head nurses utilized for this study is necessary given that head nurses with less than two years experience are capable of performance at the expert level of skill acquisition.

The selection process resulted in a sample size of ten participants, five novice and five expert head nurses . Two additional names were selected to act as alternatives, in the event that a subject(s) was unable or unwilling to participate. This convenience sample selection method was chosen as an attempt to provide a representative sample. The use of random sampling techniques may have reduced the risk of selection bias (Polit & Hungler, 1987; Wilson, 1985), however, it may not have provided as broad a range of experience among the novice and expert head nurse participants.

Table 1 provides an overview of the study sample participants and the clinical areas for which they are accountable.

Table 1
Head Nurse Study Sample

Manager	Novice/ Expert	Years Experience	Nursing Department	Type of Nursing Unit	Number of Patient Beds	Number of Staff
A	Novice	4 months	Medicine	Acute Medicine	36	37
B	Novice	8 months	Womens	Surgery Gynecology	24	28
C	Novice	1 year 5 months	Surgery	Neurosurgery Neurology	26	38
D	Novice*	1 year 10 months	Surgery	Critical Care (I.C.U.)	10	60
E	Novice*	1 year 10 months	Medicine	Acute Medicine	24	26
F	Expert	4 years	Medicine	Critical Care (Emergency/ Primary Health Care Unit)	22	85
G	Expert	4 years 5 months	Surgery	General Surgery (G.I.)	38	30
H	Expert	5 years	Womens	Gynecology Oncology	25	22
I	Expert	10 years	Medicine	Medicine / Cardiology	38	39
J	Expert	11 years 6 months	Medicine	Medical Oncology	19	34

* nominated as an expert by peers

Data Collection :Types of Data

(1) Preliminary Interview :

The preliminary meeting with the study participant provided an opportunity for the researcher to explain the purpose and methods of the study, to answer any questions the participant may have, and to complete the informed consent (Appendix D). Anecdotal data was collected concerning the organizational and structural setting of the nursing unit (Appendix E). A time for the structured observation experience was then arranged. A copy of *The Head Nurse Role Questionnaire* was given to the participant, and instructions reviewed regarding the questionnaire and guidelines for completion.

(2) Self Administered Questionnaire:

The Head Nurse Role Questionnaire is a tool developed by Miller and Heine (1988) to measure the job design of the head nurse role (Appendix G &H). This questionnaire is designed to measure how individual jobs or positions within the organization are structured, the technical and functional requirements of jobs, the background characteristics of job incumbents, and the employees' affective responses to their jobs. The instrument is based on the "Conceptual Head Nurse Response Model" which includes the assessment of role perception ("what I see my role to be"); role ambiguity ("it's not clear what my role is"); role conflict ("how can I meet these contrasting expectations"); and role attitude ("this is the mind set I need to maintain in order to perform my role") (Miller & Heine, 1988, p. 59). This instrument was selected to provide quantitative data useful for understanding the concepts underlying the study's theoretical framework, for it involves the assessment of experience and perception, factors integral to the determination of skill acquisition and performance levels in novice and expert nurses (Benner, 1984).

Miller and Heine (1988) incorporated five job constructs into the questionnaire which included: job variability, job expertise, job definition, job capacity and job incentives. An

activity listing of work activities commonly cited in the literature starts the questionnaire; participants are asked to estimate the amount of time spent in various activities specific to the head nurse role. Two open ended questions and additional demographic data adapted from Bergman's (1981) survey of head nurses were included at the end of the questionnaire. Appendix I provides a summary of the research constructs, operational definitions and question content of the instrument.

Alpha Coefficient reliability estimates for the instrument are given for each of the research constructs: job variability, .70; job definition, 0.50; job capacity, 0.80; and job incentives, 0.64. The internal consistency coefficient was not calculated for job expertise as this construct is primarily comprised of frequency response questions. A pilot study of the instrument was conducted by Miller and Heine prior to data collection to qualify reliability and validity factors.

The original *Head Nurse Role Questionnaire* consisted of 46 questions, and estimated a thirty minute completion time. Participant response is based on a five item Likert scale, with descriptive components accompanying the numbered selections. The tool was reviewed by a statistician, and several recommendations were made.

Following written permission from the authors, several modifications were made to the Likert answer selections to improve clarity and statistical analysis. The wording of the actual questions was not altered; only answer choices were modified. A few questions were deleted that were not essential to this particular study. Three additional open ended questions and three demographic questions were included that explored the role of experience in the head nurse position, looking for differences between novice and expert perceptions of the role. The ordering of questions was altered slightly to improve clarity. These revisions resulted in a 49 item questionnaire. The revised tool was pilot tested by four graduate nursing students for clarity and ease of administration. The average time required to complete the questionnaire remained at thirty minutes.

(3) Structured Observation:

Modelled after the research of Mintzberg (1973) and Raber (1988), this segment of the study involved the use of a structured, nonparticipant observation method to collect data on specific activities and behaviors of head nurses. This methodology requires record keeping forms (Polit & Hungler, 1987). Guba and Lincoln (1981) stress that the more structured the observation, the more you can rely upon the human as the instrument of observation. Time and motion study methods have been used in previous studies and have proven to be useful in analyzing the work activities of nurse managers (Smeltzer & Vicario, 1988).

Raber (1988) developed three types of forms from Mintzberg's original work (Mintzberg, 1973, pp. 235-238); these included the observational record, the telephone log, and the mail record. All three data collection forms were cross-referenced. Adapted from Raber's study, a similar methodological approach was taken. However, the information was condensed into one observation record. This decision was made for several reasons: (1) the content of the three observation records had already been pilot tested, and proved effective in collecting the necessary data required; similarities and differences in work activities and behaviors among individual head nurses were recorded; (2) replication of research methodologies is useful in generalizing findings from one sample to another; and (3) a pilot test of the three forms by the researcher led to the condensing of all essential data into one observation record (See Appendix J - The Observation Record).

The Observation Record provides the chronological recording of each activity as it occurs. The researcher recorded the time the activity began (to the nearest minute), the participants in the activity, whether the activity was scheduled or unscheduled, the initiator of the activity, the type of activity and the purpose of the activity. A comments section provided space for any additional comments the observer felt should be recorded (Appendix J). Telephone calls and the processing of mail were included in this one observation form, and were recorded as these work activities occurred.

The observation period involved ten participants, with data collected over a three month period. Each participant was observed for a minimum of two days; some days were concluded before eight hours depending upon the nature of the work day and relevance of the data collection. In a qualitative study, this is not an unusual approach. Data were analyzed on an ongoing basis. The study design was evaluated for the quality of data and the length of observation time required to saturate the research findings required of the study (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Chenitz & Swanson, 1986). The total time of the observation phase of this study was 154.72 hours (novices observed for 4783 minutes and experts observed for 4500 minutes); data were analyzed according to these time periods.

(4) The Exit Interview:

At the end of the last day of the observation period, the researcher met with each study participant to discuss the "representativeness" of the observation period to the individual's "normal" work days, and to determine the effect of the observer upon the participant's behavior and work activities. A series of open ended questions were asked at the end of the interview in an attempt to capture the concluding thoughts of the participant, which could offer avenues for possible future research. The interview guide has been adapted from Raber's research study (Appendix L).

Procedures

Following the selection of the ten study participants, a telephone call was made to arrange individual meetings with each of the potential subjects. The goals of this meeting were:

- 1) to clarify the objectives of the study;
- 2) to clarify the role of the observer;
- 3) to clarify the expectations of the subject's participation in the study;
- 4) to arrange exact dates for the observation experience;
- 5) if agreeable, to obtain the subject's written consent to participate in the study;

- 6) to distribute *The Head Nurse Role Questionnaire*, and review instructions for self administration; and
- 7) to initiate data collection during this preliminary interview.

As a followup to this meeting, a letter of confirmation was sent to the participants verifying the agreed upon observation period (Appendix F).

It was proposed that *The Head Nurse Role Questionnaire* be administered prior to the observation segment of this study (Appendix G & H). Studies that implement the research strategy of methodological triangulation are usually structured in a way that quantitative data is collected before qualitative methods are finalized (Duffy, 1987). This order of data collection is recommended for several reasons. Replies to surveys can provide valuable information to develop subsequent interviews and observations. Preliminary data may reveal information about subjects that was initially overlooked in the study design. Quantitative methods can also benefit data analysis and interpretation of qualitative observations. Administration of the questionnaire prior to an interview can also help control for bias; the introduction of topics and questions during an interview may influence subsequent answers in a questionnaire, as respondents tend to make judgements about what the interviewer wants to hear (Bradburn & Sudman, 1974).

The observation experience in this research study modelled after the structured observation method of Mintzberg (1973) and Raber (1988) involves "non-participant observation" (Lincoln & Guba, 1981, p.190). Thus, the researcher acted as an observer, and did not participate in the head nurse's activities; interactions were limited to communication exchanges required to clarify observations. The role of the observer necessitates that the subjects be informed from the onset that they are to proceed with their regular workday and that the purpose of the researchers presence be explained to others on the unit (e.g. nurses, medical staff, ward clerks); this is necessary in order for the research objectives to be achieved.

Data Analysis

Analysis of data required both qualitative as well as quantitative methods.

(1) Quantitative Methods

The Head Nurse Role Questionnaire was statistically analyzed for frequency of response in each research construct (job variability, job expertise, job definition, job capacity, and job incentives). Demographic responses were analyzed to determine the homogeneity of the research sample, and the open-ended questions were reviewed for common themes. Differences in the two research groups (novice and expert) were then determined. In the original study, Miller and Heine (1988) used ANOVA to explore group differences (i.e., comparison of head nurses in different hospitals); analysis of variance would be an appropriate statistical method of analysis to determine differences between novice and expert head nurses participants in this research study if the sample size were larger (Shelley, 1984). Comparison between the two groups, each with five participants was limited to statistical analysis by frequency response to identify differences between the novice and expert head nurse groups.

The questionnaire was reviewed in advance by a statistician to determine the feasibility and ease of statistical analysis; no major difficulties were anticipated nor ensued.

(2) Qualitative Methods

Qualitative data obtained through the interview and structured observation phases of this study required interpretation through content analysis.

The preliminary and exit interview data were analyzed according to qualitative data analysis procedures (Polit and Hungler, 1987, p.268). Major coding categories were identified, and frequency of responses determined (Knafl & Howard, 1984; Knafl & Webster, 1988).

Analysis of the structured observation experience, which provided the largest segment of the data, involved coding of work activities and behaviors as they occurred. "A key

characteristic of qualitative research of all types is the continuous, ongoing analysis of the data" (Cobb & Hagemaster, 1987, p.142). The categories of types of work activities and behaviors have been adapted from Mintzberg (1973) and Raber (1988). These include scheduled meetings, unscheduled meetings, desk work, telephone calls, travel time, direct patient care and other. See Appendix K for detailed definitions of the categories.

Data analysis of the structured observation began in the field, as the observer attempted to understand the observations through the use of thematic notes (Lincoln & Guba, 1985, pp.203-204). Lincoln and Guba (1985) recommend that qualitative data collection continue until saturation of findings occurs. After leaving the observation setting, analysis should continue using a process similar to Glaser and Strauss's "constant comparative method for qualitative analysis" (1967, pp.101-115).

Data was also categorized according to the work activities cited in *The Head Nurse Role Questionnaire*. These include: orientation and staff development; formulating and interpreting nursing policies, goals and objectives; delegating and evaluating patient care assignments and unit activities; staff scheduling; quality assurance of unit activities; employee evaluation and counseling; direct patient care and family interaction; budgeting of staff, equipment and supplies; interdepartmental collaboration; and other types of activities. Prior to the observation experience, participants were asked to estimate the amount of time they spent in these various activities commonly used in the nursing literature to describe the head nurse role. A comparison of estimated and actual time spent in specific activities was then made using these broad categories. Observed activities that did not readily "fit" these categories frequently used to define the head nurse role in the current literature were recorded and coded as "other".

Ethical Considerations

This research study is designed to respect the Canadian Nurses' Association Ethical Guidelines for Nursing Research Involving Human Subjects (C.N.A., 1973), and has incorporated the following ethical considerations to protect the rights of individual subject

participants and the nurse researcher. Ethical considerations specific to qualitative research (Armiger, 1977; Munhall, 1988) have been taken into account in the design of this study .

Informed consent and confidentiality are important ethical considerations in the design of any research study (Armiger, 1977). Informed consent means that individuals involved in the study knowingly, voluntarily and intelligently give consent to participate. Consent was obtained from all participants in this study. Assurance of confidentiality is an important factor; names of participants have been protected, and steps were taken to identify questionnaire and interview transcripts by subject code number only.

The nature of this descriptive study did not involve a population at "risk". The use of observation methods required special considerations; the potential existed for the researcher to be exposed to clinical situations posing ethical conflicts between the role of the researcher as data collector versus the role of the researcher as a Registered Nurse. It was important for the researcher to evaluate possible dilemmas in advance, where the confidence of subjects may have had to be protected or disclosed.

All potential research subjects were informed of the research objectives, the role of participants and the role of the researcher as observer, the nature of the data to be collected and plans for analysis and reporting of the research findings. Participation in the study was voluntary; all potential subjects selected through stratified convenience sampling procedures had the right to refuse participation in the study, and had the option of withdrawing from the study once they had given consent. Participation in the study in no way affected the individuals' employment status.

The researcher withdrew from observing and recording any activity that either the subject or activity participant(s) requested not to be observed. Subjects were informed at the onset that the researcher would immediately discontinue observing the subject's activities upon the participant's request to withdraw from the study. The subjects were aware that they were being observed, thus avoiding the ethical concern of covert participation (Lincoln & Guba, 1981, p.200).

The subjects were assured that neither their identity, nor that of activity participants or the unit on which they work would be discussed with anyone, reported in the study, revealed on any of the collected data, or contained in future publications resulting from the study. A code number was assigned to all the head nurses participating in the study; the list of names, nursing units, and assigned code numbers were kept in a locked cupboard by the researcher and destroyed upon completion of the study. During the study, fieldnotes, interview records and transcribed data were kept by the investigator in a locked cupboard; only the investigator and the thesis committee had access to this data. The confidentiality of the research subjects and activity participants was protected, as well as the content of their work activities.

No ill effects towards study subjects, other participants in observed activities, nor patients were anticipated or ensued. Respect for the study participants was the principal ethical consideration of this study.

Conclusion

A review of the literature reveals a limited number of research studies that examine the role of the head nurse. Relevant research findings are limited by the methodology and samples utilized in the studies. Most authors strongly recommend replication of their studies in order that generalization of results can be enhanced. The use of alternative research strategies are also encouraged. Given the descriptive nature of the research question under investigation in this particular study, and the paucity of relevant research findings in the literature, a qualitative methodology is the most appropriate approach to studying the role expectations of novice and expert head nurses. Methodological triangulation enhanced the richness of data collected.

Chapter 4

FINDINGS AND DISCUSSION

Introduction

Results of the study will be discussed in terms of the four data collection methods utilized to explore the work activities and behaviors of novice and expert head nurses. These included (1) a preliminary interview; (2) self-administration of *The Head Nurse Role Questionnaire* ; (3) nonparticipant structured observation; and (4) an exit interview. Comparison of the study findings with previous nursing research will identify results that support the current literature, as well as distinguish new findings specific to the research questions under investigation.

The nursing and management literature recognizes the influence of the organizational culture upon the work activities and behaviors of the staff employed in an institution (Younge & Hayne, 1988). Determining the representativeness of the study results is dependant upon identifying variables specific to the setting under investigation. A brief overview of the study setting, the ten head nurse participants and the individual nursing units will provide insight into the organization' s culture, and possible influence upon the study results.

The Organizational Setting

The organization selected for the study is a large tertiary care hospital located in central Canada. It is the main referring centre for the province in which it is located, and has 1,100 in-patient beds. The centre has an Executive Vice-President of Nursing and seven Directors of Nursing, each responsible for the nursing services and staff in specific clinical areas. These departments include Medicine, Surgery, Psychiatry, Women's Hospital, the Children's Hospital, Nursing Research and Education and a relatively new division entitled Nursing Systems. The Nursing department had recently undergone a major organizational change, where Assistant Directors of Nursing have been phased out from the organizational chart. This move towards a

decentralized structure was an attempt to stream-line the various levels of nursing management. Changes in the organizational chart resulted in head nurses reporting directly to their respective Directors. As a result, head nurses reported that communication issues had improved, but new responsibilities had been added to the head nurse workload. Job responsibilities of the previous Assistant Directors of Nursing had to be absorbed within the nursing division. Although this organizational change occurred nine months prior to this study, it was evident that the nursing department was still in a period of transition, adapting to new role expectations and nursing leadership changes.

The size of the organization and diversity of in-patient services lends itself to some unique communication issues and conflict over resource allocation. The head nurse group acknowledged these factors as integral components of their organization's culture that influenced daily work activities.

The nature of the patient population must also be considered in this study. This tertiary care centre is not only the main referring centre for the province, but it is also located in the city core and services that segment of the population. Emergency admissions are plentiful, as well as numerous "social" admissions. The cultural background of the patient population is diverse, including a large aboriginal community. These factors influence the delivery of patient care services.

The organizational chart, the job expectations, the nature of the patient population and type of services provided by this centre are factors that strongly influence the organizational culture. These variables must be considered in determining the "representativeness" or "consistency" of the study results. The issue of replicability of the study findings with similar subjects in a similar context, as well as with subjects in other contexts is an important factor in evaluating qualitative research methods (Lincoln & Guba, 1985).

Overview of the Head Nurse Sample and Their Units

The ten head nurses selected for this study had years of experience that ranged from four months to eleven years and six months. Table 1 provides an overview of the study sample. The type of nursing units selected for the study included acute medicine, general surgery, cardiology, neurosurgery/neurology, gynecology, oncology, Intensive Care, Emergency, and Primary Health Care. The number of patient beds ranged from 10 to 38 with an average of 26 beds per unit. It was obvious during the observation experience that the units were visibly busy. The observed level of patient acuity was high; unit activity was largely determined by the number of admissions, discharges, transfers and emergency situations. Staffing was an issue on most units and the head nurses appeared to spend a significant part of their day monitoring unit activities, coordinating the flow of "traffic" and reevaluating staffing assignments.

The number of staff that reported directly to the head nurses ranged from 22 to 85 with an average of 40 staff. These included professional (Registered Nurses) as well as nonprofessional staff (Licensed Practical Nurses, Unit Clerks, Unit Assistants, Equipment Technicians, and Transport Assistants). The ratio of part time to full time staff ranged from 13% to 59%, with an average of 34% for the ten units included in the study. These staff ratios influenced head nurse activities in a number of ways. Staff scheduling, performance appraisals and educational needs of part time staff are examples of activities that increase the workload of head nurses with large part time staff ratios.

Demographics for the study sample were obtained from *The Head Nurse Role Questionnaire* (Appendix H) and are presented in Table 2. The mean age of the study sample was 37 years. The novice group was slightly younger (35 years) as compared to the expert group (38 years), but not by a great deal. The novice group in this study was represented by mature individuals who had several years of nursing experience prior to assuming the role of head nurse. The majority of the study sample reported six to ten years clinical experience prior to assuming their head nurse position; three participants had more than ten years clinical experience and no participant reported less than three years.

Table 2
Demographics of the Study Sample

	Novice Head Nurses	Expert Head Nurses	Total Head Nurse Group
Average Age	34.8 years	38.4 years	36.6 years
Educational Preparation			
Diploma (R.N.)	2	3	5
Bachelors Degree in Nursing	2	1	3
Masters Degree in Nursing	1	0	1
Other (B.A.)		1	1
Gender			
Male			1
Female			9
Previous Nursing Experience			
3 to 5 years	0	2	2
6 to 10 years	3	2	5
more than 10 years	2	1	3
Head Nurse Experience (in years)			
Range	0.3 - 1.8	4.0 - 11.5	
Average	1.2	7	4.1
Nursing Unit			
Average No. of Patient Beds	24	28	26
Average Number of Staff	38	42	40
Nonprofessional/ Professional ratio (in percent)			
	33	32	33
Part time/Full time ratio (in percent)			
	33	36	34

The sample consisted of one male and nine female participants. In order to protect the identity of the one male head nurse, findings in the study will only be reported in terms of the novice, expert, or total group results.

Educational preparation varied. Five head nurses were Registered Nurses prepared at the diploma level, three prepared with a Bachelors degree in Nursing, one had a Bachelors in Arts degree, and one had obtained a Masters degree in Nursing Science. One of the experts prepared at the baccalaureate level was also currently enrolled in a graduate nursing program.

The head nurses in this sample had either completed a nursing administration course at some point or were currently enrolled in the Nursing Unit Administration Program (accredited by the Canadian Nurses Association) and were nearing completion of this course during the period of data collection.

The head nurses employed in this hospital organization were members of the same nursing union as the general duty nursing staff. This variable influenced the job design of this level of management and should be considered when comparing the findings to previous studies or other organizations where the head nurse group is not part of the collective bargaining unit.

Results and Analysis

(1) The Preliminary Interview

The preliminary interview (Appendix E) with study participants provided an opportunity for the researcher to explain the purpose and methods of the study, to answer any questions the participant may have had, and to complete the informed consent (Appendix D). Few head nurses had any questions or concerns about the research study. There was a general feeling of appreciation that someone was taking an interest in the head nurse group; several head nurses expressed a sense that they were a "forgotten" or unrecognized group with many concerns that needed to be heard by "upper" management. The expert head nurse group in

particular felt thrilled to be involved in the study and honoured to be recognized as experts by their peers.

Anecdotal data was collected concerning the organizational and structural setting of the nursing unit. When asked what factors might distinguish their nursing unit or role as a head nurse from other participants in the study, there was a difference in response between the novice and expert groups. The novices expressed that they were "not really sure what other head nurses did" and were anxious for my feedback (or reassurance) that they were doing similar "things" as the other participants. There was an obvious concern with unclear role expectations among the novice head nurse group.

The experts did not perceive as much role diversity. They saw the head nurse role as more of a whole than a series of tasks; they stated that the objectives of the position are essentially the same, but recognized that individual head nurses have different management styles and ways of achieving their goals.

There were several factors seen as influential in determining the head nurse role and resultant day-to-day work activities. These included:

1. Number of patient beds per unit (range from 10 to 38 bed units);
2. Size of the staff (26 to 85 staff members), the ratio of part time to full time employees (up to 50%), and the ratio of nonprofessional to professional staff;
3. Number of senior (expert) staff nurses on the unit;
4. The nature of patient admissions (elective versus emergency), the number of off-service beds on the unit, and the seasonal variation in patient population influencing unit activity and patient acuity;
5. The physical layout of the unit and geographical location to the rest of the centre (influencing travel time on and off the unit);
6. Available resources including equipment, auxiliary staff, clerical or secretarial support;

7. The physical environment (some wards were newly renovated) influencing the quality of worklife for the nursing staff;
8. Working relationship with supervisors; supportive, available Directors of Nursing were particularly important to the novice group;
9. Working relationship with the Medical staff and interdisciplinary team members; and
10. The past history of the unit. The novice group was particularly aware of this factor, describing previous management practices they "inherited" on their units and the process of "undoing" past history before they could have an influence upon the unit. Other historical factors included past relationships with physicians, other disciplines and departments, "sacred cows", and the values and belief systems integral to the culture of their nursing unit.

(2) *The Head Nurse Role Questionnaire*

The Head Nurse Role Questionnaire was developed by Miller and Heine (1988) in an attempt to measure the job design of the head nurse role and individual perceptions of that role (Appendix G & H). This instrument was selected to provide quantitative data that would support the concepts underlying the study's theoretical framework, for the questionnaire involves the assessment of experience and perception, factors integral to the determination of skill acquisition and performance levels among novice and expert nurses.

Given the small sample size of ten study participants, the data collected from the questionnaire was analyzed according to frequency response. Analysis of variance between the two groups was not completed given the limited number of subjects in each group (n=5), and the diversity of responses to certain questionnaire items. Since this tool was selected as an adjunct to the indepth qualitative segment of the study, only data significant to the study results will be reported.

(i) Estimated Time Spent in Head Nurse Activities

The first section of *The Head Nurse Role Questionnaire* asked the head nurses to estimate the amount of time they spent in various activities during the week. These activities were comprised by Miller and Heine from a review of the literature that describes the role of the head nurse. Table 3 summarizes the results. These predicted values were later compared with actual times the participants were observed in these activities.

There was great variability in individual head nurses' prediction of time spent in the various activities listed. Upon averaging the results and comparing the two groups, a few differences can be noted. Interestingly, the experts predicted that they spent more time in direct patient care and family interactions than the novice group. The observation records indicate the opposite, where the novices tended to migrate more towards the bedside than the expert head nurses. Other differences were noted in the areas of physician/interdepartmental collaboration and delegating/evaluating patient assignments and unit activities. These differences in perception can be explained by the tendency to underestimate time spent in those activities perceived as enjoyable, and overestimate the amount of time spent in activities that are less desirable (i.e., staffing).

There appeared to be more of a balance among the ten work activities among the expert group, whereas individuals in the novice group predicted certain activities as taking up to 55% of their week. This may reflect a difference in perception from task oriented behavior to seeing the situation as a whole. The experts reported greater difficulty in completing this section of the questionnaire, for they did not see their work performance comprised of ten separate activities; they reported that they were usually involved in two or three of these work activities at the same time.

(ii) Likert-Scale Items

The second section of *The Head Nurse Role Questionnaire* is comprised of a series of Likert scale questions dealing with the research constructs of job variability, job incentives,

Table 3
The Head Nurse Role Questionnaire -Section I
Estimated Time Spent In Head Nurse Activities

Activity	Percentage of Time per week Estimated by:		
	Novice Head Nurses	Expert Head Nurses	Total Group Sample
1. Orientation / Staff Development	16.04	16.30	16.17
2. Formulating / Interpreting Nursing policies and goals	6.24	6.46	6.35
3. Delegating / Evaluating patient assignments & unit activities	19.04	12.66	15.85
4. Staff Scheduling	12.80	11.66	12.23
5. Quality Assurance of unit activities including documentation	4.74	5.92	5.33
6. Employee evaluation / counseling	5.36	7.82	6.59
7. Direct patient care & family interaction	17.62	22.82	20.22
8. Budgeting (staff, supplies, equipment)	4.86	8.24	6.55
9. Physician / Interdepartmental collaboration	9.90	17.32	13.61
10. Other work activities:	5.46	0.50	2.98

job expertise, job definition and job capacity (Appendix I). This section of the questionnaire was analyzed according to frequency response, looking for patterns among the sample group as a whole and differences between the novice and expert participants. There was noticeable variation in individual responses to the questionnaire, indicating a variety of perceptions and individual factors influencing performance in their head nurse role. There were, however, several items consistent for the group as a whole. Because of the small sample size, the results did not lend themselves to advanced statistical analysis. Highlights of the frequency analysis of responses will be reported according to the five research constructs integral to the questionnaire design (Appendix I).

Job Variability

Both novice and expert groups reported that exceptions often arise in their normal work day that require different methods or procedures. Novices estimated that 50 to 75% of their daily tasks were different; the experts reported a less frequent occurrence of 25%. Both groups indicated that difficult problems arise "about once a week" that have no apparent solutions.

Job Incentives

When asked how easy it is for head nurses to know whether they have done their work correctly, the experts reported that it was "very easy"; the novice responses varied from "somewhat easy" to "very difficult". The frequency of feedback that head nurses received about their work performance varied from once to more than four times a year. The range of responses did not differentiate the novice from the expert group; job performance feedback appeared to vary more with specific nursing departments and individual Directors of Nursing.

The majority of experts felt that job performance standards had been discussed with them specifically, whereas the novice group perceived that they were only generally mentioned. Given that each nursing department was represented in the sample by both novice and expert

subjects, it is interesting that differences in perception would emerge. Assuming that the Director of Nursing's management style and frequency of providing feedback about job performance is consistent with all subordinates, there must be a difference in perception between the novice head nurses and expert head nurses concerning role clarity and the need for frequent specific feedback.

The majority of the study sample indicated that the performance standards were fair. However, comments were made that individual head nurses often set very high personal standards that are difficult to attain, leading to feelings of frustration and fatigue.

Novices reported that "practical" solutions related to their work were only received 25% of the time; in contrast experts indicated 50-75% of the time. This finding could be related to the frequency with which novice performers require feedback and rules to guide behavior versus the experts reliance upon past experience to guide performance.

An interesting finding related to the issue of recognition. Head nurses were asked to indicate the degree of recognition received for attaining expected levels of performance. Recognition by staff ranged from 25-75% for the novice group; the experts reported a stronger sense of recognition from this group (75-100%). Recognition from supervisors varied from 25-100%, again more closely related to individual Directors of Nursing than indicative of novice or expert groups. Peer recognition was highly regarded by both groups, ranging from 50 to 100%. This is an important result for it supports the validity of the peer review process implemented in the study design as a means of identifying "expert" head nurses.

One result not to be overlooked related to individual perceptions of the chance of a promotion in the organization if they attain the level of performance expected; all but one head nurse indicated "no chance" of a promotion, one indicating a 25% chance. This overwhelming response raises questions about the samples' motivation to assume a head nurse position and remain in it for some time; this decision is obviously not determined by career mobility factors in the organization.

Job Expertise

Both novice and expert groups reported time spent in reading/training to keep current in the skills and knowledge required for the head nurse role. Time reported ranged from one to three hours per week, to more than ten hours per week. This range of response was not related to years of experience in the position; participants reporting the greatest number of study hours were those head nurse subjects (novice and expert) currently enrolled in the Nursing Unit Administration course.

The majority of head nurses perceived that only one to three days of their orientation time was DIRECTLY related to the job. Given that all employees receive a formal orientation program to the organization, this raises questions about the existing program and relevance to the head nurse position. This is obviously a current issue, as three novices responded that only "one to three days" of their orientation was DIRECTLY related to the tasks of their job, and had received this orientation within the past two years. The nursing literature discusses problems with role clarity experienced by newly appointed head nurses. Orientation programs that do not meet the needs of novice head nurses can only add to this problem.

Job Definition

Questions related to policies and procedures specific to major tasks produced a spectrum of responses. There were no clear differences between the groups; the range of responses varied from "less than ten" to "more than 30" available written rules and procedures that served as reference guidelines for the head nurse position. The expected level of performance ranged from "somewhat clear" to "very clear", with no apparent differences between the groups. Questions related to the research construct of job definition varied more with individual perceptions of the head nurse role, than with years of experience. These results may be a reflection of limitations to the questionnaire, as other segments of the study revealed a strong concern with job definition, especially among the novice head nurse subjects.

Job Capacity

A difference in perception of workload was detected between the two groups. Novices rated their workload as "heavy" to "very heavy"; experts rated it as "moderate" to "heavy". Neither group indicated a "very light" workload. When asked how far in advance a head nurse knows what work will be required, the most frequent response was three to five days; two head nurses indicated less than one hour in advance, and only one participant (an expert) reported more than one week in advance. These responses indicate that overall, the study participants perceive their workload as heavy and largely unpredictable. These factors do not appear to change with experience in the position.

When questioned about the amount of control head nurses have over setting the pace of their work, four subjects reported "very little control", three reported "a great deal", and the other responses were neutral. Again, no differences were apparent between the novice and expert groups. Perception of control over their work appeared to be an individual factor. It is unclear whether this relates to the individual subjects' sense of locus of control, or whether it is subject to extraneous factors unique to each unit such as patient population and acuity, relationships with physicians, unit activity or staffing issues. Responses to this question are worth consideration in light of the number of unscheduled activities head nurses have to deal with that are largely initiated by others.

Both groups reported a high degree of authority over how their work will be done, ranging from 50-75%. Personal accountability to their immediate supervisor varied from 25-100% of the time. This factor again appeared to be a reflection of the working relationship with specific Directors of Nursing versus a distinction between novice and expert head nurses.

The results of Section II of the questionnaire provided some clues to the role perceptions of novice and expert head nurses that were validated in later segments of the study. Given the limited sample size, this data is only viewed as an adjunct to the indepth qualitative data obtained in the study. Replication of the questionnaire with a larger sample size would facilitate advanced statistical analysis and strengthen the generalization of these results.

(iii) Demographics

Results from the demographic section of *The Head Nurse Role Questionnaire* have been previously discussed and are summarized in Table 2.

(iv) Open-Ended Questions

The remaining section of the questionnaire involved a series of open ended questions. The responses in this section provided important information that revealed differences between the novice and expert groups.

Attributes Essential for Success in the Head Nurse Role

Head nurses were asked to list attributes they considered essential for success in the head nurse role. It can be assumed that these attributes would be similar to the criteria used by study participant to identify "expert" head nurses within their organization during the sampling procedure.

Both novice and expert groups identified interpersonal skills, a sense of objectivity, assertiveness skills, and the ability to treat employees in a fair and reasonable manner as attributes necessary for success in the head nurse role. Nursing skills, experience in a variety of settings and clinical expertise were rated higher by the novice group than by the experts. Communication skills (verbal and written), problem solving skills and the ability to make independent decisions were more frequent responses among the expert group. One novice head nurse identified self confidence as an essential attribute. Other responses by the expert group included a sense of humour, ability to listen, flexibility and ability to adapt to frequent change, the ability to be honest with staff and admit shortcomings, and a willingness to work with staff in the delivery of direct patient care.

Several of these attributes identified by the head nurse group were a reflection of their personal philosophy and individual management styles, however, certain items were common to both novice and expert groups and seen as essential to success in the head nurse role.

Recommendations for Hospital Organizations

The study participants were asked to identify interventions that the organization could implement to assist the head nurse role. Again, several responses were common to both groups. Interventions were also identified specific to the novice and expert groups.

The most frequent item listed by both groups was secretarial support; this involved clerical assistance with the "mundane" tasks, such as opening and sorting mail, filing, completing requisitions, and prioritizing memos, reports and the vast amount of paper that crosses the head nurse desk. The novices felt this would be particularly valuable, as they reported a great deal of time wasted in deciding what pieces of mail are important and what could be immediately discarded. The management principle of "handle-it-once" was not observed in the novice group's handling of mail.

Both groups asked for more available time to attend to increasing "administrative" responsibilities; the majority of head nurses in this study were considered "in-charge" of their units during the day. On the larger units (i.e., 38 beds) it was reported to be very difficult to leave the unit to attend meetings or spend time in the office to complete paperwork, resulting in this work being taken home to complete during hours outside the paid workday. One head nurse requested increased staffing resources to provide a "charge-nurse" during dayshift to allow the head nurse greater flexibility in leaving the unit if necessary.

Several head nurses recommended the creation of a position to monitor equipment and supplies. Participants in the study reported considerable time wasted dealing with faulty equipment and inadequate supplies. These behaviors were verified during the observation period of the study.

The novice group identified the need for educational opportunities for head nurses to develop management skills. Establishing a buddy system or mentor program was suggested as a possible strategy to ease the transition from staff nurse to head nurse.

Relieving head nurses from orientation of new staff members would free up time to deal with other management issues. One expert recommended increased assistance for staff to attend

educational sessions; this included time, staff replacement, financial support and educational resources available on individual nursing units. Developing staff nurses was seen as a key to improving the head nurse workload.

Interventions identified by the expert group included clinical nurse specialists, providing a buddy system (mentor) for new head nurses, more input into strategic planning and longterm goals within the nursing department, time for research, and the use of decentralized float pools to assist in scheduling staff hours. One expert felt it was necessary to educate the nursing staff and other disciplines about the demands of the head nurse position and the changing role within the organization; this might clarify role expectations and lessen the demands placed upon individuals in the position by nursing staff and other disciplines. The need for increased recognition of bedside nurses and providing opportunities to expand the role of the general duty staff nurse was another suggestion; this would facilitate staff development and allow the head nurse to pursue other activities.

Difficult Aspects of the Head Nurse Role

When asked which aspects of the job they found most difficult when they first assumed the position of head nurse, both novice and expert groups identified role clarity as an key issue. One novice described the difficulty of applying the current head nurse job description to the "practical" role these managers play on the unit. The experts remarked that "everyone else" had ideas about what the head nurse should be doing (i.e., physicians, supervisors, staff nurses and other disciplines); conflicting demands increased their sense of role confusion. One expert stated that receiving only one half day of orientation did not facilitate role clarity.

The novice group mentioned several tasks that they found difficult when they first assumed the position of head nurse. These included interpretation of budget sheets and written reports; dealing with the vast amount of mail received; sorting through the previous managers filing system; making sense of what paper is useful, what should be kept and what can readily be discarded; and completing the appropriate requisitions for equipment, supplies and staff

vacancies. One novice mentioned the demands placed upon the head nurse by the staff and the individual's attempts to increase job satisfaction and morale levels on their unit.

The experts focused less on tasks of the job and identified broader issues. Dealing with staff discipline, labour relations and facilitating staff acceptance were issues they recalled as difficult during the early months of their head nurse position.

Aspects of the job which have become easier for the novice group over time included the leadership role; identifying the needs of the unit, the staff and the patients; staffing and scheduling; payroll; budget analysis; and providing an environment on the unit that improved staff satisfaction.

The expert group identified different issues. Increased confidence in decision making; feeling comfortable handling difficult situations with staff; dealing with staff discipline; and developing performance appraisal skills were items identified by this group.

Rewards of the Head Nurse Position

Both novice and expert groups reported similar factors when asked to identify what motivates them to remain in the position of head nurse. Given the many negative aspects of the position identified by the study sample (i.e., workload, amount of overtime, lack of recognition, unrealistic demands etc.), this question provided valuable information about retention factors. These factors included: the ability to make a difference; impact upon patient care delivery; opportunities to develop staff members; the numerous challenges of the position and ability to act as a change agent; the opportunity to interact with patients and families, not being too far removed from the bedside; the enjoyment received from interpersonal relationships with nursing staff, physicians and other disciplines; and items associated with the job itself such as job security, salary and vacation benefits.

Overall, *The Head Nurse Role Questionnaire* provided information of value to the research study. Responses to the questionnaire items reflected a broad range of answers to

certain questions, but also provided consistent responses to others. Some differences between the novice and expert groups were identified. Some common themes emerged for the sample group as a whole indicating a certain degree of homogeneity among the study subjects. Individual differences in responses also reflect the variety of management styles and personal philosophies among the ten participants.

Responses to the open-ended questions in the final section of *The Head Nurse Role Questionnaire* were particularly useful. They provided baseline knowledge about the role perceptions of novice and expert head nurses prior to the nonparticipant observation phase of this research study.

(3) Structured Nonparticipant Observation

Data from the structured observation segment of this study was collected over a two month period during the months of May and June. Each manager was observed for two eight hour days, either on a Monday and Wednesday or during a Thursday and Friday of the same week. Depending on the activity of the workday and relevance of the data collected, decisions were made in consultation with the head nurse to either extend the eight hour period, or complete the observation day early. In order to make comparisons between the two groups, the frequency occurrence of activities was calculated according to the actual time spent with each manager.

Total observation time for the study involved twenty days, 155 hours, or 9,383 minutes. Time spent with the novice group was slightly higher than the experts, 4,783 minutes versus 4,500 minutes. This may be attributed to the fact that the novice group tended to work more overtime than the experts, and also that the majority of the novice group was observed during the first segment of the observation experience. During the later stages of data collection, the researcher was able to make more informed decisions concerning the relevance of data, and was comfortable completing a day's data collection with less than an eight hour record.

Data were analyzed according to the number of work activities and the types of work activities. These included Mintzberg's media categories (desk work, telephone calls, scheduled

meetings, unscheduled meetings, and tours) and comparison with the ten job description categories identified in *The Head Nurse Role Questionnaire*. The ratio of scheduled to unscheduled work activities and the initiator of head nurse activities were also calculated. Data analysis involved calculations for the novice group, the expert group and the study sample as a whole to determine homogeneity among the study participants and identify differences between the two groups under investigation.

Number of Activities

Analysis of the number of work activities of the ten head nurses participating in the study revealed important findings. The average number of activities per day was 143, with an average duration of three minutes. When comparing these values with the Mintzberg and Choran study results (Mintzberg, 1980), it is apparent that the pace and number of work activities of head nurses is substantially greater than those of Chief Executive Officers and company presidents. The number of activities per day for C.E.Os in large organizations was 22 with an average duration of 15 minutes; the number of activities observed of small company presidents was 77 with an average duration of six minutes.

The novice group had on average more activities per day than the expert, however, it must be noted that the novice head nurses were observed for a longer period of time (4,783 minutes versus 4,500 minutes). This difference in observation time may slightly affect the values for average number of activities. A comparison of the average duration of activities per day revealed no difference between the novice and expert groups (3.26 versus 3.25 minutes).

Based on the results of this study sample, it appears as though the number of activities and pace of the workday does not lessen significantly as head nurses gain experience. This appears to be an integral part for the job. Table 4 reviews the average number of activities, the proportion of scheduled activities and who initiated the activities.

Table 4

Comparison of the Work Activities of Novice and Expert Head Nurses
by Number, Proportion of Scheduled / Unscheduled and Initiator of Activities

	Novice Head Nurse	Expert Head Nurse	Total Group Sample
Number of Activities per day			
Average number	147	139	142
Range	55 - 210	63 - 191	
Average time per activity (in minutes)	3.26	3.25	3.26
Number of scheduled activities			
Average number per day	5	4	5
Range	2 -11	0 -18	
Number of unscheduled activities			
Average number per day	141	134	138
Range	87 - 208	55 - 173	
Percentage of time spent in:			
Scheduled activities	3.68	3.18	3.43
Unscheduled activities	96.32	96.82	96.57
Percentage of work activities initiated by:			
Head Nurse	52.01	48.90	50.45
Other	40.97	45.10	43.04
Mutual	7.02	6.00	6.51

Scheduled / Unscheduled Activities

The number of scheduled activities per day was slightly higher for novices than experts (5 versus 4), however comparisons of the frequency values revealed little difference between the two groups. Over 96% of the head nurse activities were unscheduled. This factor, considered with the pace and number of work activities supports Mintzberg's theory that managerial work is characterized by "much work at an unrelenting pace" and by "brevity, variety and fragmentation" (Mintzberg, 1980). Review of the observational records reveals numerous interruptions that head nurses must deal with during a workday.

Initiation of Work Activities

On average, roughly half of the observed work activities were initiated by the head nurse; 43% were initiated by other nursing staff, supervisors, physicians, interdisciplinary staff, patients or families. Only 6.5% were mutual.

No major differences were detected between the novice and expert groups; the novices initiated slightly more activities than the experts (52% versus 49%). Limited control over work activities and the numerous demands placed upon head nurses appear to be factors integral to the role.

Mintzberg's Media Categories

The work activities of novice and expert head nurses were then analyzed according to Mintzberg's five media categories. These included desk work sessions, telephone calls, scheduled meetings, unscheduled meetings, and tours. Desk work included time spent in the head nurse's office or unit desk processing orders, attending to mail, or writing letters or reports; telephone calls included all incoming and outgoing calls; scheduled meetings were defined as any prearranged meetings between the head nurse and others, scheduled at least 30 minutes prior to their occurrence; unscheduled meetings included any verbal interactions between the head nurse and others that took place by chance, on the spur of the moment, or occurred with less

than 30 minutes notice; and tours were defined as informal strolls through the nursing unit to observe activity without prearrangement. Activities that did not readily fit into these five categories were identified as "other" work activities. These operational definitions of the activity categories were adapted from the work of Mintzberg (1980) and Raber (1988) and are summarized in Appendix K.

Analysis of the five media categories reveals that the head nurse sample spent the most time in unscheduled meetings, followed by desk work sessions, scheduled meetings, telephone calls and then tours. Table 5 provides an overview of the number, the proportion of time, and the average duration of activities for each category. Values are listed for the novice and expert groups, the total group sample and Mintzberg's study results as a means of comparison between groups.

Twenty six percent of the activities observed did not readily fit into any of the five categories; this included time spent during coffee breaks, travel time, relieving staff for coffee and lunch breaks, and involvement in direct patient care. Mintzberg (1980) identified that managers occasionally assume the role of "substitute operator", where the manager must be prepared to step into a subordinate's job when the need arises. These work behaviors tend to be observed more frequently at lower levels of management or in small firms. As first-line managers, it is not uncommon to observe head nurses "substituting" for general duty staff nurses in the delivery of direct patient care, particularly when staff replacement for sick calls or requests for additional staff during periods of increased patient acuity are not available.

Roughly 30% of the day was spent in unscheduled meetings; these verbal interactions with others involved over 77 exchanges per day with each occurrence lasting less than two minutes. Unscheduled meetings involved not only staff nurses, but physicians, supervisors, other departments, patients, family members and other health care disciplines. During the recording of these activities, the researcher was made increasingly aware of the vast amount of information received, processed and disseminated by the head nurse, as well as by the pace of verbal interactions with others.

Table 5

Comparison of the Work Activities of Novice and Expert Head Nurse
by Mintzberg's Media Categories

Activity (Media)	Novice Head Nurse	Expert Head Nurse	Total Group Sample	Mintzberg Study (C.E.O.s)
Desk Work Sessions				
Average number per day	22	21	22	7
Average duration	3.8 min	3.5 min	3.6 min	15.0 min
Proportion of time	17.1%	16.5%	16.8%	22.0%
Telephone Calls				
Average number per day	22	22	22	5
Average duration	1.6 min	1.6 min	1.6 min	6.0 min
Proportion of time	7.1%	7.7%	7.4%	6.0%
Scheduled Meetings				
Average number per day	3	2	2	4
Average duration	31.5 min	34.2 min	32.9 min	68.0 min
Proportion of time	16.5%	14.4%	15.5%	59.0%
Unscheduled Meetings				
Average number per day	78	77	77	4
Average duration	1.9 min	1.8 min	1.8 min	12.0 min
Proportion of time	30.9%	29.9%	30.4%	10.0%
Tours				
Average number per day	4	3	3	1
Average duration	5.9 min	4.1 min	5.0 min	11.0 min
Proportion of time	4.6%	2.7%	3.6%	3.0%
Other Activities				
Average number per day	20	14	17	
Average duration	6.2 min	8.9 min	7.5 min	
Proportion of time	23.8%	28.8%	26.3%	

Desk work sessions accounted for 16.8 % of the head nurses day. The majority of this activity occurred at the nursing station or on the unit. Only three of the head nurses had offices physically located on their units; the other seven had to leave the unit to spend time in their offices, and eight of the study participants shared office space with other head nurses. Novices expressed the difficulty they experienced in being able to leave the unit, especially during busy times. The experts expressed frustration with the numerous interruptions they received while in their shared office; they also discussed the difficulties involved in coordinating private office times to conduct interviews or having quiet time to attend to "thinking" matters. As a result, the majority of head nurses reported taking paperwork home to complete off hours.

Desk work involved scheduling of staff, completing patient assignments, updating admission/discharge/transfer lists, coding payroll sheets, opening and sorting mail, reviewing policies and procedures, preparing reports for supervisors, reviewing patient charts and completing incident reports. Only one head nurse was observed processing medical orders. The average duration of desk work sessions (three and a half minutes) reflects the numerous interruptions head nurses encountered during these activities.

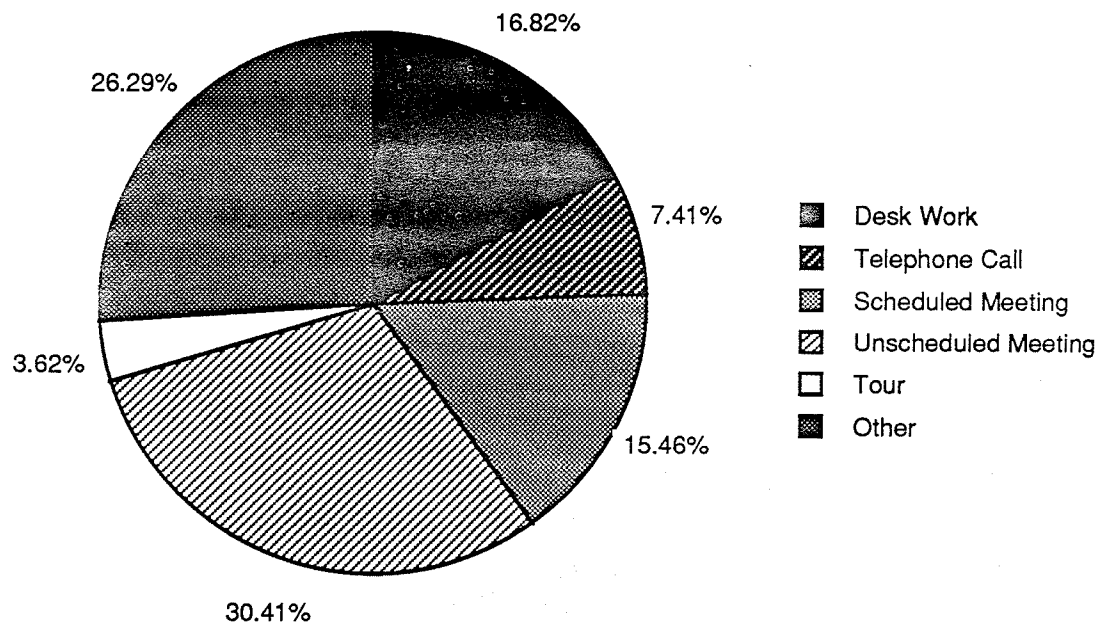
Although the number of scheduled meetings averaged only two per day, they accounted for 15% of the head nurses' workday. These prearranged meetings lasted approximately half an hour. Thus, out of an eight hour workday, the head nurses experienced only one hours work that had at least 30 minutes notice. The issue of unpredictability and limited control over daily work activities appears to be a factor inherent in the head nurse role.

Telephone calls accounted for only 7.4 % of the head nurse's time that involved on average 22 calls per day lasting one and a half minutes. When compared with Mintzberg's study results of five telephone calls lasting six minutes, these findings indicate that head nurses are involved in more telephone calls of shorter durations than Chief Executive Officers; this reflects the vast amount of information processed by first level nursing managers.

The proportion of time spent in the various activities reflects no major differences between the novice and expert group. This is a significant result for it reflects the unchanging

Figure 2

Proportion of Time Spent in Work Activities by Total Head Nurse Sample
(Mintzberg's Five Media Categories)



nature of the head nurse position with experience. An unrelenting pace of work characterized by brevity, variety and fragmentation is a distinguishing characteristic of managerial work (Mintzberg, 1980).

Figure 2 summarizes the work activities of the study sample according to Mintzberg's media categories.

Analysis of Head Nurse Work Activities by Categories Cited in the Literature

The data collected during the structured observation phase of the study was then coded and analyzed according to job description categories frequently cited in the literature to define the role of the head nurse. These ten categories are the same items as listed in *The Head Nurse Role Questionnaire* and include orientation and staff development; formulating and interpreting nursing policies, goals and objectives; delegating and evaluating patient assignments and unit activities; staff scheduling; quality assurance of unit activities including documentation; employee evaluation and counseling; direct patient care and family interaction, budgeting of staff, supplies and equipment; physician and interdepartmental collaboration; and other work activities. The activities were analyzed according to number per day, average duration and proportion of time. Values were calculated for the novices, experts and total head nurse sample as a means of comparison between groups. Table 6 provides a summary of these results.

Overall, the head nurse group participating in this study spent one quarter of their time delegating and evaluating patient assignments and unit activities. This included all activities concerned with patient care issues and involvement in the daily running of the unit. These activities were numerous (52 per day) and of short duration, on average lasting less than two minutes. As a nonparticipant observer, the researcher was impressed by the amount of information processed by the head nurse during these activities. One expert head nurse described her involvement in the unit activities as a "resource role"; nursing staff were encouraged to be independent and responsible for patient care decisions, but were also aware

that the head nurse was available for consultation and involvement in situations whenever required.

The next most frequent activity involved physician and interdepartmental collaboration. These were largely verbal contacts and associated with patient care plan decisions. Interdisciplinary team members who were observed interacting with head nurses included the medical staff, pharmacists, occupational therapists, physiotherapists, dieticians, Home Care Coordinators, pastoral care personnel, lab technicians, student nurses, nursing instructors, intravenous nurses, the Transparental Nutrition coordinator, the enterostomal therapist, the chemotherapy nurse, clinical nurse specialists and social workers. The head nurses also had numerous contacts with other departments in the hospital such as payroll, finance, computer services, maintenance and housekeeping departments. The network of contacts, particularly those developed by expert head nurses was observed as an important asset to the smooth operation of the nursing units.

Staff scheduling occupied 6.5% of the head nurses workday. This figure may be misleading, as the majority of head nurses indicated that they often take scheduled hours, vacation requests and change of hours requests home to complete, where interruptions are limited and thus fewer mistakes made. Activities observed related to staffing were largely contacts with nursing office assessing staffing needs and juggling patient assignments to accommodate available staff resources. Several of the expert head nurses commented upon the amount of time they spend on "hours". This is "one of the things head nurses have control over", and "can make a difference in people's lives". Taking time to attend to schedule requests was not only seen as good for morale, but was seen as a responsibility of the head nurse role. In times of a nursing shortage, providing some degree of flexibility with scheduled rotations is an effective recruitment strategy.

Direct patient care and interaction with family members accounted for only 7.8% of the head nurses' time. These again were short exchanges, on average lasting two and one half

Table 6

Comparison of Work Activities of Novice and Expert Head Nurses
by Job Description Categories Frequently Cited in the Literature

Activity	Novice Head Nurse	Expert Head Nurses	Total Group Sample
Orientation / Staff Development			
Average number per day	11	8	9
Average duration	3.2 min	3.6 min	3.4 min
Proportion of time	7.0%	6.0%	6.5%
Formulating / Interpreting Nursing policies & goals			
Average number per day	4	4	4
Average duration	4.3 min	3.2 min	3.8 min
Proportion of time	3.2%	2.5%	2.8%
Delegating /Evaluating patient assignments and unit activities			
Average number per day	49	56	52
Average duration	2.1 min	1.8 min	2.0 min
Proportion of time	27.5%	22.4%	24.9%
Staff Scheduling			
Average number per day	11	13	12
Average duration	3.3 min	3.0 min	3.1 min
Proportion of time	7.7%	8.6%	8.2%
Quality Assurance of unit activities including documentation			
Average number per day	5	4	4
Average duration	2.7 min	3.2 min	3.0 min
Proportion of time	2.7%	2.5%	2.6%
Employee Evaluation / Counseling			
Average number per day	2	1	1
Average duration	15.9 min	17.1 min	16.5 min
Proportion of time	7.0%	3.8%	5.4%

Table 6 (Continued)

Activity	Novice Head Nurses	Expert Head Nurses	Total Group Sample
Direct Patient Care and Family Interaction			
Average number per day	17	12	15
Average duration	2.6 min	2.3 min	2.5 min
Proportion of time	9.4%	6.3%	7.8%
Budgeting (Staff, supplies & equipment)			
Average number per day	6	5	6
Average duration	2.5 min	2.1 min	2.3 min
Proportion of time	3.2%	2.3%	2.7%
Physician / Interdepartmental Collaboration			
Average number per day	22	21	22
Average duration	2.1 min	2.2 min	2.1 min
Proportion of time	9.4%	10.4%	9.9%
Other Observed Work Activities			
Average number per day	25	19	22
Average duration	5.8 min	8.2 min	7.0 min
Proportion of time	23.0%	35.2%	29.1%

minutes. The novices were observed participating in more nursing procedures and direct patient care than the experts; patient care activities observed for the expert group involved "public relations" type of activities, introducing themselves to new patients and family members, and being available to discuss any questions or concerns about the patient care delivered on their units.

Staff development was indicated as a strong motivator for head nurses to remain in their positions. This study revealed that the amount of time head nurses participated in this activity was limited to 6.5% of their workday. Several head nurses indicated that resources were limited on their unit to assist in establishing ongoing education programs for their staff, or to assist with the orientation of new graduates and recently hired staff. Time demanded by other activities created a conflict with staff development activities, which turned into a lower priority during patient emergencies or when staffing problems developed.

Time spent in employee evaluation or counseling activities accounted for five percent of the head nurses' workday. Observed activities in this category included performance appraisals, discussion of personal issues and requests, counseling about work performance and interviewing student nurses for position vacancies. Given the size of nursing personnel on several of the units (as many as 85 staff) that report directly to the head nurse, it is not surprising that this group of managers expressed concern over the limited time available to complete annual performance appraisals or counsel new staff during probation periods.

Activities associated with nursing policies and procedures were limited. Occasionally, head nurses were observed consulting policy manuals when unique patient care situations occurred on their units. However, the majority of observed activities recorded in this category involved updating hospital manuals with revised policies and procedures.

Budgeting of staff, supplies and equipment accounted for less than three percent of the head nurses time. Again, this figure may be somewhat misleading, for the majority of head nurses indicated they had limited time during the day to review budget sheets and complete written reports explaining variances. The seasonal nature of quarterly reports and annual

budget reviews also influences this work activity; the months selected for this research study did not reflect times when budget activity demands were greatest for the nursing department.

Quality Assurance was the least frequently observed activity. Items observed in this category included medication reports, patient incident reports and infection control surveillance reports. This was a difficult parameter to measure as it became apparent to the researcher that many of the other head nurse activities involved an element of quality assurance; examples could include such activities as ensuring adequate staffing, performance appraisals, informally assessing the quality of patient care on the unit, involvement in staff orientation and ongoing education programs, work safety issues, and review of the budget to ensure adequate supplies and equipment on the unit.

Table 7 lists the ten work activities observed, and rank orders the categories according to percentage of time spent per day in the various activities. Of great importance is the finding that the most frequent head nurse activities observed were coded as "other". Given that these ten categories were developed from a review of the literature describing the role of the head nurse, it is obvious that the current literature does not accurately reflect all the work activities and behaviors of head nurses. Twenty nine percent of head nurses' time was spent in activities that did not readily fit into one of the categories. The frequency of "other" activities was even higher for expert head nurses, accounting for over one third of their workday. This finding has great relevance for nursing administrators. Reevaluation of current job descriptions is strongly recommended.

Activities included in the "other" category were diverse in nature and reflected individual management styles. Clerical activities such as photocopying and filing; opening and sorting mail; confirming appointments, updating calendars and organizing committee meetings; travel time to meetings and other parts of the hospital; labour relations issues; dealing with equipment problems; research time; and coffee and lunch breaks were several of the observed activities coded as "other".

Table 7

Rank Order of Time Spent in Work Activities
by Total Head Nurse Group Sample

Rank	Activity	Percentage of Time Spent in Activity per day
1	Other Observed Work Activities	29.10
2	Delegating / Evaluating patient assignments and unit activities	24.93
3	Physician / Interdepartmental Collaboration	9.91
4	Staff Scheduling	6.51
5	Direct Patient Care and Family Interaction	7.80
6	Orientation / Staff Development	6.51
7	Employee Evaluation / Counseling	5.39
8	Formulating / Interpreting Nursing policies, goals and objectives	2.82
9	Budgeting (Staff, supplies and equipment)	2.74
10	Quality Assurance of Unit Activities including documentation	2.60
		Total: 100.00

Observed Differences Between Novice and Expert Head Nurses

Analysis of the data collected during the structured observation segment of this study revealed no significant differences between novice head nurses and expert head nurses when values were calculated utilizing Mintzberg's media categories of desk work, telephone calls, scheduled meetings, unscheduled meetings and tours (Figure 3). Comparison of the average number, duration, proportion of scheduled, and initiator of activities revealed similarities between the work activities of the two groups under investigation. This indicates the homogeneity of the study sample in one respect, but also reflects the unchanging nature of the head nurse position.

Consistent with Mintzberg's findings, managerial work at this level of nursing administration is characterized by brevity, variety and fragmentation at an unrelenting pace.

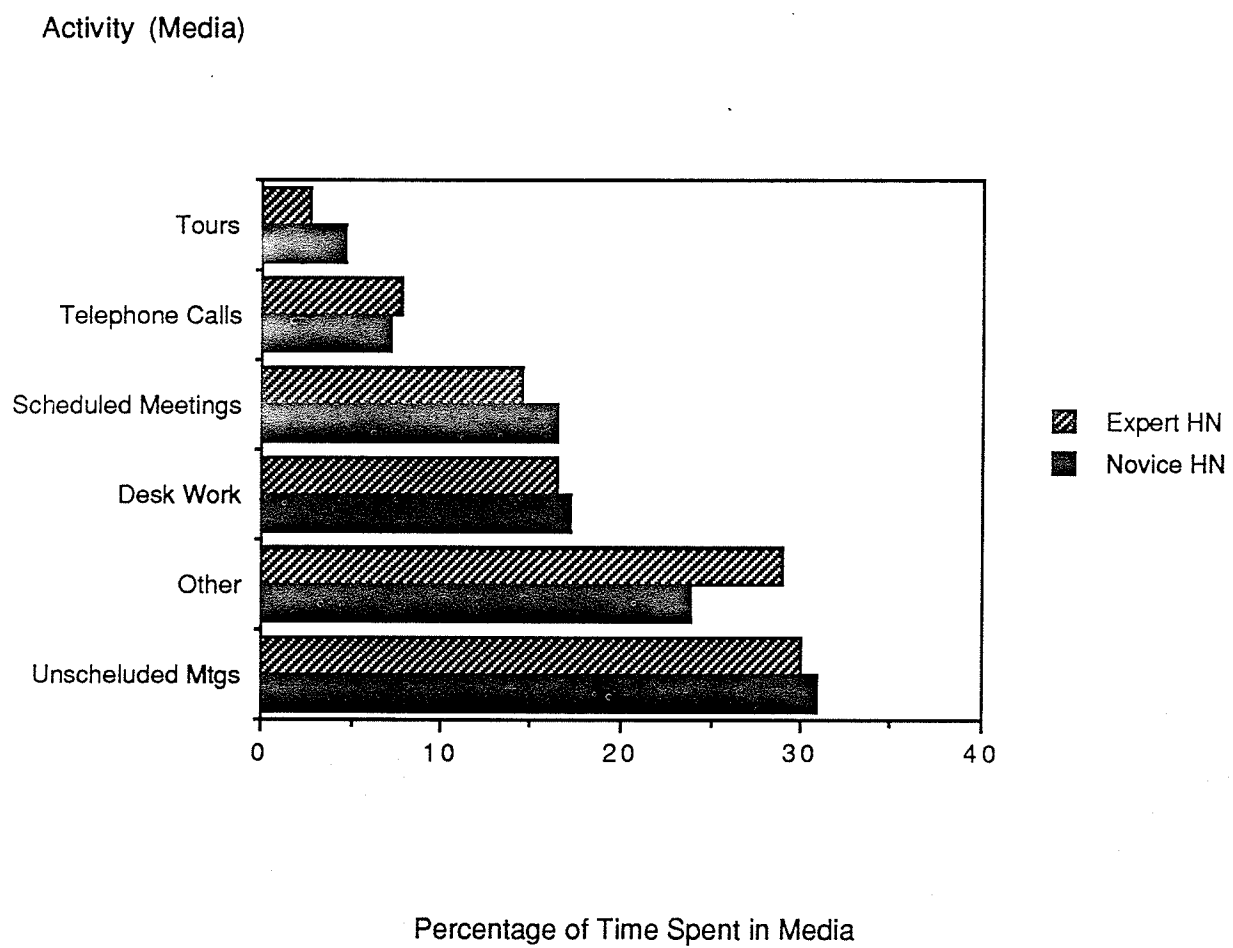
This is an important finding for it reveals that experience and "expert" levels of skill acquisition and performance do not alter the number of demands placed upon head nurses, nor the degree of control over events in their workday. How is it that head nurses survive in this environment over time, and what factors are put into place by the experts that result in some degree of predictability and control over daily work activities?

Comparison of observed work activities and behaviors of novice and expert head nurses by the ten job description categories derived from the literature revealed a few minor differences, however, the overall trend remained consistent for the study sample as a whole. Figure 4 provides a comparison of the the percentage of time spent in these job description categories by the novice and expert head nurse groups.

The novices were observed to spend more time evaluating patient assignments and unit activities and delivering direct patient care than the expert head nurses. The experts appeared to be more comfortable leaving the unit to spend time in their offices and attend meetings off the ward. Novices tended to be concerned with details about the individual patients and nursing care plans; in contrast, the researcher observed the experts involved in the overall flow of activity on the unit, but less concerned with specific details. There was a sense of confidence among the

Figure 3

Percentage of Time Spent in Work Activities
(Mintzberg's Media Categories)
by Novice and Expert Head Nurses



experts that the staff nurses were capable, were responsible for the delivery of patient care, and would inform the head nurse of any unusual occurrences or problems.

Novices tended to migrate more towards the patient bedside than the expert head nurses. The researcher observed the novice group involved in more nursing procedures, direct patient care, and relieving nursing staff for breaks than the experts. Patient care and family interaction among the expert head nurses was more typically a verbal exchange to introduce themselves to new patient admissions, and as means of evaluating patient care delivery on the unit.

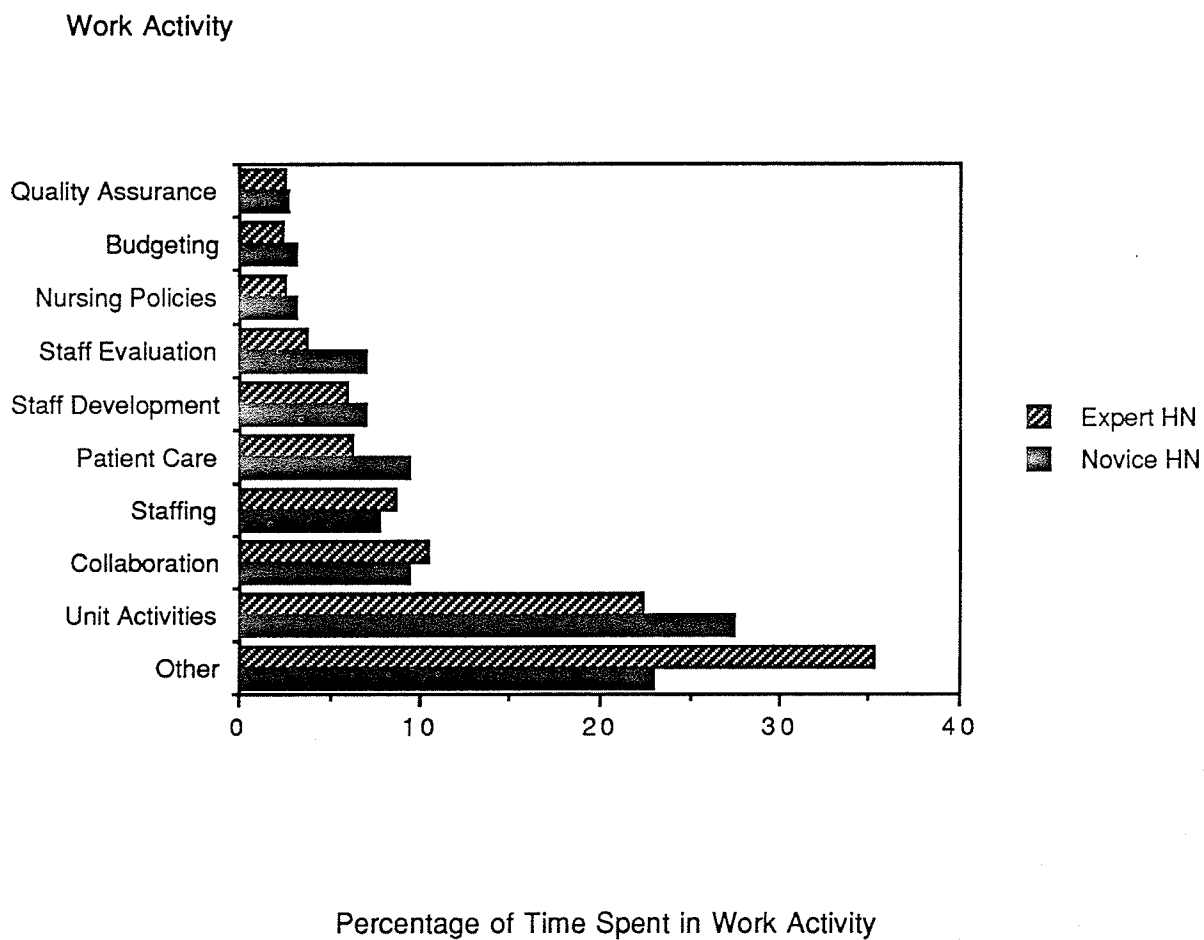
The literature supports this phenomenon, where newly appointed head nurses attempt to maintain their skills in direct patient care delivery. The nursing profession tends to reward excellence in clinical practice by promoting bedside nurses into teaching or managerial positions. Among the chaos and uncertainty experienced by novice head nurses, there is a comfort in returning to the bedside; this is where their confidence is greatest. Demonstrating expertise in clinical skills was also a means of establishing credibility as a "good nurse" among the nursing staff. The literature demonstrates that staff nurse expectations of head nurses can be influenced by a credibility factor (Blanchard, 1983). French and Raven (1959) refer to this type of influence as "expert" power.

All but one of the novices reported that they liked to "dabble" in patient care on their units. This individual had made a conscious decision upon assuming the head nurse role to maintain an administrative versus clinical focus, as past experiences had provided numerous opportunities for patient care and the head nurse position was perceived as an opportunity to explore other avenues.

The novice head nurse group were observed in slightly more employee evaluation and counseling activities. As the frequency of this activity is low for both groups, this difference is not that significant a finding. This result may have been influenced by the time of year selected for data collection; each individual head nurse appeared to have annual deadlines for completing performance appraisals on their staff which varied from unit to unit.

Figure 4

Percentage of Time Spent in Work Activities
(Job Description Categories)
by Novice and Expert Head Nurses



Both groups spent the greatest amount of time in "other" activities, the expert group accounted for 12% more time in this category than the novices. This finding may reflect the increased sense of confidence experts reported in leaving their units for other activities.

A review of the structured observation record results indicate certain differences. However, the overall trend demonstrates a similar pattern in the work activities of novice and expert head nurses. There were several differences observed by the researcher that were not captured by this tool. These qualitative observations were recorded in the fieldnotes by the researcher at the time of their occurrence.

There was a notable difference in the observed pace of activities among the novice and expert head nurses. The novices were task oriented in their behaviors, and the pace of their work was visibly more frantic than that of the experts. The experts appeared to be involved in more than one activity at once, whereas the novices paid attention to each task independently. There was a sense of calmness and control on the units managed by expert head nurses. Benner refers to this phenomenon as the cushion of experience.

The difference in work behaviors between novice and expert groups was apparent during the coding of data and analysis phase of the study. Many of the work activities of expert head nurses were coded in more than one category, whereas novice activities were usually single, isolated events. The amount of time spent in an observed activity was divided equally among the various categories when an work event involved aspects of more than one work activity (i.e., Mintzberg's five media categories and the ten job description categories). Proportion of time spent in an activity was thus the basis of comparison between the novice and expert groups. Comparison by number of activities in each category would not be as reliable a method for identifying differences between the two groups.

The novices expressed confusion over the numerous tasks involved in the head nurse position, and had difficulty prioritizing mail, telephone calls, staff requests and the demands placed upon them by their supervisors. Their work behavior appeared on the surface to be much more task oriented than the expert group. The experienced head nurse group had already

established a priority system for the management of their individual units and seemed to know which matters to get excited about and which requests could wait until the next day.

The network of contacts established by the expert head nurses was also a distinguishing feature. Novices spent more time "running" to or actively seeking out information. The experts appeared to be more passive receivers in the information channels. They selectively filtered information that came to them, passing it on to the appropriate individuals.

The researcher observed the novice head nurses making several telephone calls to solve one problem. In contrast, the experts had already learned who to call to solve an issue, or were aware of individuals within the organization who had the information they required. This observation is supported by Mintzberg's findings that new managers lack the contacts and information necessary for effective decisions (Mintzberg, 1980). New managers need to establish a network of contacts and data base before they can fully operate within the decisional roles of their position. This observation supports the value of mentors for novice managers in helping them establish a network of contacts and assist with trouble-shooting problems as they occur.

There were "novice" head nurses with less than two years experience, that were recognized as "experts" by their peers. Analysis of the work activities of these two individuals did not reveal any marked differences from the work activities of other head nurses in the study. However, a few qualitative differences in perception and work behaviors were noted by the investigator.

These two "novices" appeared to function at a confidence level similar to that of the expert group. They stated that it took about one and a half years to feel confident and proficient in the head nurse position, but were uncertain if their success was attributed to personality factors, an ability to articulate, assertiveness skills, or past experience. Both had six to ten years nursing experience in a variety of settings (education, management, clinical practice) which they felt prepared them more realistically for the head nurse's role than those individuals promoted directly from a staff nurse position.

As both head nurses had accumulated one year and ten months experience in their current positions at the time of this study, differences were obvious when comparisons were made with "novice" head nurses with less than one years experience. One factor that was apparent to the researcher was the network of contacts established during this time period. Another factor was their ability to see the influence of their management style and philosophy upon the delivery of patient care in the unit. Head nurses with less than one years experience had difficulty seeing the impact of their direction upon the unit.

Several of the expert head nurses in the study sample talked about a "turning point" in their role as a head nurse. They stated that during the initial months there is tremendous pressure experienced by head nurses to attend to all the problems of the unit and "change the world". The enormous sense of responsibility for patient care delivery often makes it difficult for newly appointed head nurses to leave work behind at the end of the day. After a period of time, the experts felt they had developed their staff to a level where "they could go home at night without worrying if the place would survive until the morning". At that same point in time they made a conscious decision to set more realistic goals for themselves as individuals and establish limits in the job. The head nurses expressed uncertainty over whether this was an issue of control, a confidence in your staff, or simply a fatigue factor that forced them to evaluate the priorities of the position, make decisions about what needed to be delegated, and stop being "all things to all people".

The timing of this turning point varied for individuals in the study. Most reported that it occurred somewhere around the two year mark. One expert commented upon the changing nature of the head nurse role and the increasing demands of the position which makes it necessary for newly appointed head nurses to establish these limits early in their careers.

Predicted Versus Actual Observed Time in Work Activities

Each study participant was asked to estimate the amount of time spent in various head nurse activities prior to the observation phase of the study. These values were obtained from

The Head Nurse Role Questionnaire and were averaged for the novice group, the expert group, and the total study sample. Predicted values were compared with the percentage of time head nurses were observed in the various work activities during the structured observation phase of the study. These results are summarized in Table 8.

Estimated responses of the novice group were compared with those predicted by the expert head nurses; a few subtle differences emerged. The experts estimated that they spent more time in budgeting, employee evaluation, collaboration with other disciplines, direct patient care and family interaction than predicted by the novice head nurse group. The novices estimated they spent more time evaluating patient assignments and unit activities than predicted by the expert group. The estimated time spent in the categories of quality assurance, interpreting nursing policies, staff development and staffing activities revealed similar predictions among the novice and expert head nurse participants in the study. Figure 5 compares the estimated times spent in head nurse activities of the novice and expert groups.

Given the small sample size and limited number of participants in the novice and expert groups ($n=5$), predicted values of time spent in the various work activities were calculated for the total group sample and compared with the actual observed frequencies. Figure 6 provides a summary of the estimated and actual time spent in head nurse work activities.

The study sample overestimated the amount of time spent in patient care activities, staff development, staffing, collaboration, budgeting, interpreting nursing policies, quality assurance and employee evaluation. The only category underestimated was evaluating patient assignments and unit activities.

Observed activities that did not readily fit into one of these job description categories was coded as "other"; predicted and actual frequencies for this category demonstrated the highest discrepancy of values. Head nurses were asked to list specific activities they included in the "other" category; responses included items such as committee meetings, research time, covering for breaks, preparing lecture material, writing memos, and answering telephones.

Table 8

Comparison of Predicted Percentage of Time Spent in Work Activities
(Head Nurse Role Questionnaire)
with Actual Observed Percentage of Time

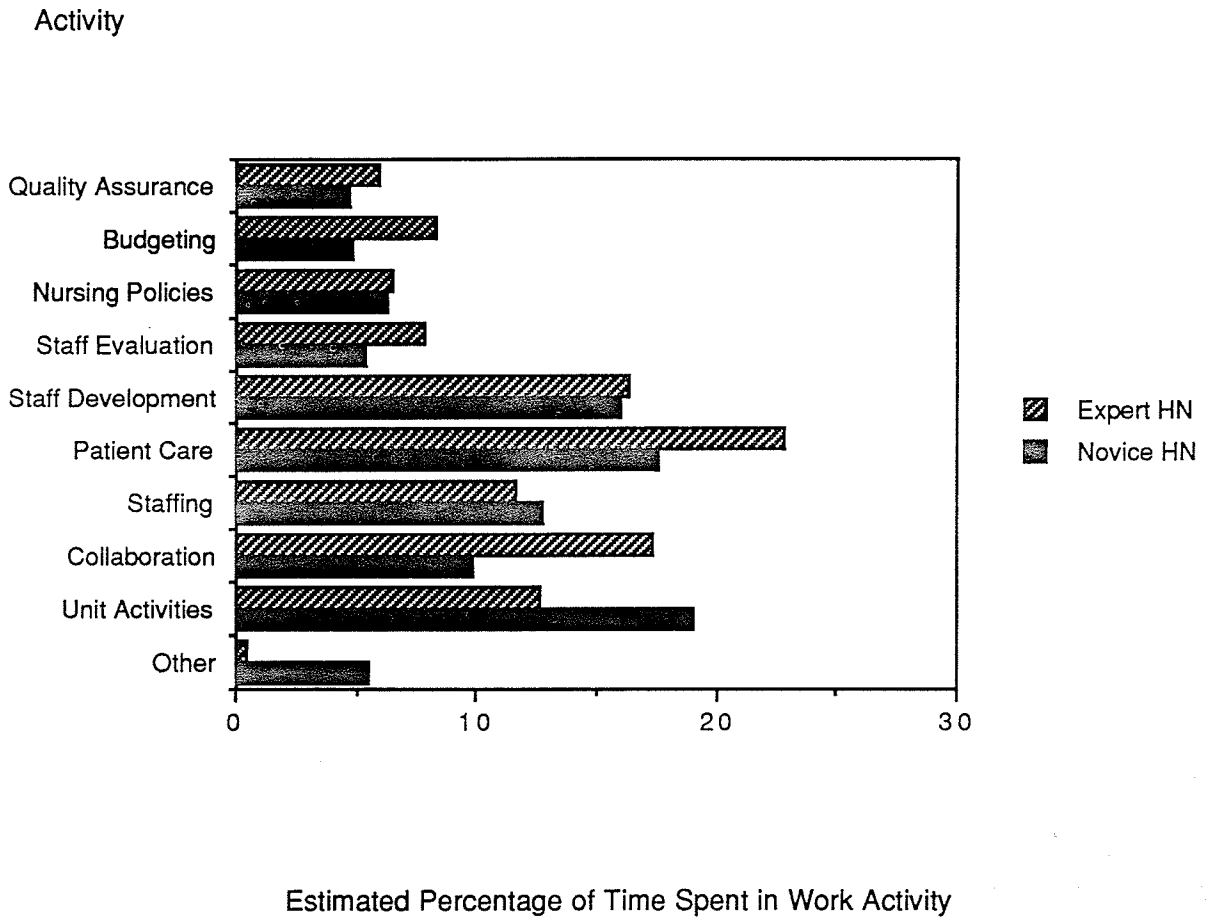
Activity	Novice Head Nurses	Expert Head Nurses	Total Group Sample
Orientation / Staff Development			
Predicted time	16.0	16.3	16.2
Actual time	7.0	6.0	6.5
Formulating / Interpreting Nursing policies & goals			
Predicted time	6.2	6.5	6.4
Actual time	3.2	2.5	2.8
Delegating / Evaluating patient assignments & unit activities			
Predicted time	19.0	12.7	15.8
Actual time	27.5	22.4	24.9
Staff Scheduling			
Predicted time	12.8	11.7	12.2
Actual time	7.8	8.6	8.2
Quality Assurance of unit activities including documentation			
Predicted time	4.7	5.9	5.3
Actual time	2.7	2.5	2.6
Employee Evaluation / Counseling			
Predicted time	5.4	7.8	6.6
Actual time	7.0	3.8	5.4

Table 8 (Continued)

Activity	Novice Head Nurses	Expert Head Nurses	Total Group Sample
Direct Patient Care & Family Interactions			
Predicted time	17.6	22.8	20.2
Actual time	9.4	6.3	7.8
Budgeting (Staff, equipment & supplies)			
Predicted time	4.9	8.2	6.6
Actual time	3.2	2.3	2.7
Physician / Interdepartmental Collaboration			
Predicted time	9.9	17.3	13.6
Actual time	9.4	10.4	9.9
Other Work Activities			
Predicted time	5.5	0.5	3.0
Actual time	23.0	35.2	29.1

Figure 5

Comparison of Estimated Times Spent in Work Activities
as Predicted by Novice and Expert Head Nurses



The proportion of time spent in "other" types of activities was estimated as 3% for the total group sample. The actual time head nurses were observed in "other" types of activities was 29%. Items coded in this category included clerical tasks, opening and sorting mail, confirming meetings and updating personal calendars, equipment problems, labour relations issues, committee meetings unrelated to the other categories, social teas and organization ceremonies, and time spent during coffee and lunch breaks.

It is understandable that the head nurse sample would underestimate the time spent in "other" types of activities, as the categories listed in the questionnaire were items typically used to describe the role of the head nurse. What is important about this finding is that our current understanding of the head nurse role and job descriptions used to define and evaluate that role may not accurately reflect the work activities of the position.

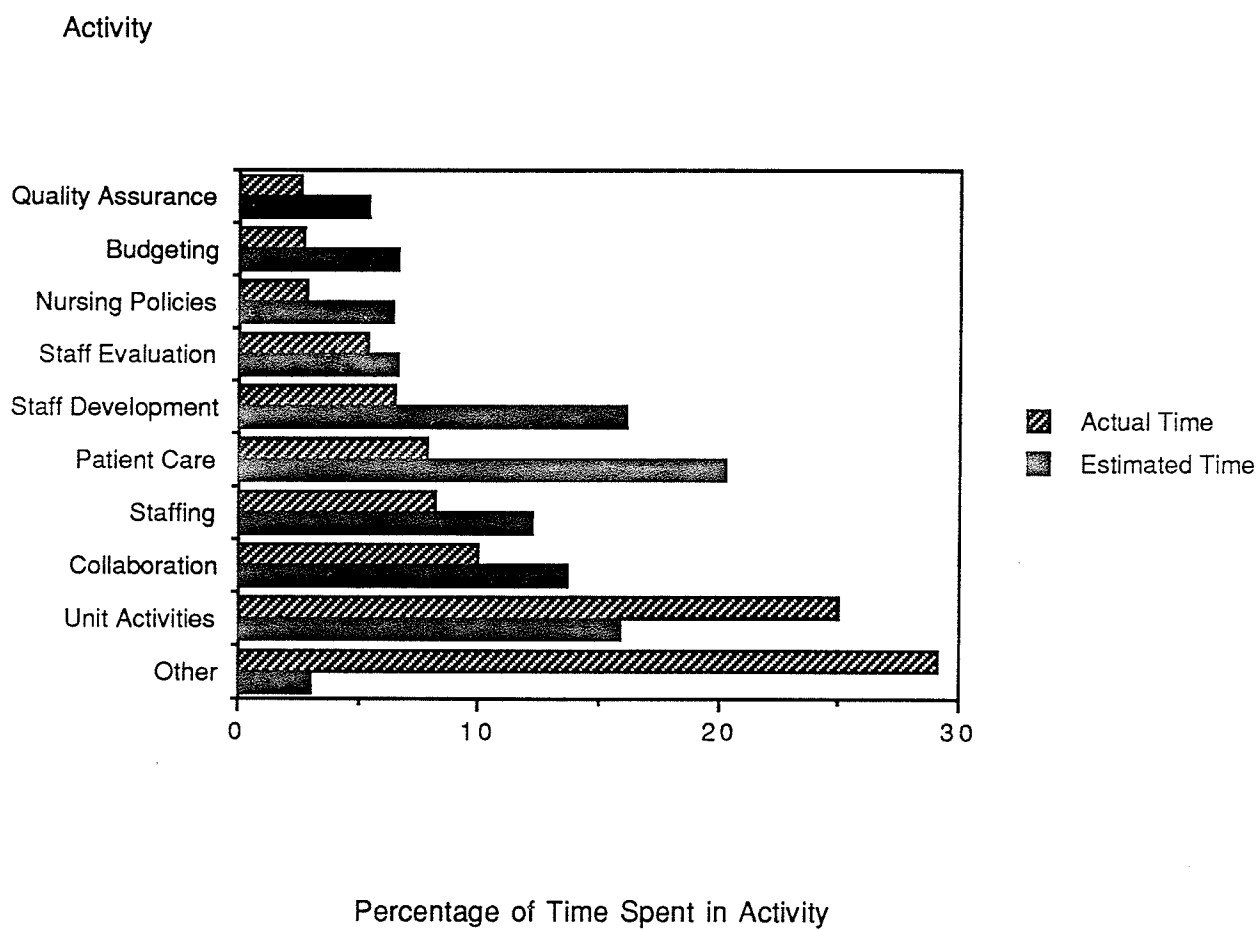
Other items that were either overestimated or underestimated were based on predictions of a "normal" forty hour work week. As will later be discussed, few of head nurses were observed working a forty hour week. The majority brought paperwork home to complete during unpaid hours; this included items related to staffing, budgeting, quality assurance, employee evaluation and nursing policies. This factor would account for the discrepancies reported between estimated and actual time spent in head nurse work activities.

One category that can not be explained by this fact is the time spent in direct patient care and family interactions. Involvement in patient care activities accounted for only 7.8% of the head nurses time, although predictions ranged from 17.6% to 22.8% for the novice and expert groups. What did consume more of the head nurses' time than predicted were activities related to the day to day running of the unit, involving the ongoing evaluation of patient assignments and unit activities. These two work activity categories are closely related, and estimated values may be a reflection of individual definitions of patient care versus unit activity responsibilities.

In summary, comparison of the predicted and actual work activities of novice and expert head nurses provides valuable information about individual perceptions of the role. It is not uncommon for study participants to underestimate the amount of time spent in activities they

Figure 6

Comparison of Estimated Time Spent in Head Nurse Activities
with Actual Observed Times
for the Total Group Sample



enjoy, and overestimate time spent in activities seen as less desirable. If this is the case in this study, the findings in table 8 provides information about the types of activities head nurses like, and those activities viewed as integral to the job but perceived as less enjoyable. Due to the limited sample size and forced choice nature of the questionnaire item, replication of the study with a larger sample would be necessary before these assumptions could be supported.

(4) The Exit Interview

The exit interview was conducted at the end of the second observation day with each study participant. It provided an opportunity for the researcher to discuss the "representativeness" of the observation period, and to determine the effect of the observer upon the participant's behavior and work activities. A series of open ended questions were asked at the end of the interview in an attempt to capture the concluding thoughts of the participant. Appendix L provides a copy of the interview guide.

Representativeness of Data Collection

The majority of participants reported that the two day observation period provided a representative sample of the head nurse's "normal" workday. The novices expressed that each day was unpredictable, and they still had not figured out what "normal" meant to the head nurse role. Three of the participants were observed on one "quiet" day and one "busy" day, stating that they were typical for days at the opposite end of the spectrum, and would probably average out to provide representative data. Even "quiet" days had few wasted moments. Observed activities remained brief in duration with frequent interruptions recorded.

Unusual activities that occurred during the observation period that may have influenced the study results were identified by the study participants. These included hospital accreditation, bed closures, staff vacancies due to unexpected leave of absences, and one unit where the medical house staff were attending a conference out of the city. One expert head nurse also commented upon the performance level of the staff nurses working on the unit, stating that

the head nurse workload and pace of the unit varies significantly when new staff members are working in contrast to the expert staff nurse group observed during the observation period. Activities the head nurses felt were not captured by the study included committee meetings, discharge planning rounds on certain units, and budget reports due at specific times of the year.

When asked about features specific to their units that might affect their work as a head nurse, factors such as number of beds, the size of the staff, patient acuity and staff turnover rates were mentioned. The novice group, particularly those with less than one years experience, were uncertain of what they did in comparison to other head nurses, and were anxious for feedback from the study to verify that what they were doing was correct.

When asked about the length of time needed to observe head nurses to obtain a "good picture" of what the work entails, the majority of participants indicated two days as adequate. Two novices felt one week would provide better information as they perceived each day as different. On the whole, the experts perceived less variation in their work activities from day to day, with the exception of committee meetings which met on certain days of the week. One participant commented that the study only captured what went on during the day and not what is taken home.

The influence of seasonal variation upon the head nurse workload was also mentioned as a variable possibly influencing the study results. Factors that were identified as influencing the type of work at different times of the year included summer bed closures, peak staff vacation times, seasonal variations in the type and acuity of patients admitted to the units, deadlines for performance appraisals, and the influence of the fiscal calendar year upon budget reports and capital purchase requests. Observation of head nurses at different times of the year was suggested as a more representative method of data collection.

Review of the study findings reveals similarities in the work activities of all participants in the study, indicating an adequate period of time was selected to saturate the results in the qualitative segments of the study. It can be concluded that the data collection

period was representative of the "normal" work activities for the study subjects under investigation.

Overtime Hours

When asked about time spent in work related activities outside the paid work week, all but one head nurse reported overtime hours. *The Head Nurse Role Questionnaire* revealed that on average, the ten participants in this study worked 9.6 hours of overtime per week. The novice group reported a higher incidence of 12.5 hours per week versus the 6.8 hours reported by the expert head nurses. Attending to paperwork was the major activity involved in overtime hours; overtime hours were seldom related to patient events. One head nurse stated that it was necessary to take home "thinking stuff" as there were too many interruptions during the workday to concentrate on writing memos or scheduling hours. Findings from the observation segments of this study verify this occurrence.

Those head nurse with shared offices located off the wards discussed the difficulty they had getting off the unit to spend time in their office and the numerous interruptions they had to deal with in a shared office situation. The two head nurses with office space located on their unit experienced less difficulty getting to their office to complete paper work, as their staff knew they were close by if needed. Novices remarked that it takes time to feel comfortable with office activities, feeling more at ease carrying out visible tasks on the unit related to patient care issues. Several head nurses also remarked that the "administrative" component of the head nurse role was not perceived as a priority by the nursing staff or by other disciplines. Educating others about the demands of the head nurse role was suggested as a method of increasing staff awareness about the essential elements of "paperwork" activities that ensure the smooth running of the unit (i.e., scheduling staff, ordering supplies and ensuring employees are paid).

The incidence of overtime accumulated by this head nurse sample is a consequential finding. The total time spent in overtime activities for the group is estimated at 98.5 hours per

week. If ten head nurses report this degree of overtime, it can only be imagined what the total population of 65 head nurses in the organization are accumulating. This is an important consideration given the cost factor to the hospital and the fatigue levels reported by head nurse participants in the study.

Only one subject, an expert head nurse, reported limited overtime hours. This individual had made a conscious decision to deal with the priorities of the day and delegate other issues to the appropriate personnel. However, it must be noted that this individual head nurse also revealed that staff performance appraisals were at least one year behind the recommended time frames. These study results encourage nursing administrators to reevaluate resources available to head nurses and identify realistic expectations of the position to assist first-line managers in dealing with the quantity of work and pace of activities.

Effect of the Observer

The effect of the observer upon the head nurses workday was reported as minimal by all the participants. The subjects stated that they were initially aware of the researchers presence on the unit, but quickly forgot about it as the unit became busy and they became involved in work activities. In terms of the effect upon staff, the head nurses did not view the researcher's presence as a factor altering the work activities of others on the unit. One head nurse did comment that the staff left the head nurse alone more in the presence of the researcher.

Analysis of the structured observation data reveal the number and pace of work activities experienced by head nurses; an average of 143 activities per day lasting three minutes left little time for head nurses to be distracted by the researcher. Given that over 96% of these activities were unscheduled and 43% initiated by others, any effort on the part of the study participants to control their workday would be difficult to attain.

The researcher did withdraw from personal conversations with staff, job interviews and performance appraisals, as details of these activities were not necessary to the study. Thus, the head nurses (particularly the novices), and nursing staff members involved in these

confidential activities would not feel threatened by the observer's presence. Respect for privacy and confidentiality of the study participants and other staff members was an important issue for the investigator in this study.

Concluding Remarks

Concluding remarks of the exit interviews provided valuable comments about the participants' perception of the head nurse role and recommendations for their organization. Identified issues included the need for recognition, limited resources, role clarity, job expectations, preparation and education of nurse managers, involvement in longterm planning, and support for the head nurse group. These comments verified responses to *The Head Nurse Role Questionnaire* and supported recorded observations and impressions of the researcher during the nonparticipant observation segment of the study.

The need for recognition was a popular comment among the study participants. The issue of responsibility without authority often undermined the head nurses attempts to manage their independent units. This issue particularly referred to staffing decisions made by the head nurse that were often altered by supervisors during evening and night shifts. The head nurses felt they were the most informed individuals to make these type of decisions and that altering management decisions was interpreted as a lack of recognition for the head nurse's abilities and accountability to the nursing unit.

Role clarity and establishing realistic job expectations for head nurses were issues mentioned by the study sample; this was particularly relevant to the novice group who were struggling with day to day survival in a job characterized by brevity, fragmentation and work at an unrelenting pace. Unclear role expectations and the numerous (and often conflicting) demands placed upon them by others add to the stress of the position.

Available resources that could assist the head nurse workload were viewed as limited. Clerical assistance, nursing education support, staffing resources, the allocation of equipment

in good working order and adequate patient supplies were recommendations made by this group of head nurses.

Disparity in resources and various levels of responsibility among the head nurse group were commented upon by several study subjects. Despite the variation in staff size (22-85), the number of patient beds (10 -38) and the resources available to individual units (i.e., staffing, equipment, supplies and physical environment) all head nurses in this study were monetarily rewarded according to the same salary scale. One head nurse had actually been encouraged to take a head nurse position on another unit, but decided against the move based on the larger number of patient beds. Salary was not the key issue for this group of head nurses; it was more an issue of recognition and reward for different workloads and levels of responsibility.

The crisis oriented environment of the hospital environment makes it difficult for head nurses to establish long-term goals for their units. One head nurse stated that "putting out fires" takes a lot of time and felt it was essential for nursing managers to attempt to break that cycle. Becoming actively involved in strategic planning for the nursing department was recommended as a strategy for implementing this change in practice.

Preparation of head nurses, the selection process and support for newly appointed managers were issues identified by both novice and expert groups. Implementation of a buddy system was recommended as a possible strategy to assist newly appointed head nurses. Ongoing education for nurse managers was seen as a valuable organization intervention.

Support for the head nurse group was identified as a key issue. Limited opportunities are available for head nurses to share ideas and offer peer support. One participant recommended the institution of regular head nurse meetings, where the head nurse group would determine the agenda. Given the number of changes that occur in large hospital organizations, the majority of time spent during head nurse meetings is occupied by "telling information". The study participants identified the need for forums to share ideas among head nurses and provide opportunities to recognize the "good work" each other is doing.

One expert concluded that head nurse activities are not determined by levels of experience, but that daily activities are largely determined by the nursing staff and occurrences on the unit. During this individual's five years of experience, the role has been influenced by factors such as the level of skill performance of nursing staff; new graduates require more and different types of supervision than expert bedside nurses. The units go through periods of stability and periods of high turnover, affecting orientation and development of staff. The number of staff vacancies, availability of relief nurses, vacation requests and leave of absences determine the amount of time spent in scheduling activities. This expert reported that head nurse work activities change over time, vary from year to year, and are influenced by seasonal variables; the majority of these factors are beyond the head nurse's control. Patterns of head nurse work activity reported in this study support these insightful comments about the role. The one area where this expert perceived a difference in novice and expert head nurse behavior was that experience in the role allowed for recognition of these trends in activity, and that past experience allowed for quick assessment of situations and identifying priorities of the job.

Despite the limited resources, lack of recognition, need for education and few tangible rewards of the head nurse position, several of the study participants commented upon the positive aspects of the position that they felt were not captured by the study design. The experts in particular perceived the head nurse position as challenging with an opportunity to make changes and impact upon the quality of patient care delivered on their units. Staff development was identified as a key motivator for this group. Opportunities to develop management skills while maintaining close ties with clinical nursing were seen as assets to the head nurse role.

In summary, the exit interview provided valuable qualitative data about the study design and captured the concluding thoughts of the head nurse participants. Overall, the study subjects felt the data collection period provided representative data. Several suggestions were made during the exit interview that will be expanded upon in the recommendations section of the study.

Strengths and Limitations

There is no perfect research design, therefore it is important to recognize the limitations in methodology that may impact upon the interpretation of the research findings. To address the purpose of the study and allow for rigor of conduct within the time available for completion of the study, restrictions to the design of the study were necessary, thus certain limitations are unavoidable.

The use of a stratified convenience sample had certain strengths and limitations. Access to a large population of head nurses in one hospital organization provided an available sample, thus increasing the feasibility of the study. The original research proposal planned for random selection of study subjects from the total population of 65 head nurses. Because not all the head nurses met the criteria of novice and expert groups, ten study subjects were purposefully selected to provide for a range of experience while controlling for certain clinical areas. This may have introduced an element of sampling bias. In qualitative research this sampling procedure can be defended as an attempt by the researcher to search out the "richest" source of data until the point of saturation.

(1) Questionnaire

The Head Nurse Role Questionnaire was a valuable tool in the study of novice and expert head nurses for it covered a broad spectrum of job design issues that influence individual perceptions of the head nurse role. This information provided a baseline of knowledge for the researcher prior to collecting data in the qualitative segments of the study.

The survey method has definite strengths and limitations. The advantages of the questionnaire method include ease of administration, ability to gather data economically (financial costs and time) and the ability to control the content and format of questions. Questionnaires are highly structured instruments designed to obtain consistency from one situation to another. Any differences in the answers are attributed to differences among

respondents rather than the questions being answered (Gorden, 1980). Interpretation of data through statistical analysis is also a benefit of this research method.

The greatest disadvantage of the survey method is the issue of bias. Bias may be introduced in the questionnaire design or through the sampling process. Question wording in *The Head Nurse Role Questionnaire* may have introduced bias into the information obtained. Therefore, it is important consider bias as a possible influencing factor in the question responses and validity of results.

Reliability and validity assessments indicate the degree of consistency and accuracy with which the questionnaire measures what it is supposed to be measuring. Alpha Coefficients for *The Head Nurse Role Questionnaire* ranged from 0.50 to 0.80. A level of 0.70 is considered acceptable for psychological instruments (Wilson, 1985). Validity is more difficult to quantify with survey methods as forced choice answers may not provide valid data.

Data collected and analyzed from *The Head Nurse Role Questionnaire* did have certain obvious limitations. A small sample size of ten participants did not lend itself to advanced statistical analysis. As a result, differences between the novice and expert head nurse responses could not be evaluated through analysis of variance (ANOVA) techniques, as were used in the original study by Miller and Heine (1988) which involved a total sample size of 47.

The original questionnaire format was reviewed with a statistician and several changes were made to the Likert-scale question responses to improve the clarity of the tool. Review of the head nurse responses revealed several questions that generated a broad range of answers. Problems with these questions were supported by comments and suggestions made by the study participants concerning the questionnaire. Question items in the research construct *job definition* failed to capture head nurses' concerns with job expectations and role clarity, that were identified in the qualitative segments of the study.

Despite these limitations *The Head Nurse Role Questionnaire* did provide valuable information. Given the limited research tools available specific to nursing administration practice, this was the most appropriate instrument for studying the research questions under

investigation. Responses revealed a certain degree of homogeneity among the study subjects. Differences in perception between the novice and expert groups also emerged in specific research constructs of the questionnaire. These differences were later validated in the qualitative segments of the study.

The main purpose of the questionnaire was to provide additional quantitative information to the qualitative segments of the study and increase the richness of the reported findings. The results indicate that *The Head Nurse Role Questionnaire* met the objectives of the study design.

(2) Interview and Observation

The interview and observation methods of the study provided greater flexibility than the survey instrument. This segment of the study generated the "richest" quality of data collected. Because participants were observed under natural conditions, assessment of the work activities and behaviors of head nurses could be more accurately observed and recorded utilizing this method of data collection. Comparison of the estimated time spent in head nurse activities with the actual recorded times revealed the limitations of the survey method alone in describing the role of the head nurse.

Qualitative interviews examine experiences under natural conditions, are flexible, discovery oriented and well suited to the study of attitudes, beliefs and perceptions. This research method proved to be well suited to the descriptive nature of the research questions under investigation.

Opportunities to clarify questions, probe and obtain accurate and complete information are advantages of face-to-face interviews. They also provide the opportunity to evaluate the validity of the information provided, through assessment of congruency between respondent verbal responses and nonverbal behavior (Gorden, 1980). Inclusion of a semi-structured interview guide in this study provided opportunities for participants to disclose additional information outside the structured boundaries of the research tools. This resulted in a "richness" of data that would not have been captured by the questionnaire method alone.

The length of time included in the structured observation segment exceeded 154 hours. This was an obvious strength to the research study findings. However the element of time involved in this process was also a disadvantage to the researcher; data collection, transcription of data and analysis of results were extremely time consuming activities.

The literature discusses several limitations associated with qualitative methodology designs (Sandelowski, 1986). This method is subjective, difficult to replicate and thus has limitations for generalizability of results. As previously mentioned, qualitative interview and observation methods are time consuming in data collection and analysis. Problems with ethics, consent and confidentiality are also recognized as significant issues with this approach to scientific inquiry (Duffy, 1987; Knafel & Webster, 1988).

The influence of observer bias needs to be considered as a factor effecting the study results. The researcher's previous employment in the study setting, familiarity with the head nurse position and previous work history with several of the study subjects influenced the collection and analysis of the data. Rather than limit the results of the study, these factors appeared to facilitate smooth data collection and promote candor among the participants. The researcher's previous work experience and knowledge of the head nurse role enabled data collection and analysis from the position of a shared culture with the participants.

The study results indicate that on average, head nurses participate in 143 work activities per day lasting three minutes in duration. This did not leave a lot of time for the participants to control their work activities, nor for the researcher to subjectively manipulate the recorded events. The structured nature of the observation and interview segments of the study also helped control for observer bias.

Discussion of organizational culture identified certain unique features specific to the study setting. The researcher's past experience in other acute care hospital organizations confirmed that many aspects of the head nurse role in this institution as are similar to roles in other tertiary care settings. However, application of the study results to other settings needs to

account for variables specific to this organization that may influence the generalization of results.

The advantages and disadvantages of quantitative and qualitative methods of research are numerous. In assessing the limitations of this particular design, it is important to consider all the factors that impact upon the reliability and validity of the results. The strategy of methodological triangulation provided data collection and analysis from more than one source. This is based on the assumption that the limitations of one method will be counterbalanced by the strengths of another. Questionnaire, interview and observation segments of the study revealed common findings. This indicates a saturation of the study results and strengthens the overall reliability and validity of the reported findings.

Establishing Trustworthiness

Qualitative research is based on the development of a comprehensive depth of knowledge that may vary over time. Therefore, the traditional criteria of reliability and validity used to evaluate quantitative research are not appropriate in determining the scientific rigor of qualitative research methods (Yonge & Stewin, 1988).

Lincoln and Guba (1985) identify four criteria for establishing the trustworthiness of qualitative research. These include: (1) truth value - concerned with establishing the "truth" or confidence in the study findings and the context in which the study takes place; (2) applicability- involves the determination of the degree of "applicability" the study has for other subjects in other contexts; (3) consistency - involves the determination of the "consistent" replication of the study findings with similar subjects in a similar context; and (4) neutrality - concerned with the degree to which the study's findings are a function of the subjects and study conditions rather than the investigator's perspective.

There are several aspects of the study design that establish trustworthiness in the findings. The extensive period of time involved in the data collection segment of the study can only strengthen the truth value, or confidence in the research results.

A discussion of the organizational culture revealed unique as well as common features of the study setting as compared to other hospital organizations. Determining the degree of consistency of the study findings with similar subjects in a similar context would have to account for the organization's culture. Through examination of variables unique to the study setting, applicability of the results for subjects in other contexts could be evaluated. Replication of the study would assist in determining the degree of applicability and consistency of the findings, however, several results indicate that these may not be areas of concern.

Common patterns of head nurse work activities were observed for all the participants in the study. These consistent findings had little influence from variables such as experience, management style and type of unit. Previous research studies also report similar results (Mintzberg, 1990; Raber, 1988). Data collection until the point of saturation would account for these common trends in observed work activities. It can be assumed that replication of the study design with head nurses in similar as well as different contexts would likely produce consistent results. These findings support the applicability and consistency of qualitative data reported in this study.

The issue of observer bias influences the neutrality of results, or the degree to which findings are a function of the subjects and study conditions under investigation as opposed to the investigator's perception of events. The structured nature of the study's observation record and interview methods helped control for the neutrality of results. However, it is recognized that the recording of observed head nurse work activities and behaviors would be influenced by the investigator's past experience as a head nurse and subjective interpretation of events. Rather than viewing the researcher's familiarity with the work setting and head nurse role as a disadvantage, it can be argued that these past experiences contributed to the accurate collection of data and facilitated an indepth analysis of the findings.

The trustworthiness of this study was evaluated according to the truth value, the applicability, the consistency, and the neutrality of the findings. The incorporation of methodological triangulation, where several data collection methods were used resulted in

"...as many different perspectives as possible" (Wilson; 1985, p.379) and strengthened the trustworthiness of the research study design.

Addressing the Research Questions

This study of the work activities and behaviors of novice and expert head nurses addressed three research questions.

1. What are the work activities and behaviors of novice head nurses?
2. What are the work activities and behaviors of expert head nurses?
3. What are the differences in work activities and behaviors between novice head nurses and expert head nurses?

These questions have been addressed during the presentation of study findings, but will be summarized at this point.

The Work Activities and Behaviors of Novice Head Nurses

The work activities recorded for novice head nurses did not greatly digress from the total study sample. Comparison by number, pace, scheduled/unscheduled, initiator and type of activity revealed no major differences with the expert group. Much work at an unrelenting pace, characterized by variety, brevity and fragmentation are concepts identified by Mintzberg (1980) to describe the work activities of managers. This definition accurately describes the work activities of novice head nurses.

When analyzed according to Mintzberg's media categories, the ten head nurse participants in this study spent the greatest amount of time in unscheduled meetings, followed by desk work sessions, scheduled meetings, telephone calls and then tours. In terms of the job description categories, novice head nurses spent the greatest amount of time in evaluating unit activities, followed by collaboration, staffing, direct patient care, staff development, employee evaluation, interpreting nursing policies, budgeting and then quality assurance activities. These findings are identical to the results calculated for the expert group.

What did vary between the novice and expert head nurses were perceptions of the role, observed behaviors, and the way in which the work activities were completed. The work pace of the novice group appeared visibly more frantic than that of the experts; novices appeared to be more task oriented, often jumping from one task to another, and attending to each demand with equal attention. Questionnaire responses revealed a difference in perception towards certain items. These items included job expectations, job performance feedback, workload levels, the number of different daily tasks, number of "practical" solutions, control over the pace of work, and recognition by staff.

Interviews with this group identified several other issues of concern specific to novice head nurses. Difficult aspects of the job appeared to be task oriented; these included completing appropriate requisitions, interpreting budget sheets, identifying requirements of written reports, developing scheduling skills, knowing who to contact for different types of problems, and dealing with the vast amount of paperwork.

Work Activities and Behaviors of Expert Head Nurses

The observed work activities of expert head nurses revealed no major differences from the novice group when analyzed according to Mintzberg's media criteria and the job description categories. A large number of activities of short duration with frequent interruptions was the common daily occurrence for these nursing managers. The number, pace and type of work activities appears to be a factor that does not change for head nurses over time with experience; even "expert" performers had little control over the activities integral to the head nurse position.

Despite these overwhelming similarities, some notable differences in the work behaviors of expert head nurses were observed by the researcher. There appeared to be a calmness and sense of control on these units that was not evident on other nursing units in the organization. These experienced managers tended to flow from one activity to another, instead of

jumping from task to task. In fact, two or three separate tasks were often dealt with at the same time.

The expert head nurses had established a network of contacts during their years of experience, and spent less time seeking out information. Information appeared to come to them, which they processed and selectively disseminated to others. Not all tasks nor pieces of information were viewed as equally important. Priorities of the job had been determined, and established relationships with key individuals in the organization facilitated the flow of information.

The expert group had mastered the day to day tasks (i.e., scheduling, completing requisitions, writing reports, interpreting budget sheets etc.) and reported greater concern with long-term planning on their units and within the nursing department. They were able to focus on more global issues, despite the pace of their work, and limited control over day to day activities (i.e., 96 % unscheduled activities with only 50% initiated by themselves).

Responses to *The Head Nurse Role Questionnaire* revealed items specific to the expert head nurse group. They reported less frequent exceptions to their normal work day than the novices. It was reported to be "very easy" to know if they had done their work correctly, indicating less confusion with job expectations. Job performance standards were perceived as fair, but the expert group reported higher levels of recognition from staff and peers than from supervisors.

Workload perceptions were rated slightly lower by the experts than by the novice group, but still ranked at the upper end of the Likert-scale as "moderate" to "heavy". As a group, the experts indicated a stronger sense of control over setting the pace of their work than the novices. Given the similarities of work activities between the two groups, this is an important difference in perception.

When asked how far in advance a head nurse knows what work will be required, the majority of the expert group responded three to five days, with one subject indicating more than

a week in advance. One questions the expert head nurse's ability to participate in long-term planning efforts, given the current crisis-oriented focus of the position.

Difficult aspects of the head nurse position that have become easier with time focused less on the tasks of the job, but more on broader issues for this group. Identified items included labour relations, staff discipline, facilitating staff acceptance and morale issues. Exit interviews with the experts revealed a strong concern with recognition, education needs, involvement in strategic planning, and maintaining a sense of challenge for experienced individuals in head nurse positions.

Differences in the Work Activities and Behaviors of Novice and Expert Head Nurses

In summary, the structured observation segment of the study revealed no major differences between the work activities of novice and expert head nurses. Both groups were characterized by numerous brief, fragmented activities that occurred at an unrelenting pace. Rank ordering of work activities revealed the greatest proportion of time spent in unscheduled meetings dealing with unit activities. It can be assumed from these findings that the nature of the head nurse job and type of activities does not significantly alter with experience. What then separates the novice from the expert head nurse?

The Head Nurse Role Questionnaire provided clues to differences in perception between the two groups, but it was the qualitative segments of the study that validated observed differences. Novices were more task oriented in their behaviors; experts demonstrated a calmness and sense of control in dealing with the numerous demands of the workday. Long-term planning and concern with more global issues separated experts from the novice group, who were consumed with completing tasks on the unit and surviving the day. This was particularly evident in those subjects with less than one years experience. The network of contacts and awareness of "how the system works" influenced the way novices and experts sought out and processed information. Clarifying job expectations and receiving more frequent feedback were issues of concern to the novice group. It was evident to the researcher that the expert head

nurses had already worked out the priorities of the job, and were able to set limits on the demands placed upon them.

The nursing literature discusses the transition from staff nurse to head nurse, and the issues facing newly appointed managers, but does not address the issues important to expert head nurses. This study reveals that there is a difference between the work activities and behaviors of novice and expert head nurses.

Previous Research Findings

Results from this study strongly support Mintzberg's (1973) view of managerial work. The head nurses in this study demonstrated similar work activities (i.e., desk work, telephone calls, tours, scheduled and unscheduled meetings) and work characteristics (brevity, variety, fragmentation, and much work at an unrelenting pace) to those managers researched in his study of Chief Executive Officers. Except for the pace and number of activities, results did not significantly diverge from Mintzberg's findings.

Raber's (1988) study of the work activities of first-line nursing managers reported findings similar to the results of this study. Observed patterns of activity were described as fast paced, brief in duration and frequently interrupted. Actions focused on communication as a means of maintaining the flow of information and coordination of the unit. There was an attraction to verbal media. Head nurses were observed to spent the greatest amount of time in unscheduled meetings with subordinates or doctors. These findings bear strong resemblance to the observed head nurse activities and behaviors reported in this study.

The nursing literature describes the head nurse role as vital to linking organizational goals to the unit level (Mohr, 1988). Previous studies discuss the impact of head nurses upon staff development, job satisfaction and the delivery of patient care (Gillies & Franklin, 1988; Whelan, 1988; Duxbury et al, 1984). Although this research study was not designed to measure these variables, it was evident to the researcher that the degree of influence head

nurses have upon their individual units is consequential. The importance of this role can not be undervalued.

The changing nature of the head nurse role is well documented in the literature (Smith, 1988; Lancaster, 1986; Powers, 1984). The move towards a decentralized organizational structure in this study setting supports the changes reported in the literature. Expert head nurses commented upon the numerous changes they have experienced during their past five to eleven years in the position.

Studies that focused upon role expectations of head nurses (Miller and Heine, 1988; Smith, 1988; Gambacorta, 1983) discuss the degree of role ambiguity experienced by newly appointed head nurses. Responses to *The Head Nurse Role Questionnaire* and qualitative interviews revealed the reality of this issue for novice head nurses. Previous studies that identified problems with unclear job descriptions for head nurses (Barker & Ganti, 1980) are further supported by results from this study.

Studies that describe the actual work activities of head nurse are limited. Because methodologies, samples and settings vary, it is difficult to compare results. What is available is a large amount of anecdotal material that describes the role of the head nurse. As previously discussed, this literature presents a distorted view of the head nurse position. Results from this study indicate that current job description categories used to define head nurse activities fail to capture 30% of the manager's time. Further study in this area is strongly recommended.

Comparison of results with reported research studies in the nursing literature provides support for certain beliefs about the head nurse role, but also reveals new findings. Although there are limitations to the study design, results can only add to our understanding of the head nurse role. Recommendations for nursing education, practice and research based upon these findings will be discussed in the next section.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The analysis and discussion of results revealed several significant findings about the work behaviors of novice and expert head nurses. From these results several conclusions can be made about novice head nurses, expert head nurses and the work activities of head nurses in general.

It was surprising to the researcher the extent of similarity among the work patterns of all ten study participants. No major differences were observed between novice and expert head nurses in the amount of time spent in various work activities. The variables of experience, individual management style, educational background, type of in-patient unit, number of staff, number of patient beds, or department of Nursing did not appear to influence these results. It can be concluded from these findings that the number, duration, pace and type of head nurse activities do not change significantly over time.

There were qualitative differences observed in work behaviors between the novice and expert head nurse groups. Differences in perception of the head nurse role were also indicated by responses to *The Head Nurse Role Questionnaire*. It can be concluded from these findings that despite the similar patterns of work activities, differences do exist between novice and expert head nurses. These similarities as well as reported differences may provide valuable clues for future research, nursing education programs and nursing administration practices regarding the role of the head nurse.

Application of Benner's Conceptual Model of Skill Acquisition and Performance

The work of Patricia Benner(1984) identified marked differences in clinical performance between novice and expert levels of staff nurses; this research is based upon the

Dreyfus model of skill acquisition (Figure 1). Benner's framework has great relevance for understanding the process of skill acquisition and performance levels among head nurses.

According to Benner(1984), novices are beginners, who have no previous experience in situations where they are expected to perform. Any nurse, even an expert in one clinical area, may be limited to the novice level of performance when faced with a situation where he or she has no previous experience. The head nurse sample in this study had accumulated several years clinical experience, on average six to ten years, prior to assuming the head nurse role. Upon observing these individuals, it became apparent that their knowledge base and skills concerning their clinical area were vast. The literature indicates that the nursing profession tends to reward excellence in clinical practice by promoting these individuals into teaching or management positions. This was certainly true for the head nurse participants in this study. Thus, application of Benner's concepts are relevant to understanding the transition from expert staff nurse to novice head nurse.

In contrast, expert performers usually have a background of experience that allow them to intuitively grasp situations and zero in on the real problem without wasteful consideration of minor details. The expert head nurses selected for this study were nominated by their peers and ranged in experience from four to eleven and one half years experience. Their work behaviors and perceptions of the role did bear strong resemblance to the performance behaviors of expert staff nurses identified by Benner.

As identified in chapter 1, there are three concepts central to the Dreyfus model of skill acquisition. The five levels of skilled performance reflect changes in the following areas: (1) a movement from reliance on principles and rules to the use of past experience to guide behaviors; (2) a change in the learner's perception of the situation where it is no longer viewed as a collection of equally relevant tasks, but viewed as a whole; and (3) a progression where the learner becomes engaged in the situation, instead of standing outside the situation as a detached observer. These three concepts will be discussed in terms of the work behaviors of novice and expert head nurses.

The novice group found comfort in the rules and guidelines available to direct their work behaviors. In contrast, unique ways of dealing with issues were observed among the expert head nurses, with less reliance on rules. Past experience governed the work performance of the expert head nurse group. Questionnaire responses revealed the limited number of "practical" resources available to novice head nurses. Application of Benner's concepts to the work behaviors of novice head nurses encourages hospital organizations to clearly identify specific rules and principles necessary to guide desirable behavior among newly appointed head nurses.

Novice head nurses were observed to be more task oriented than the experts. They often jumped from task to task and treated individual tasks with equal attention. In contrast, the experts had clearly identified the priorities of the head nurse position and first attended to those issues perceived as important, before dealing with other tasks. The experts were able to see their unit as more of a complete whole. This difference in perception influenced the way head nurses handled demands placed upon them, and their ability to set longterm goals for their unit.

One expert remarked that communication and sharing ideas with novice head nurses was difficult, for the experts were concerned with plans for the next week or month while the novices were totally consumed with surviving the day. When asked about which aspects of the position they found most difficult, the novices concentrated more on tasks of the position while the expert head nurses identified broader issues. These findings reflect a progression in this area of skill acquisition and performance.

The third concept identified by Dreyfus dealt with the learner as a detached observer versus an involved performer. This difference in behavior was observed among the novice and expert groups, but was not as obvious as the other two areas of change in performance. The novices were observed "running" to information sources, attending to isolated tasks and maintaining a frantic pace on their units. In contrast, the expert units displayed a calmness and sense of control. Expert head nurses spent less time seeking out information; information appeared to come to them. They spend more time at the nursing station away from patient rooms, confident that their staff would notify them of any unusual occurrences. The novices

spent more time travelling to patient bedsides to assess the unit activity. The expert head nurses appeared to be a part of the unit's activities without physically being involved in each task.

The units each had unique organizational cultures that were a strong reflection of their head nurse's management style, expectations of the staff and personal philosophy of care. It was the unit's culture where the researcher detected the strongest impact of the expert head nurses. Their leadership on the unit had strongly influenced the methods of patient care delivery. Even in their absence during evening, night and weekend shifts, the staff had a clear idea of the head nurse's direction. In this sense, they were involved performers and integral to the activities on their units.

Novices did not express the same sense of influence upon their staff nor unit activities. They reported that it was not unusual to feel uncertain about what they should be doing next. Leadership style, expectations of the staff and individual philosophies of care were still being challenged by the nursing staff. This often left the novices with a feeling that they were standing outside their units. Being consumed with the day to day tasks involved in running their units made it difficult for the novice group to see past "putting out fires". The units appeared to be running the novices, whereas the experts appeared to be running their units. These differences indicate a progression from detached observer to involved performer in the novice and expert head nurse groups.

The experts had more "slack" in their practice. The reported patterns of work activities indicated that the experts were just as busy as the novices, but appeared less rushed in their behaviors. The experts also reported less difficulty attending to matters off the nursing unit, whereas the novices did not express the same level of comfort with leaving their wards. A useful analogy for understanding this difference is to compare the expert head nurse to the conductor of an orchestra, overseeing and guiding the total group of musicians. In contrast, the novices were the musicians, not the conductors of their units. They spent more time attending to individual tasks, as if running from instrument to instrument, trying to play all the roles.

Benner(1984) provided several recommendations for nursing administrators and educators in her study of general duty staff nurses. It was first suggested that the five levels of skill acquisition (novice, advanced beginner, competent, proficient and expert) be recognized as significant factors influencing the performance of staff nurses. Reported differences between novice and expert head nurses also need to be recognized. Educational needs, performance appraisal criteria, career development and increased recognition were issues identified in Benner's study of staff nurses. These areas of nursing practice are not limited to the bedside nurse. They repeatedly surfaced during the course of this study as issues of concern for head nurses.

The study results also have theoretical implications for identifying interventions that would assist novice head nurses in progressing through the various stages of skill acquisition. Benner discusses the use of mentors to speed up the process of skill acquisition. This recommendation was also made by several expert head nurses in the study. Further research in this area would be valuable.

Operational definitions of the various levels of skill performance for head nurses are necessary to identify the length of time it takes for a novice to become proficient in the role. Several of the head nurses talked about a "turning point" in their head nurse experience, where they were able to identify the priorities of the job and consciously set limits to the numerous demands placed upon them. The time frame for this occurrence ranged from eighteen months to two years. Because experts were being compared to novices, it can not be assumed that all head nurses reach this point in skill acquisition. Benner clearly stated that not all staff nurses are capable of attaining the expert level of skill performance. The same is probably true for head nurses. This "turning point" provides an important clue about the transition period from novice to expert head nurse, but requires further study before generalizations can be made.

The application of Benner's theory of skill acquisition and performance has relevance for understanding the head nurse role and the differences that exist between novice and expert nursing managers. It is unclear to the researcher what time frames differentiate the five levels

of skill performance among head nurses. Operationalization of these definitions would require further research. What is apparent to the researcher is the relevance of Benner's concepts to the selection, education, development, evaluation and retention of head nurses.

Recommendations

Recommendations from this study are based upon the research findings, review of the literature and suggestions made by the ten head nurses in the sample. The impact of the head nurse upon the delivery of patient care can not be underestimated. Results from this research study can only further our limited understanding of the work activities and behaviors of novice and expert head nurses, improve the quality of patient care delivered and identify ways of developing a cadre of expert nurses at this key level of nursing management. Recommendations for nursing practice, education and research will be discussed.

(1) Nursing Practice

The administrative implications of this study are numerous. Several key issues were identified by the study participants. These included job description categories, recruitment and selection practices, performance appraisal guidelines, performance feedback, retention factors, resources and the need for support and recognition of head nurses.

This study of novice and expert head nurses suggests that our current understanding of the head nurse role may be limited. Previous research findings indicate that job expectations of head nurses vary among supervisors, staff and other disciplines (Golightly, 1983; Stahl et.al., 1983). Only head nurses can truly define their role, identify the types of experiences that prepared them for the role and the type of attributes essential for success in the position. Health care facilities are encouraged to take a serious look at the work activities, job descriptions and role expectations of head nurses within their organization. Involvement of head nurses in this process is strongly recommended.

Results from the study indicate that the categories used in the literature to describe the role of the head nurse are not inclusive, given that over 29% of the observed work activities for this sample did not readily fit into one of the job description categories. This finding encourages nursing administrators to review their current job descriptions of the head nurse role. Providing an accurate and realistic picture of what the head nurse position entails would be helpful to novice head nurses who struggle with the issues of role clarity and conflicting job expectations. Job descriptions should also provide the basis for selection criteria and evaluating performance standards. If these documents do not accurately reflect the role of the head nurse, then current selection and evaluation practices can be questioned. For these reasons, review of the head nurse job description is strongly recommended.

If the head nurse's time is consumed with "other" types of activities, it is important for nursing administrators to identify what these activities are and the reasons behind them. One expert head nurse commented that these activities may actually serve as an "escape" from the unit, a legitimate means of getting away from the ward for a break during a chaotic workday. Evaluation of whether certain tasks could be completed by other personnel would also be worth investigation for it may free up time for head nurses to attend to management issues. Clerical activities such as photocopying, filing and sorting mail are examples of activities that could be performed by secretarial staff.

Allocation of resources to assist head nurses with the demands of their position is an implication of this study. Requests for improved resources included clerical support, staffing resources, equipment replacement, adequate supplies and physical environments that would improve the quality of worklife. Those head nurses with large staff numbers (up to 85) felt clerical support to assist with staff scheduling and the numerous requests made for change of hours would free up time for the head nurse to deal with other key issues on the unit. The need for private office space, preferably located on or close to the nursing unit was a major concern expressed by this group of head nurses. The literature reveals that limited resources for head nurses are not unique to this institution.

The amount of overtime reported by the head nurses deserves attention. Attending to paperwork, budget reports and staff scheduling accounted for the majority of overtime hours; few incidents were associated with patient care events on the unit. Limited support for the growing "administrative" component of the job and lack of office space were factors identified by the head nurses which influenced the amount of overtime reported. Fatigue levels among the novice group were viewed as a direct result of the amount of overtime required to complete the tasks dictated by the position.

Differences in the approach to "paperwork" activities were noted between the novice and expert groups. The frantic pace of the novices versus the observed "slack" in the system for expert head nurses may have been attributed to their comfort in leaving the unit. Providing office space and "administrative" time to newly appointed head nurses may not be well utilized unless this component of the job is reinforced as an essential head nurse responsibility. However, providing additional resources on the ward (i.e., staffing) may increase the novice head nurse's comfort level in leaving the nursing unit to attend to other demands of the position.

Results from this study encourage nursing administrators to reassess resources available to their head nurses, and provide those items that would improve the workload of nursing managers and allow them to concentrate on the management aspects of their position.

The results of this study have implications for the selection of head nurses. The study sample provided a list of attributes they considered essential to success in the head nurse role. These included qualities such as interpersonal skills, communication skills (verbal and written), problem solving skills, the ability to make independent decisions, objectivity, the ability to treat employees in a fair and reasonable manner, flexibility and the ability to adapt to change, nursing skills and clinical expertise, self confidence, assertiveness skills, and a sense of humour. Consideration of these attributes in the interview process may assist in the selection and development of new head nurses.

Performance appraisal practices was identified as another current issue facing head nurses. Performance appraisal tools need to reflect the different levels of performance that

exist at the novice and expert stages. Establishing realistic goals and recognizing individual levels of performance is an important recommendation of this study. Initially, task oriented, behavior specific goals may be best suited to newly appointed head nurses. With experience, the focus of individual goals could shift to broader issues such as long term planning for the unit. Maintaining a sense of challenge for experienced head nurses is an important retention strategy.

The need for feedback and "practical" solutions to problems was more of an issue for novice head nurses than experts. Support from supervisors and peers was recognized as an important factor by all the participants. They perceived this as particularly valuable during the initial months in a head nurse position. Regularly scheduled meetings with the Director of Nursing was recommended as a method of ensuring periodic feedback about job performance.

Retention of head nurses is largely dependant upon an understanding of the role, the establishment of realistic expectations, and recognizing the needs of individuals in the position. Participants in this study were asked to identify those aspects of the job that motivated them to remain in the position of head nurse. These factors hint at effective retention strategies for first-line nursing managers.

The ability to make a difference, the opportunity to improve the quality of patient care delivered, facilitating staff development, opportunities to interact with patients and family members, and the challenges of the position were items identified as retention factors among this head nurse group. Concern with job security, salary and vacation benefits was less of an issue for the group, however, they were mentioned as factors worthy of consideration. Recognition of these factors and providing opportunities for head nurses to be involved in these type of activities can only serve to retain qualified individuals in these key management positions.

An important finding of *The Head Nurse Role Questionnaire* was the fact that all but one head nurse indicated that they perceived "no chance" of a promotion within the organization. It would be interesting to find out how many head nurses had left this organization for career opportunities in other institutions or areas of practice. Benner identified that maintaining a

sense of challenge and providing opportunities for career advancement are factors of particular importance to expert nurses. These findings strongly recommend hospital organizations to evaluate current plans for career development within their nursing departments.

Involvement of head nurses in the planning and direction of the nursing department was identified as an important issue, particularly for the expert group. There was a sense that a great deal of time was spent passing information down to the head nurse level about the numerous changes occurring within the hospital organization. The head nurses in this study wanted to be more involved in longterm planning. "Breaking the cycle" of the crisis oriented environment of the hospital was seen as necessary to implementing meaningful changes on the nursing units.

Support for head nurses is an implication of the study. This is particularly relevant to the novice group. Support and realistic expectations from Directors of Nursing, especially during the early months in the position was identified as a strong need by all the study participants. Educating staff and other disciplines about the head nurse role was recommended as a possible strategy to reduce the demands placed upon the head nurse and a means of establishing more realistic expectations of individuals in the position.

The head nurse expends a great deal of energy supporting staff, patients and family members, but is often left with a feeling of "where is my support?". One head nurse commented that the staff like you to pay attention to their individual needs, concerns and problems, however, few take the time or see the need to view you as an individual with specific needs, concerns or problems. Expecting support from staff may not be a realistic expectation. Support from other sources is thus required.

Opportunities to share ideas and experiences with peers was suggested as an intervention feasible to hospital organizations. Those novice head nurses participating in the Nursing Unit Administration (N.U.A.) program at the centre, welcomed the opportunity to discuss management issues with more experienced managers and receive support from their peers. The study participants also requested implementing regularly scheduled meetings chaired by the

head nurse group to attend to their own agenda items. This would provide an opportunity for sharing ideas and recognition of each others achievements.

This study describes the pace and workload of head nurses. The numerous demands and expectations placed upon head nurses necessitates some method of support for individuals in these positions. This intervention can only serve to retain valuable nurse managers.

The need for recognition of head nurses is another administrative implication of the study. The need for increased recognition is not a new theme to the nursing literature. Empowerment of staff nurses and acknowledgement of expert levels of practice at the bedside are issues of great importance to the nursing profession. Recognition of head nurses requires equal attention.

The response to participation in the study was overwhelming. Head nurses expressed how delighted they were that "someone was paying attention to them". They viewed the study as a vehicle to bring forward their concerns, and an opportunity for recognition. Identification of experts through a process of peer review was especially meaningful to those head nurses nominated.

The disparity between responsibility and authority levels was a identified as a source of conflict for most head nurses. Despite efforts on the part of head nurses to plan for their units on a 24 hour basis and availability for consultation during "off" hours, decisions were often changed during shift hours by nursing supervisors. This frequent occurrence was interpreted as a limited recognition of the head nurses efforts, abilities and sense of responsibility to the unit.

Of concern to the researcher was the level of frustration and expressed feelings of lack of recognition among the head nurse group. The one head nurse with the greatest number of peer nominations as a recognized "expert" had actually made a decision during the course of the study to resign from the head nurse position. This expert felt that the demands of the position had not changed over time, and despite recommendations by the head nurse group, interventions had not

been put in place to improve their workload; it had only increased. Lack of recognition was identified as a key factor influencing this individual's decision to resign.

The literature provides limited information about the work activities of novice and expert head nurses. The results of this study indicate that differences do exist between the two groups. Recognition of these differences and implementing strategies to guide practice will facilitate skill acquisition and expert levels of performance among head nurses.

The impact of the head nurse role can not be underestimated. This is perhaps the strongest implication of this study for nursing administrators. A greater understanding of the role can only facilitate skilled performance at this key level of nursing management.

(2) Nursing Education

Educational needs and management preparation of head nurses is a common theme in the literature. The findings from this study reinforce the importance of establishing educational programs to assist head nurses in dealing with the increased administrative responsibilities of the role. Common recommendations for education programs were suggested by the study sample as a group, but the study also identified needs specific to newly appointed managers and to experienced head nurses. Key educational issues included orientation programs, management preparation, ongoing educational needs and mentorship programs for head nurses.

It was clear from responses to *The Head Nurse Role Questionnaire* and concluding remarks in the exit interviews that this head nurse group felt the current orientation program did not meet the needs of newly appointed head nurses. The literature documents the changing role of the head nurse; orientation programs need to reflect these changes.

Focusing upon "practical" guidelines, reviewing tasks of the position (i.e., how to complete the various requisitions, tips on staff scheduling and interpretation of budget reports), clarifying role expectations, identifying priorities of the job, increasing awareness about resources available to the head nurse within the organization and assisting newly

appointed head nurses establish a network of contacts are items that could be included in the orientation package to assist novices during the early months in a head nurse position.

Participants in this study commented upon the limited knowledge they had about the head nurse role prior to assuming the position and all its responsibilities. How can a staff nurse be adequately prepared to deal with the demands of the head nurse position, as documented in this study? It is evident that certain skills and work behaviors are developed over time with experience, but there must be certain interventions that organizations and educational institutions could implement to facilitate a smoother transition from staff nurse to head nurse.

Attributes considered essential to success in the head nurse role included communication, problem solving and assertiveness skills. Developing these skills during basic nursing programs would be of great value to graduate nurses who aspire to be head nurses. The two novice head nurses recognized as "experts" by their peers felt that their previous nursing experience in a variety of clinical, education and management positions facilitated a quicker progression from the novice to expert levels of performance in their current head nurse position. Providing opportunities for staff nurses to explore these various avenues would be helpful in establishing a pool of potential candidates to promote into head nurse positions.

Inclusion of introductory management courses in baccalaureate programs provides an opportunity for nurses to acquire a basic theoretical knowledge of management principles. Even if these nurses do not aspire to be head nurses, this knowledge base is valuable to the organization of their daily work, helping prepare them for charge nurse responsibilities and increasing their understanding of the head nurse role. Perhaps this would lead to more realistic expectations of the head nurse by nursing staff.

The head nurses in this study currently participating in the Nursing Unit Administration course indicated that the "timing" of the course influenced the value of the program to individual participants. The one novice head nurse with eight months experience felt the program was timely to her experience in the position. This individual had been in the job long enough that

day to day tasks were beginning to be mastered and it was time to start sharing ideas with more experienced staff about broader issues on the unit.

The majority of the sample felt that participation in this type of management program prior to assuming a head nurse position may not have been helpful in preparing themselves as managers. The opportunity to reflect upon past experiences and apply management theories and principles to specific situations was considered the most valuable aspect of this program. Given the pace and workload of head nurse positions, little time is available for reflection of events, nor long term planning. The expert head nurse group indicated that this type of management education program not only provided an opportunity for head nurses to reflect upon past performance, but it allowed for a sharing of ideas with others, recognition of "good work" and support from their peers.

The blending of theory and experience is a strategy recognized by Benner(1984) to assist skill acquisition among staff nurses; the same principles appear to apply to head nurses. Further research is required in this area to determine the appropriate timing of management education for novice head nurses.

The need for ongoing education for head nurses is strongly recommended. Time management skills developed early in a head nurse's career can only assist individuals in dealing with a job characterized by brevity, fragmentation, variety and much work at an unrelenting pace. The shift of hospital organizations from centralized to decentralized models of nursing administration have impacted upon the workload of head nurses. Increased administrative responsibilities require increased management skills.

Novice and expert head nurses demonstrated differences in their work activities and behaviors. The progression from task oriented behaviors to more holistic approaches to the job is a factor that needs to be considered in management education programs. Developing programs specific to the needs of managers at various points in their career, can only speed up the learning process. Bombarding novice head nurses with theoretical information serves little purpose when they require practical "how to" suggestions to get through their day. In contrast,

presenting expert head nurses with repeated details about the rules and guidelines of the position may not be as fruitful as providing opportunities for them to share experiences, problem solve dilemmas and concentrate on broader issues affecting their units.

Implementation of a "buddy" or mentor system for newly appointed head nurses is an implication of this study. Benner (1984) reported the success of this intervention with staff nurses in promoting skill acquisition.

The five experts in this study had accumulated a total of 35 years head nurse experience as a group. During the sample selection stage of the study, 21 expert head nurses were nominated by their peers in this particular hospital. These numbers reveal a large number of experienced head nurses that could serve as mentors for novice managers. However, despite this dearth of knowledge available to newly appointed head nurses, there is no structured program in place for fostering mentor relationships within the organization.

Development of mentorship programs and recognizing individual areas of expertise among the head nurse group would provide a cadre of experts available to novice head nurses. One participant suggested that it need not be limited to one expert assigned to one novice head nurse. Instead, the head nurse group should identify those individuals highly skilled in different aspects of the head nurse role and pool this group of experts as a resource for novice head nurses. This resource might lessen the feelings of "muddling about" reported by newly appointed head nurses.

Education needs for nurse managers is a current issue facing nursing administrators. This study reveals that the day to day activities do not vary in number, duration, pace or frequency with experience. Teaching novice head nurses to have a sense of control over unscheduled activities (that are frequently initiated by others), would facilitate transition into higher levels of performance. Reevaluation of current orientation programs are needed to acknowledge the changing role of the head nurse. Providing "practical" suggestions, rules and guidelines to govern behavior would greatly assist novice managers. Education needs for

experienced head nurses need to be assessed; maintaining challenge at this level was reported as an important retention factor.

(3) Nursing Research

A review of the literature reveals few research studies that describe the role of the head nurse. No studies could be found that specifically addressed the work activities and behaviors of novice and expert head nurses. Results from this study have several implications for future research in the area.

The results of this study support previous studies about the head nurse role, as well as identify new findings. Because research in this area is limited, and largely based upon quantitative survey methods, more indepth studies are required to increase our understanding of this complex and changing role. Reevaluation of job description categories is one recommendation of this study.

Results of this study support the concepts of various levels of performance and skill acquisition among head nurses. Applicability of Benner's study findings and the relevance of the Dreyfus model of skill acquisition are important conclusions from this study. Continued research is encouraged, as previous studies in this area could not be found.

Specific to the concepts of novice and expert head nurses is the need for operational definitions of the various levels of skilled performance. Further research is required to identify the time parameters and specific behaviors that separate the novice from the advanced beginner, competent, proficient and expert levels of head nurse performance.

Consistent with Mintzberg's(1980) findings, this study demonstrated that managerial work is characterized by brevity, variety, fragmentation at an unrelenting pace. These factors increase at first-line levels of management, such as in head nurse positions. The study results also reveal that experience and "expert" levels of skill acquisition and performance do not significantly alter the number of demands placed upon head nurses, nor the degree of control over events in their workday. How is it that head nurses survive in this environment over

time, and what factors are put into place by the experts that result in some degree of predictability and control over daily work activities?

Reports of "turning points" in head nurse careers is a curious concept that requires further investigation. It appears as though novice head nurses become consumed with the activities and demands of the position to the point of fatigue. It is at this point that a conscious decision is made to identify the priorities of the position, set limits for others and for themselves, and concentrate on attainable goals. This finding provides a valuable clue about the transition from novice to higher levels of skill acquisition and performance. Helping newly appointed head nurses reach this "turning point" before the two year mark, may reduce the stress and fatigue experienced by newly appointed head nurses.

Replication of the study is recommended in another context with different subjects to determine whether similar patterns of behavior and work activities are evident among novice and expert head nurses in other hospital organizations.

The preparation of head nurses and ongoing educational needs require further study through the research process. Results of this study indicate that educational needs vary with experience and levels of performance. The "timing" of management programs for head nurses was identified as factor influencing the retention of information relevant to the job. Orientation programs for head nurses require further study to determine issues pertinent to newly appointed head nurses.

The transition from staff nurse to head nurse is a common theme in the literature. Stress, role confusion, and workload levels were issues identified by the novice group in this study. Further research is required in this area to identify administrative interventions that would facilitate a smoother transition from expert staff nurse to novice head nurse.

Management preparation courses that have a theoretical focus with limited opportunities for experiential learning may not be the best way to prepare nursing managers. The applicability of Benner's(1984) framework to the head nurse role would support the use of mentors and experiential learning to complement management theory courses. Research in this

area would be valuable to determine the most effective way of educating nurses about management issues.

Selection criteria for head nurse candidates require further study. Results from this study report attributes considered essential to success in the head nurse role. Given the small sample size, this question needs to be addressed by a larger group of head nurses. Preparation and grooming of staff nurses for future head nurse positions would be an interesting area of research; what interventions could organizations put in place to develop a pool of staff nurses with skills essential to the head nurse role?

Stress and job satisfaction is an area of research gaining considerable attention in the nursing literature. The majority of recent studies investigate stress and job satisfaction levels among staff nurses. A few studies have explored these issues for head nurses. Results of this study identify that job satisfaction and stress are also significant issues for head nurses. Research in this area is limited. Further studies would serve as important sources of information about quality of work life issues and recruitment and retention factors influencing the head nurse position.

A review of the strengths and limitations of this study have methodological implications for future research. Modifications made to *The Head Nurse Role Questionnaire* improved the overall clarity of the instrument, but participant responses to certain question items and comments made about the questionnaire reveal the need for further revisions to improve the reliability and validity of the instrument. Administration of *The Head Nurse Role Questionnaire* with a larger sample would lend itself to advanced statistical analysis. Replication of the questionnaire is recommended in different study settings to improve the research quality of the tool.

Reliance upon survey methods alone to collect data about the work activities and behaviors of head nurses may not produce accurate findings. The results of this study revealed a discrepancy between the estimated time and the actual observed time spent in various work activities. This was an important finding in terms of the head nurse's perception of the role,

but it also has relevant methodological implications for future research. Results from previous studies that rely upon survey methods alone to describe the role of the head nurse have obvious limitations.

The richness of the data collected during the qualitative segments of the study demonstrate the value of these methods for nursing research. Given the limited number of nursing administration studies, this type of data collection is seen as an important vehicle for generating knowledge about nursing management practice. Replication of the structured observation and qualitative interview methods would strengthen the generalizability of results. The use of methodological triangulation in this study proved to be a definite strength in the research design. Future studies with this type of methodology are strongly recommended.

Summary

The head nurse plays a key role in hospital organizations. Previous studies recognize the impact of the head nurse upon staff development, job satisfaction of staff nurses and the delivery of patient care. Increased attention towards the education and selection of first-line managers has occurred in response to the changing nature of the head nurse role.

This study explores the work activities and behaviors of novice and expert head nurses. Results of the study indicate that differences do exist between these two groups, which has implications for nursing education, practice and research.

The descriptive nature of this study is well suited to the research questions under investigation. Research findings provide an indepth description of the head nurse role, the perceptions of individuals occupying this role, observed work activities and behaviors, and differences that exist between newly appointed head nurses and experienced first line managers.

A review of the literature reveals a limited number of research studies that examine the role of the head nurse. Despite research design limitations, conclusions and recommendations from this study can only add to our limited knowledge in this area. In light of the growing complexity and significance of the head nurse role, a greater understanding of the position

through the research process can only facilitate effective management practices and delivery of quality patient care.

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APPENDIX A

Letter Requesting Access as a Nurse Researcher to Study Setting

Dear _____;

Re: Request for Nurse Research Access

As you are aware, I will be conducting a research project to fulfill the thesis requirements for the Masters of Nursing program at the University of Manitoba. The proposed title of my thesis is *The Work Activities and Behaviors of Novice and Expert Head Nurses*. This study will involve a thirty minute questionnaire, direct observation and interview of ten head nurse participants. I would like to request access to conduct my research study at the (study setting). As a former employee, I am familiar with the institution, and am confident that collection of data at (study setting) will provide valuable findings for this particular study.

The thesis proposal has been approved by the members of my thesis committee. As you are aware, the committee members include Dr. Erna Schilder, Chair and Dr. Joan Jenkins from the School of Nursing, and Dr. Roger Hall from the Faculty of Management as the external member.

Ethical and scientific approval to conduct this study is being sought from the University of Manitoba Nursing Ethics Committee, who will review my proposal on April 2, 1990. Following approval from the Ethics Committee, I would like to commence data collection as soon as I receive approval for access to the (study setting).

This study only involves nursing administration participants; patients, other staff members, and other departments within the Centre are not involved in data collection. Thus, approval from the Nursing Department is the main concern in granting access for this research process. I have made an appointment to meet with the Vice-President of Nursing to discuss the study in further detail. Attached are five copies of my research proposal as requested, for review and circulation.

If you would like to speak with me concerning my application, I can be contacted at (telephone number). Dr. Erna Schilder can be reached at the University of Manitoba School of Nursing at 474-9664. If you have any questions or concerns, please do not hesitate to contact myself or Dr. Schilder.

Thank you for your consideration of this matter. I look forward to your reply.

Sincerely,
Kathleen Dunn

APPENDIX B

Letter of Initial Contact

Dear _____,

I am writing to request your participation in a study of the work activities of new and experienced head nurses at (study setting).

This project has been approved by the Ethical Review Committee of the School of Nursing at the University of Manitoba. The study is the focus of my thesis, required to complete my Masters in Nursing at the University of Manitoba.

To obtain the data necessary for this study, ten head nurses will be asked to complete a questionnaire, and be observed for a period of two days. Your participation in this study would mean that I would be your "shadow" and record your activities as they occur. The observation would be as unobtrusive as possible, and ideally not effect the normal course of your work. Collection of data will take place during the months of April, May and June 1990. Your decision to participate or not to participate in this study will in no way affect your employment status, nor future evaluations.

In requesting your participation, I realize that there may be situations in which you prefer my absence (e.g. during a performance appraisal), in which case I would withdraw from observation upon your request.

The information recorded will be used for the purpose of my thesis. I would like to assure you that your identity would not be discussed or revealed to anyone, or reported in my thesis or future publications. The data collected during my observations will be descriptive in nature (e.g. meetings, desk work, patient rounds etc.). The information will NOT include detailed descriptions of work content, managerial style, nor an evaluation of your work performance.

If you are willing to participate, please send the enclosed form to the Director of Nursing Research (address and telephone number). As an unbiased third party, the D.O.N. will protect the confidentiality of your decision to participate or not, and will ensure a random sample of participants.

If you have any concerns or question, please do not hesitate to contact me. I thank you for your consideration of this matter. If willing to participate, please submit the attached form by April 23, 1990.

Sincerely,
Kathleen Dunn R.N.

APPENDIX C

Participation Form - Selection of New and Experienced Head Nurses

If willing to participate in this study of new (novice) and experienced (expert) head nurses, please indicate your:

NAME: _____

UNIT: _____

Number of years experience as a Head Nurse: ___ years ___ months

For the purpose of this study, "novice" head nurse will be considered those Registered Nurses in a first time Head Nurse position with less than two years experience.

Do you meet these criteria? ___yes ___no

For the purposes of this study, "expert" head nurses will be those Registered Nurses in a Head Nurse position with three to ten years experience, who are recognized as experts by their peers.

Of all the head nurses you work with, who would you consider an 'expert' in the position? Your recommendations are confidential, and you can list as many names as you like.

Name: _____ Unit: _____

Name: _____ Unit: _____

Name: _____ Unit: _____

Names submitted will be categorized according to 'novice' and 'expert' Head Nurses. Five names will be randomly selected from each category (i.e., a total of ten Head Nurses). If your name is selected, you will be contacted by telephone by myself to arrange for a time to get together.

I thank you for your assistance in this matter. I assure you that your responses are confidential, and these forms will be destroyed upon selection of the research sample.

APPENDIX D

Informed Consent to Participate

I, _____, freely agree to participate in the study of work activities and behaviors of novice and expert head nurses conducted by Kathleen Dunn, a Masters student in the Masters of Nursing program at the University of Manitoba. I was selected for this study from a list of head nurses who met the criteria of "novice" and "expert" head nurses.

I understand that as a participant in the study, I will be asked to complete a thirty minute questionnaire entitled The Head Nurse Role Questionnaire. I also understand that I will be allowing the researcher, Kathy Dunn, to observe my work activities for a projected time period of two days. The information obtained by the researcher will only be used for the purpose of her research, and will not include details of my work, managerial style, nor an evaluation of my work performance. I understand that at the completion of the observation experience, I will be asked to participate in a short interview to determine the "representativeness" of the observation experience to my normal work situation.

I understand that my name and the name of the nursing unit on which I work will be kept strictly confidential; neither my identity or the unit on which I work will be discussed with anyone, reported in the study, revealed in any data collected, nor contained in future publications resulting from the study. There will be no monetary compensation for participating in this study, nor shall I incur any expenses. Apart from the time required to complete the questionnaire, and participate in the interview, I do not anticipate any inconvenience or disruption to my normal work activities. I will receive a copy of this informed consent, and upon my request, a summary of the study results.

Through this study, the researcher will gain an understanding of the head nurse role, and the differences that exist between new and experienced head nurses. This understanding will be helpful in evaluating current selection policies, education programs, and support for new and experienced head nurses.

I understand that I have the right to request that the researcher withdraw from observing certain situations, and that I can withdraw from the study at any time.

If I have any questions or concerns about the research study, I am free to contact the nurse researcher or the research study sponsor at the following numbers

Nurse Researcher: Kathy Dunn, (address, telephone number)

Thesis Sponsor: Dr. Erna Schilder, (address, telephone number)

Signature of Researcher

Signature of Respondent

Date

APPENDIX E

Preliminary Interview

The purpose and methods of the study will be explained to the participant during this initial meeting.

1. Do you have any questions or concerns regarding the purpose of this research study?
2. Do you have any questions or concerns regarding the methods used to collect data in this study?
3. Can you tell me a little bit about the organizational structure of your unit?

4. Is there anything about your nursing unit that distinguishes it from other nursing units in the hospital?

5. Is there anything about your unit that makes your position as a Head Nurse different from other Head Nurse positions in the hospital?

6. A time for the observation experience will be established.

Guidelines for completing The Head Nurse Role Questionnaire will be provided.

APPENDIX F

Letter of Confirmation

Name
Address

Dear (name),

Thank you for agreeing to participate in my research study on the work activities of novice and expert head nurses.

As we discussed during our preliminary meeting, I am writing to confirm that the dates for observation are (dates). I will plan to meet you on the unit at (time) hours on the first day. I would like to remind you to have your copy of *The Head Nurse Role Questionnaire* completed prior to the observation experience.

I want to thank you again for your willingness to participate in this study. If you have any questions or concerns prior to our next meeting, please feel free to contact me at (telephone number). I look forward to seeing you on (date).

Sincerely,

Kathleen Dunn R.N.
Masters of Nursing Student
University of Manitoba

APPENDIX G

Guidelines For Completing The Head Nurse Role Questionnaire

Dear Participant,

As you are aware, I am conducting a research study as part of the requirements for my Masters Degree in Nursing at the University of Manitoba. The purpose of the study is to explore the role of 'novice' and 'expert' Head Nurses.

As part of this research study, I would like you to complete the attached Head Nurse Role Questionnaire. Please do NOT indicate your name nor your nursing unit anywhere on this questionnaire. All responses to the questions will remain anonymous.

The questionnaire consists of questions related to your role as a Head Nurse and demographic information about your experience and your nursing unit. Completing this questionnaire takes about thirty minutes. Please select the response that best describes your current situation.

You are requested to complete the questionnaire PRIOR to the observation phase of this study. Upon completion, please place the questionnaire in the self addressed envelope, and seal the envelope. The envelope will be opened and recorded only by the researcher.

Please answer the questions truthfully. Confidentiality will be maintained. No identification of this hospital will be made in future presentations or publications of results.

Thank you in advance for your interest in completing this questionnaire about your role as a Head Nurse.

APPENDIX H

THE HEAD NURSE ROLE QUESTIONNAIRE

SECTION I

Directions: Listed below are activities in categories that are commonly performed by Head Nurses. Please indicate the hours per week you normally spend performing each type of activity during the past three months. For the purpose of this questionnaire, answers will be based on a 40 hour work week. For example, if you spend on average 8 hours per week performing a certain activity, this would be indicated by "8" hrs/wk. If you did not perform an activity, this would be indicated by "0" hrs/wk. All activities (#1 through #10) should total 40 hours.

TYPES OF ACTIVITIES	NUMBER OF HOURS SPENT PER WEEK
1. Orientation / Staff Development.	_____hrs/wk
2. Formulating / Interpreting Nursing policies, goals and objectives.	_____hrs/wk
3. Delegating / Evaluating patient assignments and unit activities.	_____hrs/wk
4. Staff Scheduling.	_____hrs/wk
5. Quality Assurance of unit activities including documentation.	_____hrs/wk
6. Employee evaluation / counseling.	_____hrs/wk
7. Direct patient care and family interaction.	_____hrs/wk
8. Budgeting (supplies, equipment, overtime).	_____hrs/wk
9. Physician / Interdepartmental collaboration.	_____hrs/wk
10. Other: (please specify).	_____hrs/wk
_____ Total = 40 hours/wk	

SECTION II

Directions: The following questions ask you to circle one of several numbers that appear on a scale below the item. Corresponding with each number on a scale is a brief description of what the scale represents. Please circle the one number that most accurately reflects your answer to each question.

1. To what extent do you perform the SAME tasks from day to day?

Almost all of my tasks are the same	About 25% of my tasks are different	About 50% of my tasks are different	About 75% of my tasks are different	Almost all of my tasks are different
1	2	3	4	5

2. How easy is it for you to know whether you do your work correctly?

Very easy	Somewhat easy	Neutral	Somewhat difficult	Very difficult
1	2	3	4	5

3. During the normal week, how often do exceptions arise in your work which require substantially different methods or procedures?

Never	Rarely	Occasionally	Often	Constantly
1	2	3	4	5

4. In the past three months, how often did difficult problems arise in your work for which there were no apparent or immediate solutions?

Never	About once a week	About 2-4 times a week	About once a day	Several times a day
1	2	3	4	5

5. About how much time did you spend solving these work problems?

less than 1 hour/wk	1-4 hrs/wk	1 hr/day	2-3 hrs/day	4 hrs/day or more
1	2	3	4	5

6. During the past three months, how often did you receive suggestions or feedback from your staff on your work?

Not once	About once a month	About once a week	About every day or so	Several times a day
1	2	3	4	5

7. How many hours per week on or off the job do you spend in some kind of reading / training to keep current in the skills and knowledge required for your job?

less than 1 hr/wk	about 1-3 hrs/wk	about 4-6 hrs/wk	about 7-9 hrs/wk	10 hrs/wk or more
1	2	3	4	5

8. When you began this job, how long a period of training and orientation did you receive that was DIRECTLY related to your tasks in this job?

1-3 days	4-7 days	8-14 days	15-21 days	more than 21 days
1	2	3	4	5

9. How many written rules and procedures exist for doing your job tasks?

None	less than 10	11 - 20	21 - 30	more than 30
1	2	3	4	5

10. How precisely do these rules and procedures specify how your major tasks are to be done?

very general	somewhat general	neutral	somewhat specific	very specific
1	2	3	4	5

11. How would you rate your workload during the last three months?

very light	light	moderate	heavy	very heavy
1	2	3	4	5

12. How far in ADVANCE do you generally know how much work will be required of you?

about one hour or less in advance about a day about 3-5 days about a week more than a week in advance

1 2 3 4 5

13. During the past three months, how much control did you have in setting the pace of your work?

no control very little adequate of control a great deal of control complete control

1 2 3 4 5

14. When considering the various situations that arise in the performing of your work, what percentage of the time do you have written or unwritten procedures for dealing with them?

0-20% 21-40% 41-60% 61-80% 81-100%

1 2 3 4 5

15. Listed below are four common decisions about your work. How much authority do you have in making each of the following decisions about your work:

None Amount of Authority
25% 50% 75% 100%

- | | | | | | |
|---|---|---|---|---|---|
| a. Determining what tasks I will perform from day to day. | 1 | 2 | 3 | 4 | 5 |
| b. Setting quotas on how much work I have to complete. | 1 | 2 | 3 | 4 | 5 |
| c. Establishing rules and procedures about how my work is to be done. | 1 | 2 | 3 | 4 | 5 |
| d. Determining how work exceptions are to be handled. | 1 | 2 | 3 | 4 | 5 |

16. Do you feel personally accountable to your supervisor for the work decisions you make in your job?

Not at all time	25% of the time	50% of the time	75% of the time	100% of the time
1	2	3	4	5

17. How clearly do you know what level of performance is expected from you (in terms of amount, quality & timeliness of output)?

very unclear	Somewhat unclear	neutral	somewhat clear	very clear
1	2	3	4	5

18. To what degree have these performance standards, on which your job is evaluated, been discussed with you by your supervisor?

1. My supervisor never discussed them with me.
2. My supervisor only mentioned them to me generally and never did clarify them.
3. My supervisor discussed them with me quite specifically and clearly.
4. My supervisor discussed them with me in a very detailed way.
5. My supervisor discussed them with me until all my questions were answered.

19. How hard is it for you to attain the level of performance that is expected of you?

Very easy to attain	somewhat easy	neutral	somewhat hard	very hard to attain
1	2	3	4	5

20. During the past year, how often did your immediate supervisor discuss your work performance with you?

not even once a year	once a year	twice a year	3-4 times a year	more than 4 times a year
1	2	3	4	5

21. To what extent do you believe that the performance standards upon which your work is evaluated are fair?

Standards are very fair	somewhat fair	neutral	somewhat unfair	Standards are very unfair
1	2	3	4	5

22. When your work performance was discussed with you, how often did you receive practical suggestions related to your work?

Never	About 25% of the time	About 50% of the time	About 75% of the time	100% of the time
1	2	3	4	5

23. If you attain the level of performance that is expected of you, how likely is it that the following will happen?

	No chance	25% chance	50% chance	75% chance	100% chance
a. You will be recognized for your good work by your STAFF.	1	2	3	4	5
b. You will be recognized for your good work by your SUPERVISOR.	1	2	3	4	5
c. You will be recognized for your good work by your PEERS and colleagues.	1	2	3	4	5
d. You will be given a promotion in the organization.	1	2	3	4	5

24. If you do not attain the level of performance that is expected of you, how likely is it that you will be reprimanded or told to improve?

No chance	25% chance	50% chance	75% chance	100% chance
1	2	3	4	5

SECTION III

Directions: Please answer the following questions about yourself and the nursing unit that you supervise. Your answers are strictly confidential and are helpful for statistical analysis of the questionnaire results.

25. How long have you worked as a Head Nurse for this organization?

less than 6 months	6 months to 2 years	3 to 5 years	6 to 10 years	more than 10 years
1	2	3	4	5

26. How many years of clinical experience did you acquire as a General Duty Staff Nurse, before assuming the position of Head Nurse?

less than 6 months	6 months to 2 years	3 to 5 years	6 to 10 years	more than 10 years
1	2	3	4	5

27. Please indicate the number of employees that you supervise in all the categories that apply:

RN ____ LPN ____ Nursing ____ Unit Clerk ____ Other ____
Assistant (Specify)

28. What number of your staff are in part-time and full-time positions?

Part-time ____ Fulltime ____

29. Please indicate the type of nursing unit specialty that you supervise:
(for example OB-GYN, MEDICINE, SURGERY etc.)

30. Please indicate the number of patient beds on your unit:

____beds.

31. Please indicate the total number of hours per week you normally worked during the past three months?

_____ hours per week.

32. What is the highest educational degree you have obtained?

Diploma	Bachelors Degree in Nursing	Masters Degree in Nursing	Other Please specify _____
1	2	3	4

33. Gender: Female Male

 1 2

34. How old were you on your last birthday?

_____ years old.

SECTION IV

Directions: In this final section, there are several questions about your perceptions of the head nurse role, and your experience in the position. Please use the space provided to answer these questions.

35. What three attributes do you consider essential for success in the Head Nurse role?

1. _____
2. _____
3. _____

36. What three interventions could your organization implement to assist you in maximizing the role of the Head Nurse?

1. _____
2. _____
3. _____

37. What single aspect of your job did you find most difficult about the Head Nurse role when you first took this position?

38. What single aspect of the Head Nurse role has become easier for you over time as you have gained experience in this position?

39. What is the single most important factor that motivates you to remain in the position of Head Nurse?

Thank you for taking the time to complete this questionnaire.
Please check to see that all questions are answered prior to returning the questionnaire.
If you have any further comments, please use the space below.

APPENDIX I

Question Content of The Head Nurse Role Questionnaire

Research Construct	Operational Definition	Question Number and Content
Job Variability	Refers to the number of different tasks performed in the head nurse role	SECTION I
		<ol style="list-style-type: none"> 1. Orientation; staff development 2. Formulating, interpretation of policies, goals, objectives 3. Delegation, evaluation of patient assignments, unit activities 4. Staff scheduling 5. Employee evaluation, counseling 6. Quality assurance 7. Direct patient care; family interaction 8. Budgeting 9. Physician / interdepartmental collaboration 10. Other (identified by participant)
Job Expertise	Reflected in formal education, inservice participation and job related reading	SECTION II
		<ol style="list-style-type: none"> 1. Performance of same tasks 3. Exceptions in work 4. Problems arising 5. Time problems
Job Expertise		<ol style="list-style-type: none"> 7. Time spent keeping current in job 8. Job training; orientation Demographic Questions: 25, 26 & 32
Job Definition	Includes degree to which a job description delineates roles and tasks, including the degree to which roles and procedures are defined	<ol style="list-style-type: none"> 9. Written rules, procedures to do job 10. Precision of rules to tasks 14. Written, unwritten procedures for specific situations 17. Clarity of job description
Job Capacity	Degree to which the Head Nurse perceives the elements of authority, task pressure and accountability in the role	<ol style="list-style-type: none"> 11. Rated workload 12. Advance notice of required work 13. Control over work 15. Authority of work decisions 16. Accountability felt 19. Difficulty attaining level of performance

Job Incentives	Amount of feedback noted by observation of the work itself, supervisors and staff members; perceptions held regarding job sanctions and rewards	<ul style="list-style-type: none"> 2. Knowledge if work is done correctly 6. Staff feedback 18. Supervisor discussion of job 20. Supervisor discussion of performance 21. Fairness of performance standards 22. Practical suggestions for work 23. Recognition for work, promotion 24. Reprimand
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SECTION III
Demographics

- 33. Gender
 - 34. Age
 - 32. Educational degree
 - 25. Head nurse experience
 - 26. Clinical nursing experience
 - 27. Categories of employees
 - 28. Full-time / part-time staff ratios
 - 29. Unit specialty
 - 30. Number of patient beds
 - 31. Average hours per week of work
-

SECTION IV
Open Ended Questions

- 35. Successful HN attributes
 - 36. Organization assistance
 - 37. Initial difficult aspects of role
 - 38. Role of experience in job difficulty
 - 39. Rewards; motivation
-

The Head Nurse Role Questionnaire has been adapted (with permission) from :

Miller, M. & Heine, C. (1988). The Complex Role of the Head Nurse. Nursing Management, 19 (6), 58-64.

APPENDIX J

Observation Record

Manager Code ____

Date _____

Time	Duration (min)	Activity	Activity Type	Scheduled Yes/No	Participants	Initiator Self/Others	Comments/Code
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APPENDIX K

Data AnalysisActivity Type - Definition of Terms

- 1) Scheduled Meetings - prearranged meetings between head nurse and others that were scheduled at least 30 minutes prior to their occurrence.
- 2) Unscheduled Meetings - any verbal interaction between the head nurse and others that took place by chance, on the spur of the moment, or occurred with less than 30 minutes notice.
- 3) Desk Work - time spent in the head nurses' office or unit desk processing orders, mail, writing letters or reports, and reflecting on events.
- 4) Telephone Calls - incoming and outgoing telephone calls.
- 5) Tours - informal stroll through the nursing unit to observe activity without prearrangement.
- 6) Other - any activity that does not readily "fit" into one of the other five defined categories.

- Categories adapted from Mintzberg (1973) and Raber (1988).

APPENDIX L

Exit Interview

1. To what extent do you think this two day period has been typical of your usual activities? Has anything unusual occurred?
2. Were there any activities that I did not observe, that you are normally involved in in your role as Head Nurse?
3. As you know, I will be observing Head Nurses on other units. Can you think of any unique features specific to your unit that might affect your work as a Head Nurse?
4. Do you find that there is seasonal variation to your workload, or the type of work you do as a Head Nurse?
5. Do you spend time doing work related activities outside of normal working hours? (If Yes) How much time do you spend on work related activities outside of normal working hours?
6. How disruptive did you find my presence as an observer in terms of your ability to accomplish your regular work?
How long was it before you felt reasonably comfortable or settled with my presence?
7. How do you think my presence has affected the work of others on your unit? (e.g. staff nurses, other health care workers, patients)
8. How many days do you think I would have to observe to have a good picture of the work of a Head Nurse?
9. Is there anything you would like to add about your role as a Head Nurse, that you do not feel the study has asked, or captured in the observation experience?
10. If I think of other questions I would like to ask you about the observation experience, is it okay to telephone you at a later date?
If you have any further questions, concerns or comments please contact me at _____