THE WORK ACTIVITIES AND BEHAVIORS OF FIRST-LINE NURSING MANAGERS: A DESCRIPTIVE STUDY

by

Wendy Joy Raber

A thesis submitted to the Faculty of Graduate Studies
in partial fulfillment of the requirements for the degree of
Master of Nursing

The University of Manitoba
School of Nursing
Winnipeg, Manitoba
Canada

March, 1988

Permission has been granted to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film.

L'autorisation a été accordée à la Bibliothèque nationale du Canada de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

The author (copyright owner) has reserved other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without his/her written permission.

L'auteur (titulaire du droit d'auteur) se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation écrite.

ISBN 0-315-44174-7

THE WORK ACTIVITIES AND BEHAVIORS OF FIRST-LINE NURSING MANAGERS:

A DESCRIPTIVE STUDY

BY

WENDY JOY RABER

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

© 1988

Permission has been granted to the LIBRARY OF THE UNIVERSITY OF MANITOBA to lend or sell copies of this thesis. to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film, and UNIVERSITY MICROFILMS to publish an abstract of this thesis.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

ABSTRACT

The purpose of this study was to describe the work of first-line nursing managers in one large teaching hospital. This description provides insights into the nature of first-line nursing managers' work activities, the behaviors underlying those activities and how this compares to the work of other types of managers.

The conceptual framework used in this study was based on Mintzberg's theory of the nature of managerial work. Mintzberg's theory postulates that the work of all managers is characteristically similar and is composed of ten work roles.

The research design was that of a structured observational field study. Four first-line nursing managers were observed for a total of twelve days. The observations were categorized according to types of activities, activity participants and purposes or behaviors underlying each activity. A composite description of the work of first-line nursing managers was developed and compared to the descriptions of other types of managers.

The small sample size and qualitative nature of the data limit the generalizability of the study. However, the in-depth nature of the data and the use of composite descriptions provide some insight into the work of first-line nursing managers at large.

This study concluded that the nature of first-line nursing managers' work includes: activities of short duration; a chain of interruptions; joint activities, primarily with staff nurses and doctors in the context of brief unscheduled meetings; verbal communications; activities oriented toward informational and coordinating behaviors; a focus on day to day functioning rather than future planning; functions as an intermediary between the nursing unit and the organization; a preference to the more routine aspects of their work; and an application of clinical knowledge and skills.

The study identified both similarities and differences between the work of first-line nursing, chief executives in large companies, managers of small companies and community health nursing managers. Four new behavioral categories emerged that were unique to clinical component of first-line nursing managers' work.

ACKNOWLEDGEMENTS

A great deal of appreciation goes to my husband Steven Raber, for his unswerving encouragement and love throughout the course of this study.

I wish to thank the chairperson of my committee, Dr. Jenniece Larsen for her interest and guidance. Credit is also due to the other members of my committee, Dr. Alice Jope and Dr. Roger Hall for their assistance and support.

I am grateful to Bernard Raber for his translation of foreign articles for the purposes of this study.

Finally, I would like to express my gratitude to the subjects of this study for making this study possible.

TABLE OF CONTENTS

CHAPTER PAGE

1. OVERVIEW OF THE STUDY

Background to the Problem 1

Purpose of the Study 3

Significance of the Study 3

Statement of the Problem 4

Conceptual Framework 4

The Research Questions 10

Assumptions, Delimitations, and Limitations ... 11

Definitions of Terms 13

Research Methodology 13

Organization of the Thesis 14

2. REVIEW OF THE LITERATURE

The Work of First-line Nursing Managers 15

Roles and Responsibilities of First-line Nursing Managers 15

Roles 16

Responsibilities 20

The Actual Work of First-line Nursing Managers 23

Business Management Literature Related to Managerial Work Content 27

Methodologically Similar Studies in Nursing 33

Summary 35

3. RESEARCH METHODOLOGY AND PROCEDURES

Design of the Study 37

Subjects of the Study 38

Data Collection: Types of Data 39

Pilot Study 41

Procedures 42

Ethical Considerations 43

Data Analysis: Coding of the Data 44

Analysis Process 45

Establishing Trustworthiness 47

4. FINDINGS AND DISCUSSION

Introduction 51

The Organizational Setting 52

Overview of the Four First-line Nursing Managers And Their Units 54

Manager A 54

Manager B 56

Manager C 58

Manager D 60

Results and Analysis of the Work of Four First-line Nursing Managers 64

Work Time Analyzed by Types of Activities 66

Activity Participants 78

Activity Behaviors 86

A Comparison with other Studies in the Literature 95

Work Activities 96

Activity Participants 100

Activity Behaviors 103

Summary of Comparative Analysis 108

Addressing the Research Questions 109

Summary 112

5. CONCLUSIONS AND RECOMMENDATIONS

Summary 113

Conclusions 116

Comparisons with Mintzberg's Theory 119

Implications 121

Theoretical 121

Clinical 122

Methodological 123

Recommendations 124

Nursing Education 124

Practice 125

Research 125

BIBLIOGRAPHY 127

APPENDIX A: LETTER OF INITIAL CONTACT 133

APPENDIX B: OBSERVATIONAL RECORD 134

APPENDIX C: TELEPHONE LOG 135

APPENDIX D: MAIL LOG 136

APPENDIX E: INTERVIEW QUESTIONS 137

APPENDIX F: TELEPHONE FOLLOW-UP 138

APPENDIX G: CONSENT FORM 139

APPENDIX H: LETTER OF CONFIRMATION 140

LIST OF TABLES

Table	Description	Page
1	Average Length of Work Days for Four First-line Nursing Managers	65
2	Summary of First-line Nursing Managers' Types of Activities	67
3	Summary of the Aggregates for All Four First-line Nursing Managers by Activity Type	71
4	Summary of the Mail	73
5	Average Duration of Activities by Percentage of Total Activities	78
6	Summary of Fist-line Nursing Managers' Activity Participants	80
7	Mail by Correspondent/Participant	84
8	Telephone Calls by Participants	85
9	Percentage of Time Occupied by Each Behavior	89
10	Selected Comparisons of Activities Among Different Types of Managers	97
11	Selected Comparisons of Activity Participants of Different Managers by Proportions of Time	101
12	Selected Comparisons of Major Categories of Behaviors by Proportion of Time	105

LIST OF FIGURES

Figure	Description	Page
1	The Manager's Roles	7
2	Nursing Division Organizational Chart	53
3a	A Summary of First-line Nursing Managers' Types of Activities	68
3b	The Mean of First-line Nursing Managers' Types of Activities	69
4a	A Summary of First-line Nursing Manager Activity Participants	81
4b	The Mean of First-line Nursing Manager Joint Activities by Participants	82
5a	Percentage of Time Occupied by Each Behavior of First-line Nursing Managers	90
5b	The Mean of the Time First-line Nursing Managers are Occupied by Each Behavior	91
6	Selected Comparisons of Activities Among Different Types of Managers	98

CHAPTER I
OVERVIEW OF THE STUDY

Background to the Problem

The first-line nursing manager is crucial to all aspects of patient care (Beaman, 1986; Taylor & Kramer, 1985). This level of nursing management has both a positive and negative impact on nursing practice and may be influential in determining whether a hospital's objectives become a reality (Rotkovitch, 1983; Stevens, 1978). In a joint position statement on nursing administration, five national health related associations acknowledge the role of the nurse manager in administering one of the largest groups of health care personnel (Canadian Association of University Schools of Nursing et al. 1986, p. 1). The first-line nursing manager provides overall continuity in linking patients, staff nurses, physicians, hospital administrators, with each other, the institution and the community (Bergman, Stockler, Shavit, Sharon, Feinberg, and Danon 1981, p. 133).

With the advent of increasingly complex health care and the trend toward decentralization, the role of the first-line nursing manager is undergoing constant change (Powers, 1984; Bergman et. al., 1981; Taylor & Kramer, 1985). In order to understand these changes new information is required upon which to ground educational preparation,

as well as to select and evaluate first-line nursing managers. Additionally, an understanding of the work of first-line nursing managers is necessary in realizing their contributions to patient care.

To date, the role preparation for first-line nursing managers, in terms of education, has been described as both inconsistent and inadequate (Leatt, 1981; Bergman et. al., 1981). Prior to the development of educational programs aimed at preparing potential and new first-line nursing managers, the specific nature of what they do must be understood as a basis for curriculum content (Leatt, 1981).

While numerous studies have examined the roles and responsibilities of first-line nursing managers, there has been limited research into the specific nature of their work in terms of observable behaviors (Jones & Jones, 1979). The research which does explore work behaviors has rapidly become outdated as the nature of first-line managerial work evolves. Additionally, these studies are limited in their generalizability, due to the diversity of first-line nursing managers' roles and responsibilities found in various institutions. The roles and behaviors of nursing managers are influenced by each hospital's unique philosophy and structure (Rotkovitch, 1983). Therefore, each nursing organization must analyze its own situation in order to provide the best leadership for that institution (Golightly, 1983; Lees, 1980).

Purpose of the Study

The purpose of this study was to describe the work behaviors of first-line nursing managers in a large teaching hospital. The description is aimed at providing a profile of what first-line nursing managers actually do in carrying out their work responsibilities and the reasons for their activities, in the context of one large teaching hospital.

Significance of the Study

The central question raised in this study, that of first-line nursing managers' work behaviors within the conceptual framework of Mintzberg's theory of the nature of managerial work, has been addressed in different nursing contexts by Jones and Jones (1979), and Morrison (1983). Therefore, part of the theoretical contribution of this study includes consideration of the similarities and differences in the work activities and behaviors of first-line nursing managers in three different health care settings: 1) a large teaching hospital (this study); 2) a small specialized hospital (Jones and Jones, 1979); and a community health department in Alberta (Morrison, 1983).

The potential practice significance for this study's findings are threefold:

1) improved information on which to base curriculum content, educational programs and in service training for first-line nursing managers;

2) enhancement of pre-employment selection process through providing a clearer under standing of the first-line nursing managers work to both employers and potential candidates; and

3) increased understanding by hospital staff of how first-line nursing managers spend their time, may result in an improved organizational climate.

Statement of the Problem

The problem addressed in this study was to describe, within the framework of Mintzberg's theory of the nature of managerial work, the work activities and behaviors of a selected sample of first-line nursing managers working in one large teaching hospital.

Conceptual Framework

The conceptual framework for this study was based on Mintzberg's (1973) theory of the nature of managerial work. Mintzberg's theory stems from his study of five senior level executives, as well as the research of others in the area of middle and first-line managers. Central to Mintzberg's theory are his ten conclusions about managerial work as follows:

1) all levels of managers' jobs are remarkably a like and can be described in terms of six sets of work characteristics and ten basic roles;

2) the differences that do exist are due to muted or highlighted aspects of the work characteristics or special attention on certain roles;

3) while much of managerial work is challenging and non-programmed, all managers have some regular

ordinary duties to perform, and though some activities appear removed they almost all relate back to the roles of the manager;

4) the manager is both a generalist and a specialist;

5) much of the manager's power stems from his information base;

6) due to the heavy work load and open-ended nature of the work the manager does much of his work superficially;

7) there is no science of managerial work;

8) the manager works in a loop in which the work pressures lead him to develop work characteristics that make it difficult to get help from management scientists to assist in reducing the superficiality in his work;

9) the management scientist and the specialist can be of use in breaking the manager's work cycle; and

10) managerial work is extremely complex.
(1980, pp. 4-5)

Mintzberg stresses the commonalities of managerial work at all levels which are characterized by:

1) a heavy workload at an unrelenting pace;

2) work activities that are characterized by brevity, variety, and fragmentation;

3) a preference for the active (i.e., current, well defined, non-routine, and specific) elements of work;

4) an attraction to verbal media, with the greatest portion of the manager's time being spent on the telephone and in meetings;

5) a variety of contacts (subordinates, outsiders and superiors) spending the majority of their time with subordinates and outsiders; and

6) an interplay between the responsibility for an area with other organizational duties.

(Mintzberg 1980, pp 29-53).

Mintzberg (1980, pp. 54-99) theorizes that managerial work consists of ten identifiable roles which are categorized into three clusters of roles. These roles have been interpreted and illustrated by the researcher in Figure 1, and are as follows:

1) Interpersonal roles - focus on relationships in the context of positional authority, and include:

a) Figurehead roles refer to those behaviors, of a social or legal nature, which the manager is obliged to perform. Examples of this includes attending ceremonies, and the submission of authorization forms.

b) Leader roles include any activity which is geared toward the motivation and activation of subordinates. This includes virtually all interactions with subordinates, such as, role modeling, performance evaluations, staffing and recruiting.

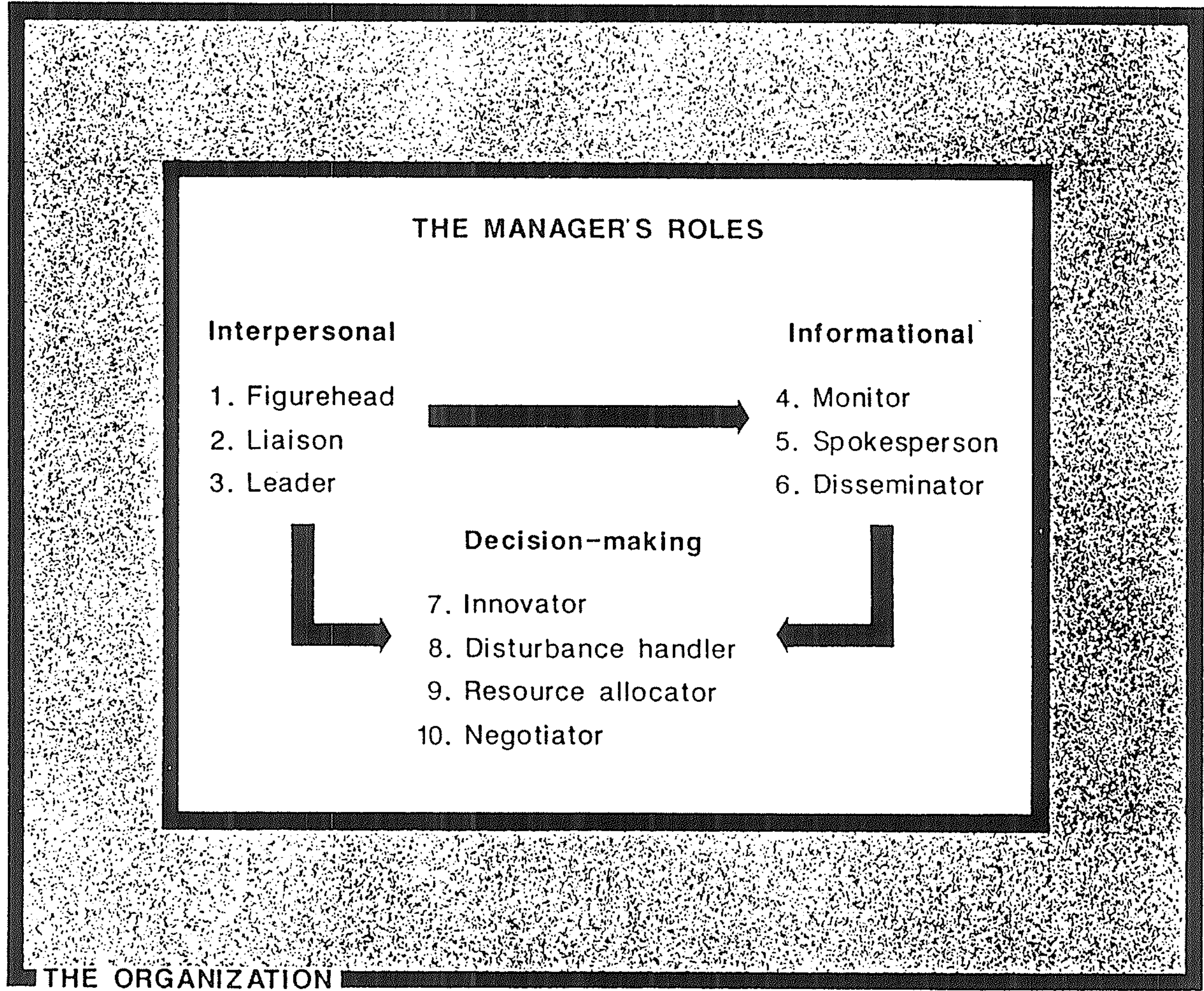


Figure 1. The Manager's Roles

c) Liaison roles pertains to those behaviors which act to maintain a self-developed network of contacts and information sources outside of the manager's unit, both within the organization as well as persons outside the organization. This includes such activities as acknowledgements of mail, and committee work.

2) Informational roles - pertain to activities which deal with information processing, and is subdivided into:

a) Monitor roles refer to the activities in which the manager develops an understanding of the environment, both internal and external, through the seeking and receipt of current information. The information and understanding obtained in this role provides the basis for the manager to emerge as the organizational "nerve centre" for her/his unit.

b) Disseminator roles includes those activities involving the informational flow from outsiders or subordinates to other members of the organization. This role may involve interpretation and screening of information prior to dissemination.

c) Spokesman roles are those behaviors which involve the external transmission of information pertaining to the organizational unit.

3) Decisional roles - involves the process of making and

interrelating organizational decisions. This decision-making process is based on the understanding obtained in the informational roles. The roles in this category are:

a) Entrepreneur roles refer to those behaviors which are concerned with organizational innovation to bring about improvements. Examples of this role include involvement in "improvement projects", policy initiation or strategy sessions.

b) Disturbance handler roles involve corrective action of unexpected disturbances or crises within the organizational unit.

c) Resource allocator roles include any decisions or actions associated with the manager's responsibilities for allocation of organizational resources of all kinds.

d) Negotiator roles pertain to managerial representation of the manager's unit at major negotiations.

Mintzberg briefly describes two additional roles that are commonly found in the work of managers. These roles include: the substitute operator role, whereby the manager in smaller organizations carries out staff functions due to the lack of resources (i.e., when there is no one else to delegate the task to); and the specialist role, in which the manager undertakes a vital organizational task, which by the nature of this expertise

cannot be delegated.

While individual managers vary in their proportion of time spent in each role, all managerial work requires that these roles be preformed. Individual variations in the characteristics and content of manager's work are explained by the following four sets of contingency variables:

> 1) environmental variables, including characteristics of the milieu, the industry, and the organization;
> 2) job variables, including level in the organization and the function supervised;
> 3) person variables, including the personality and the style of the incumbent; and
> 4) situational variables, including a host of time related factors.
> (Mintzberg 1980, pp. 129-130)

In sum, Mintzberg's theory is a description of the work characteristics and roles found in all managerial work, as well as contingencies for individual variations in managers. Underlying Mintzberg's theory is the view that, although complex, managerial work can and should be investigated in order to provide management theorists with the necessary theoretical base for improving managers' work practices.

The Research Questions

The intent of this study was to describe the work behaviors of selected first-line nursing managers within the setting of a large teaching hospital. The following questions provided a guide for the research process:

1. Are there any discernable patterns of behavior/activities that are specific to the first-line nursing managers in this study?

2. How can the observed behaviors/activities of first-line nursing managers be described?

3. How are the work characteristics of first-line nursing managers similar or different than the characteristics of managerial work as described by Mintzberg?

4. To what extent do Mintzberg's working roles apply to the work of first-line nursing managers?

5. Does the work of first-line nursing managers require that greater attention be given to certain sets of roles?

6. What proportion of the working day do first-line nursing managers spend in different activities and roles?

Assumptions, Delimitations and Limitations

Assumption. The major assumption underlying this study is that the best source of data to describe work behaviors of first-line nursing managers is obtained through observations of the first-line nursing manager.

Delimitations. The study is delimited to full-time first-line nursing managers who have been employed in one large teaching hospital in a variety of specialty areas, on an uninterrupted basis for at least 24 months. In

addition, the study is delimited to a description of work behaviors and purposes and will not reflect details regarding work content, managerial style, or an evaluation of the first-line nursing managers' abilities.

Limitations. The following represents the major limitations to this study.

The setting specific nature of first-line nursing managers' responsibilities limits the generalizabilty of the findings from this study to the total population of first-line nursing managers in the hospital studied.

The sample size, which will be restricted to four first-line nursing managers, also limits the generalizability of the study findings. Stratified random selection and the acquisition of in-depth, comprehensive information pertaining to work behaviors will help to offset this limitation.

There are limitations inherent in a non-participant structured observational field study of this type. Personal interpretations of observations influence data analysis, and make the potential for study replications impossible (Guba & Lincoln 1983, pp. 193 & 209).

The presence of the observer may potentially effect the "natural" situation, causing the subjects to alter their usual behavior. Guba and Lincoln suggest that social settings have a tendency to be stable over time and therefore observer presence is less of a threat to data

validity then generally recognized (1981, p. 209).

Definitions of Terms

1) First-line nursing manager: the nurse responsible for the overall functioning, staff management, and patient care for any given nursing unit. Sometimes referred to, in the literature, as either the head nurse, nursing coordinator, ward sister, or nursing unit manager.

2) Nursing unit: the organizational patient care area, within a hospital environment, for which a first-line nursing manager is responsible (Charns & Schaefer 1983, p. 111).

3) Responsibilities: the specific actions, tasks, and behaviors for which a job incumbent is answerable.

4) Roles: the underlying functional purpose(s) of work activities. Used synonomously, in this study, with behaviors.

5) Activity: "...a single event with an identity of its own. It had an observable beginning and ending in a time continuum." (Duignan 1979, p. 64)

Research Methodology

This exploratory descriptive study was designed using the field study approach. In order to obtain an understanding of the work of first-line nursing managers, detailed and comprehensive information was required. The research plan was to carry out structured observations of the work

behaviors of a small sample of first-line nursing managers within one large teaching hospital in combination with the use of a concluding interview. The purpose of the concluding interview was to determine the representiveness and observer interference, if any, over the observational period.

The researchers observations were recorded and analyzed to provide both a description of the work of individual first-line nursing managers as well as an aggregate description of all the subjects.

Organization of the Thesis

This thesis is organized into five chapters. The introduction, a literature review and a description of the research methodology are discussed in the first three chapters. The study findings are reported, discussed and compared to other studies in the literature in Chapter IV. Conclusions and recommendations from the study are presented in the last chapter.

CHAPTER II
REVIEW OF THE LITERATURE

A review of selected literature was undertaken to provide a foundation for the present study. Three areas of the literature were reviewed: the literature concerning the work of first-line nursing managers; business management literature related to managerial work content; and methodologically similar studies in nursing.

1. The Work of First-Line Nursing Managers

Literature related to the work of first-line nursing managers is discussed from two perspectives: the roles and responsibilities of first-line nursing managers; and the actual work content of first-line nursing managers.

i) Roles and Responsibilities of First-Line Nursing Managers

The terms "role" and "responsibility" have been used interchangeably without clear definition throughout much of the nursing management literature. Thus, for the purpose of this discussion "role", as defined in chapter 1, refers to the global underlying functional purpose(s) of work activities whereas, "responsibility" refers to the specific actions, tasks, and behaviors for which a job incumbent is

answerable. With this definitional understanding descriptions of nursing managerial roles include general behaviors such as "provides leadership", "coordinates activities", and "provides overall direction". More specific in nature, nursing managerial responsibilities may include examples such as, "annually evaluates staff performance", "schedules staff hours of work in accordance with contractual agreements", and "implements remedial measures to assure quality care".

a) Roles

Usually the role of the first-line nursing manager is described in the literature as a combination of nursing and management functions (Anderson, 1964; Leatt, 1981). In these descriptions the nursing component has included clinical expertise in the assessment, planning, implementation and evaluation of patient care (Courtade, 1978; Stevens, 1983). While the common functions of the management role have included: organizing, supervising, planning, staffing, facilitating, leading, directing, coordinating, controlling, and evaluating (Bray, 1981; Gilbertson, 1977; Powers, 1984; Rotkovitch, 1983; Stevens, 1974; Taylor & Kramer, 1985).

As the scope of the first-line nursing managers' job evolves these traditional role descriptors, nursing and management, provide a limited view of first-line nursing managers' work. In recognizing this limitation the joint

committee of the Alberta Hospitals Association (AHA) and Alberta Association of Registered Nurses (AARN) have provided an expanded perspective of the role of the first-line nursing manager in a report on Roles, responsibilities & educational preparation of first-line managers (1982). This perspective included educational, research and professional components in addition to the more traditional functions of nursing (clinical) and management (administrative).

The expansion of the first-line nursing manager's roles has received increasing attention from researchers and managers both nationally and internationally. Researchers have begun to examine how first-line nursing managers are utilized. In an Israeli study, Bergman et al. (1981) explored perceptions of the relative proportions of time that head nurses should ideally spend in each of four role components (clinical, managerial, human resources, and education). As well, the study examined perceptions of what should ideally be the focus of head nurses' responsibility (the patient, team, agency, community or profession). Interviews with 279 staff nurses, senior management and national level decision makers provided the data on perceptions of the ideal head nurse role. The results indicated that almost half of the respondents perceived the managerial component as most important to the head nurses' role and that the focus of responsibility (referred to in the

study as activity) should be on the team first, followed by the agency and then the patient.

While this study indicates general agreement as to the ideal head nurse roles, no attempt is made to compare this ideal with reality or perceptions of reality in terms of the actual work of head nurses. The study proposes a model for the work of head nurses' based solely on perceptions not on the reality of the work that head nurses actually do.

Using a similar focus on role perceptions, Kennedy (1984) investigated military head nurses' and physicians' perceptions of head nurses' roles, and head nurses' perceptions of role ambiguity and conflict. To explore the first question, questionnaires based on Mintzberg's ten managerial roles, derived from Jones and Jones (1979), were distributed to head nurses and physicians. The results indicated that there were no significant differences in head nurses' and physicians' perceptions of the time head nurses spend in each of the ten roles when analyzed individually. However when the roles were grouped into the three clustered role categories (i.e., interpersonal, decisional, and informational) there were differences in the perception of time spent in each of these larger categories. Specifically, the head nurses perceived that they spent the greatest portion of time in decisional roles, followed by informational roles and interpersonal

roles. Conversely, the physicians perceived that the head nurses spent the greatest portion of time in interpersonal roles, followed by decisional and informational roles. Kennedy's study attempted to understand the work of head nurses through comparing varying perceptions of the actual work of head nurses. However, the study revealed ambiguity of perceptions according to different categories and occupational groups.

In the same study, Kennedy (1984) studied the head nurses' perceptions of roles and role conflict or ambiguity using a Likert type scale that was distributed to the same head nurse group. The results revealed that as a group, the head nurses experienced no significant role ambiguity or conflict. When analyzed by areas of nursing practice, however, differences in perceptions of role conflict were found between the medical, surgical, clinical and maternal-/child head nurses. Significant differences were also found in the perceptions of time spent in various roles among the head nurses in the various clinical specialties. This portion of Kennedy's study highlights differences in perceived work roles among the different specialty areas, and stimulates questions related to differences in the actual work of head nurses in the various clinical areas. Specifically, does the work of first-line nursing managers vary between the different specialty areas?

Similarly, Byers and Klink (1978) studied role

conflict at The Swedish Hospital and Medical Center in Seattle, Washington. The role of head nurses underwent change as head nurses took on new responsibilities for human resources, operational details, budgetary control, staffing and scheduling of meetings. With these new responsibilities the head nurses experienced conflict between what Byers and Klink refer to as the managerial and union aspects of their role. While Byers and Klink illustrate the interconnectedness of work responsibilities and role perceptions their study fails to provide insight into the specific changes in work content that accompanied the changes in work responsibilities and roles.

b) Responsibilities

Responsibilities of first-line nursing managers are represented in the literature at two levels: general discussions and specific detailed descriptions of individual responsibilities. On the general level, first-line nursing managers are described as having responsibility for the direction of staff in providing quality nursing care to a specified group of patients, 24 hours a day, seven days a week (ANA, 1978; Rotkovitch 1983). More specific responsibility descriptions are primarily found in job descriptions of first-line nursing managers or may be found in the context of either continuing education programs. Examples of specific responsibilities include: budget monitoring,

scheduling staff, staff evaluations and employee counseling (Hinkle & Hinkle, 1977; Keller & Bowen, 1984; Skawinska, 1975).

In addition to continuing education programs and job descriptions the responsibilities of first-line nursing managers have also been examined in terms of supervisory expectations. Rotkovitch states that directors of nursing expect head nurses to:

> 1) assure patients an acceptable level of nursing care;
> 2) use the human and other resources at his or her disposal in an efficient and effective way;
> 3) interpret the philosophies of nursing and of the hospital to patients, nurses, and others;
> 4) maintain compliance with hospital rules and regulations; and
> 5) maintain an environment conducive to espirt de corps among a members of the hospital staff.
>
> (1983, p. 27)

While Rotkovitch discusses supervisory expectations of head nurses, she fails to address the means by which these expectations are met or, in fact, whether head nurses actually fulfill these expectations.

Powers (1984) took a closer examination of supervisors' expectations of head nurses' responsibilities. She postulated that with increasing budgetary restraints and the trend toward decentralization, hospital administrators expect head nurses to fully function as managers. This includes attending meetings, long and short term planning,

budgeting, hiring staff and maintaining flexible work hours. Similar to Rotkovitch (1983), Powers explores supervisory expectations in isolation from the reality of head nurse performance or expectation fulfillment.

In a discussion aimed at increasing charge nurses' awareness of potential litigation issues, Hinkle and Hinkle (1977) described the responsibilities of charge nurses in terms of priorities. While Hinkle and Hinkle do not clearly define the term "charge nurse", they infer that this position entails overall responsibility for a nursing unit. Specifically, the charge nurse is deemed responsible for : 1) patient care; 2) hospital protection; and 3) staff interactions. The authors suggest that the primary work activities which are carried out in order to accomplish the above include patient rounds, documentation and the motivation of staff. In their description of charge nurse priorities Hinkle and Hinkle present a simplistic picture of charge nurses responsibilities through the limited perspective of potential litigation issues. In short, the three areas of work activity discussed by Hinkle and Hinkle account for a small proportion of the vast number and complex nature of work activities as described in the literature related to the work and responsibilities of first-line nursing managers.

In sum, the roles and responsibilities of first-line nursing managers have been investigated from a variety of

perspectives. The focus of many of the investigations is, however, on determining definitions, expectations and perceptions of first-line nursing managers' roles and responsibilities. The lack of clarity in definitions and expectations, coupled with the evolutionary nature of nursing management, seems to have led to inconsistent expectations. As first-line nursing managers are faced with conflicting or ambiguous roles and responsibilities the question continues to remain, what is the actual work content of first-line nursing managers?

ii) The Actual Work of the First-Line Nursing Manager

Several studies have attempted to understand the actual work of first-line nursing managers. Beaman (1986) surveyed directors of nursing in various acute care hospitals in order to generate a list of head nurses' work tasks. The resulting list, while referred to by Beaman as work activities, contains, in actuality, a listing of work responsibilities such as "make recommendations regarding the budget to nursing administration". The underlying assumption in the Beaman study was that the role expectations of directors of nursing coincide with work behaviors of the head nurses. Without the necessary research to verify this assumption, the study may merely be misleading.

Following a similar assumption, Stahl, Querin, Rudy, and Crawford (1983) enlisted the opinions of 150 head

nurses and 75 supervisors as to which items on a checklist they felt represented the work of head nurses. Stahl et al. postulated that the 16 items which were consistently identified represented the work activities of head nurses. Examples of these items include 24-hour responsibility for the unit and the management of conflict. As in Beaman's study, the result is a list of work responsibilities rather than the work activities or behaviors that the investigators originally set out to study.

Anderson's (1964) goal was to determine the relationship between head nurse leadership behavior and activity preferences. Questionnaires were distributed to head nurses to determine their activity preferences. Similarly, questionnaires on leadership behavior were distributed to staff nurses. The findings indicated that head nurses who considered nursing care activities to be most important were perceived, by their staff, to be better leaders than those who focused on coordinating activities. While the intent of this study was to examine activity preference in relation to behavior, in reality the study results revealed staff perceptions of leadership qualities rather than actual leadership behaviors. Further, Anderson assumed that head nurses' activity preferences serve as an indicator of the head nurses' consideration of an activity's relative importance.

The intent of Anderson's (1964) study, as well as that

of Beaman (1986), Stahl (1983), and Bergman et al. (1981), was to more fully understand the work of first-line nursing managers. The results of these studies provided insights into other people's expectations and perceptions of behaviors rather than revealing the content of first-line nursing managers' work.

Other researchers have acknowledged that in order to fully understand the nature of work, actual activities and behaviors, rather than perceptions or expectations, need examination. For example, Barker and Ganti (1980) sought to examine actual work activities through studying the utilization of work time of head nurses and assistant head nurses at Ohio State University Hospitals. Descriptive data was collected from 13 subjects over a two week period, with each subject maintaining a daily log of their activities. The data was then categorized according to four areas: 1) hospital-related management; 2) patient care management; 3) direct patient care; and 4) miscellaneous/personal time. The results revealed that the head nurses and assistant head nurses spent the greatest portion of their time in patient care management (preparing, planning, organizing and coordinating the patient care process) and hospital-related management (policies, procedures, communications, and management of personnel and other resources).

With a similar objective, Jones and Jones (1979) observed the work activities of head nurses and assistant

head nurses in a specialized 106-bed hospital in the United States. The investigators identified "All significant work activities..." and categorized according to Mintzberg's managerial roles (1979, p. 49). The results indicated that the head nurses and assistant head nurses spent the greatest proportion of their time in the decisional roles (75-80%), followed by the informational roles (15-20%) and interpersonal roles "about ten percent" (1979, p.50). The reporting of results in this study was not precise as result ranges rather than exact figures were provided. Jones and Jones provided no explanation for this range of results. Additionally, the investigators failed to explain how "activity significance" was determined in their data collection. In choosing to view activities as significant or insignificant the authors perhaps influenced the accuracy of the study results. Following their findings Jones and Jones proposed a model for the distribution of head nurse roles as follows: interpersonal roles 30%; informational roles 40%; and decisional roles 30%. In proposing this model Jones and Jones produced a conceptually balanced model, yet failed to integrate either the realities of head nurses' work found in other studies or some of the findings of their own research.

While the Jones and Jones (1979) study, like the study of Barker and Ganti (1980) provides some notion of the amounts of time spent in various categorical areas, the

inclusion of data pertaining to assistant head nurses detracts from the original intent of developing a more comprehensive understanding of the unique aspects of the work of first-line nursing managers.

Nurses who are in organizational leadership positions have increasingly recognized the need to understand the nature of first-line nursing managers' work. However there has been limited research in this area. The literature that is available frequently fails to differentiate between key factors such as: roles and responsibilities; perceptions and reality; and head nurses' and assistant head nurses' work. Most of the studies that address the nature of the work of first-line nursing managers focus on perceptions and expectations of first-line nursing managers' work rather than examining what first-line nursing managers actually do, and why. The studies that examine what first-line nursing managers actually do reflected the work of head nurses in conjunction with assistant head nurses. The actual work content of first-line nursing managers, as a distinct job category, has not been discussed in the literature.

2) Business Management Literature Related to Managerial Work Content

In 1951, Carlson (cited in Mintzberg 1973, pp. 202-204) carried out the first major empirical study of managerial work content. In this study, nine company

presidents were asked to record their activities in a daily dairy. In describing the goal of his study Carlson states,

> The purpose of this study has been neither to develop any normative rules as to how executives should behave, nor to describe their 'typical' or 'average' behavior. But...to find certain common behaviour patterns and some general relationships which characterize these patterns.
>
> (cited in Mintzberg 1973, p. 202)*

From his study Carlson drew conclusions in the areas of executive working time, communication, and work content. In terms of working time and communication, Carlson concluded that much of the executive's working day centers on communication and frequent interruptions, thereby leaving the executive with little control over his/her actual work days. Further, Carlson concluded that the work content is difficult to analyze using the diary method, as each executive perceives and interprets his own activities differently (cited in Mintzberg 1973, 203-204).

Carlson's work stimulated other diary or self-reporting studies of managerial work (Burns 1954; Dubin & Spray, 1964; Horne & Lupton, 1965; Stewart, 1967). While the conclusions of each study included different aspects of managerial work, all of the studies noted the high proportion of time that managers spend in communication related activities. The diary method failed, however, to find meaningful or reliable categories for the class-

---

* Carlson's study is cited in Mintzberg as efforts to attain a copy of his original study, published in Sweden, proved fruitless.

ification of events and activities as the data was based on subjects' individual interpretations and beliefs about themselves and the nature of managerial work (Marples, 1967).

Other researchers have avoided some of the pitfalls of the diary method by studying the work of managers through observational studies of three kinds: 1) activity sampling; 2) unstructured observations; and 3) structured observations. Mintzberg defined an activity sampling as "random, momentary observations of activities." (Mintzberg 1973, p. 208) The activity sampling study carried out by Kelly (1964) is useful in providing pieces of the total picture of managers' work. Kelly (1964) concluded that the nature of the work task is the singularly most important determinant of managerial behavior. The lack of data over a continuous period, however, prevents the total picture and complexities of managerial work from surfacing.

The unstructured observational approach used by Sayles (1964) included the unplanned recording of observations the researcher finds important. This method allowed the researcher to comprehensively examine the situation under study without imposing any predetermined structures (Mintzberg 1973, p. 226). Observing managers over an extended period of time Sayles (1964) described three roles of managers' work: 1) as a participant in relationships external to the manager's control; 2) as a leader; and 3)

as a monitor. Additionally, Sayles describes managers as functioning on a contingency basis, introducing changes when needed to maintain a "...moving equilibrium..." (1964, p. 163). Sayles' results, as well as those of other unstructured observation type studies are based on different types of information (e.g., anecdotes, events, views of those observed, documentary evidence) which makes the studies both difficult to replicate and questionable in the level of data comprehensiveness (Mintzberg 1973, pp. 226 - 227).

Structured observations of managerial work entails a more systematic approach to the collection of observational data. Guest (1956) observed foremen, recording minute by minute information regarding incidents in terms of time, topic, activity, place, contact and nature of the interaction or action. Guest's findings indicated that foremen spend most of their day talking, mainly with their own operators in brief (i.e., less than 5 minute) sessions, that tend to be initiated by the foremen themselves.

Building on the work of Guest (1956) and others, Mintzberg (1973) carried out structured observations of chief executives in large organizations, each for a period of five days. In a manner similar to Guest, Mintzberg recorded his minute by minute observations. The collected data was structured in terms of activity: type, duration, participants, location, and purpose. Additional data

collection pertaining to telephone calls and mail were built into the structure as the work of other researchers stressed the centrality of communication in the work of managers. The study's findings indicated that managers spend the majority of their time in verbal interaction (telephone and meetings, both scheduled and unscheduled), with an apparent dislike for non-verbal communication such as mail. Further, most of the managers' time is spent with subordinates or outsiders. Mintzberg's (1973) study resulted in the development of his theory of the nature of managerial work (see Chap. I), and is considered to be the preeminent theory of the work of managers to date.

Mintzberg's study (1973) has been replicated in many fields including nursing (Hannah, 1981; Jones & Jones 1979; Morrison, 1983) and education (Duignan, 1979), as well as in business management (Choran, 1969). In a master's thesis study carried out under the supervision of Mintzberg, Choran (1969) studied the work of managers of small companies through structured observations of three owner managers. Data was collected and structured in a similar manner as Mintzberg (1973), allowing the two studies' results to be readily compared. Choran found that the work of the managers he studied had the same characteristics as described by Mintzberg (1980, pp. 28 - 53), that is, much work at an unrelenting pace; brevity, variety and fragmentation; preference for live action; attraction to

verbal oriented activities; involvement with a network of contacts; and a blending of positional rights with organizational duties. In addition, Choran found that the work of managers of small companies was characterized by involvement in daily operational activities (1969, pp. 124 - 133). Further, Choran found that the managers in his study preformed all of the ten work roles described by Mintzberg, with the additional roles of specialist and substitute operator (1969, pp. 133 - 136). In the substitute operator role the manager carries out staff functions when necessary (e.g., when an employee is ill). In the specialist role, the manager focuses on one vital organizational function (e.g., inventory control or purchasing).

In comparing the findings of his study with those of Mintzberg, Choran indicated that managers of small companies have a greater number of activities, use informal types of communication more, had shorter scheduled meeting with fewer numbers of participants, had a greater proportion of activities of short duration and received and sent more mail.

Beginning with Carlson's (1951) relatively uncomplicated study and progressing to Mintzberg (1973) and "Mintzberg-type" structured observational studies (Choran, 1969), researchers over the past 35 years have demonstrated an increasingly comprehensive and clearer understanding of managerial work and work content. The two most prevalent

methods for studying managers' work include: the diary method; and observations, both structured and unstructured. While each method has advantages, structured observations have proven to be the more useful in providing the organization for the collection of in-depth data which can be replicated in other contexts.

While the various studies arrive at or focus on different conclusions, much of the research identified communication as a key component in managers' work. Similarly, all of the studies either allude to or make direct reference to managerial work as a complex multidimensional phenomenon.

3) Methodologically Similar Studies in Nursing

Several researchers have demonstrated the utility of Mintzberg's methodology and theory the field of nursing. Adopting Mintzberg's theory as a framework for analysis, Jones and Jones (1979) observed a total of eight head nurses and assistant head nurses over a period of four months. In the analysis they categorized all "significant" work activities according to Mintzberg's three areas of working roles: 1) interpersonal; 2) informational; and 3) decisional. The researchers indicated that they were able to classify all the observed activities according to Mintzberg's categories because, "...at the time of the study the work of the head nurse was significantly diffe-

rent than it is today, when you would probably need to have other roles" (N. K. Jones, personal communication, April 2, 1987).

Adapting Mintzberg's methodology, both Hannah (1981) and Morrison (1983) recognized this need to create additional working roles. In a doctoral study Hannah (1981) adapted Mintzberg's methods of structured observation to examine the administrative behaviors and activities of deans of nursing in Canadian universities. Hannah selected five deans of nursing (one each from the Atlantic, Quebec, and Western regions and two from the Ontario region). There were 30 days of observation (two three-day periods, separated by six months, for each subject) planned in the research design, 27 days of observation were actually completed. Three types of data was collected: 1) preliminary data regarding the deans and the settings; 2) data regarding observed chronological activities, including the type of activity, the participants, the initiator, the location, the duration, and the purpose; and 3) structured interview data regarding the subject's perception of her work's correspondence to Mintzberg's roles.

On classifying the purposes of work activities, Hannah found that in addition to performing all ten of Mintzberg's roles, the deans demonstrated a group of behaviors which she termed scholarship. This category included those behaviors which were related to the deans' roles as

teacher, researcher, and author.

In a similarly designed study, Morrison (1983) examined the administrative behaviors and activities of Alberta community health nursing managers. Specifically, as planned in the research design, Morrison observed four community health nursing managers for periods of three days, with a total observational period of twelve days. The methods for data collection were the same as Hannah's three types. In addition to structured observation, Morrison interviewed each subject. The focus of the interview related to the subjects' perceptions of the typicality of the observational period in terms of the work and observational interference. In addition to Mintzberg's working roles, Morrison recognized what she termed the professional role in which focused "...on the expertise in community health nursing as opposed to expertise in management" (1983, p. 148). The professional role includes: professional leader; professional expert; and professional consultant behaviors.

Summary

A review of the literature illustrates the dearth of studies that examine the work of first-line nursing managers. Most of the studies that have been carried out focus on expectations or perceptions rather than on actual work content. Consequently, little is known about the work or

roles of first-line nursing managers. When comparing the work of first-line nursing managers in different hospitals, most authors are of the view that work responsibilities and content probably varies in accordance with each hospital's structure, philosophy, and organization.

The literature suggests that Mintzberg's methods of structured observation have proven useful in the context of nursing management. Originally developed in the context of business management, Mintzberg's theory has required expansion in order to analyze and interpret the complexities found in studies related to managerial work in the field of nursing.

CHAPTER III
RESEARCH METHODOLOGY AND PROCEDURES

This chapter contains a discussion of the research design, the procedures used to conduct this study and a description of the subjects of the study. As previously described, the problem addressed in this study was to describe the activities and purposes of first-line nursing managers work in one large teaching hospital.

Design of the Study

The exploratory nature of the study required a descriptive design and the use of qualitative research methods. Modelled after the research of Mintzberg (1980), Hannah (1981), and Morrison (1983), the research design was that of structured non-participant observations in the context of a field study approach. Specifically, the researcher observed, recorded and coded the behaviors of first-line nursing managers. The observations took place during the managers' regular shifts and were carried out from the start until the conclusion of each first-line nursing manager's workday

With the variation in organizational structures and the roles of first-line nursing managers within different hospitals the decision to use only one hospital was made. Entry into the setting was granted by the Vice-President

Nursing.

Subjects of the Study

The subjects of the study included nurses currently employed as first-line nursing managers in one large teaching hospital. Time considerations imposed by the chosen methodology necessitated that the sample size be limited to four first-line nursing managers for a total observational period of twelve days. The period of observation and sample size compared favorably with Morrison's (1983) master's thesis study in which she observed four community health nursing managers over a twelve day period. Morrison (1983, p. 6) found, in her study, that the random sampling of subjects and the comprehensiveness of data helped to offset the limitations of sample size.

The sample selection process included obtaining, from the Vice-President Nursing a master list of first-line nursing managers that meet the following criteria:

1. currently employed full-time as a first-line nursing manager at one specific hospital; and

2. has held the position on an uninterrupted basis for at least two years (i.e., 24 months).

A letter was then sent to all of the first-line nursing managers on the master list requesting their participation in the study (see Appendix A). The potential subjects notified a third party of their willingness to

participate. The third party then carried out a stratified random sampling of those potential subjects. Specifically, the third party categorized the willing participants according to departmental areas of responsibility (surgery; medicine; critical care; maternal/child; geriatric medicine; and psychiatry), and randomly chose one subject from each of the six departmental categories. The third party then provided the researcher with the resulting list of the six potential subjects. The researcher randomly selected, from the list of six potential subjects, four study subjects. The remaining two subjects acted as alternates in the event that a subject(s) was unable or unwilling to participate. This process was used to attempt to provide a representative sample while reducing the risk of selection bias.

Upon selection, the names and departmental areas of the subjects were coded. The code identification list was kept in a locked cabinet for the duration of the study and then destroyed on completion of the study.

Data Collection: Types of Data

Three types of data were collected: 1) preliminary; 2) structured observational; and 3) interview. The preliminary data included the collection of anecdotal data describing the organizational and structural setting in which the first-line nursing manager works. The collection

of preliminary data began during the initial meeting, prior to the observational period, and was supplemented throughout the study as information surfaced.

The second type of data collection, structured observation, focused on the observation of specific activities and behaviors, and required the use of record-keeping forms (Polit & Hungler 1987, p. 273). Guba and Lincoln maintain that the more structured the observations the more one can rely on the human as the instrument of observation (1981, p.208). In order to facilitate structured data collection, three forms were adapted from Mintzberg (1973,pp. 235-238) and Morrison (1983, pp. 235-238). The forms were as follows:

1) the observational record - provided the chronological recording of each activity as it occurred, including the time (to the nearest half minute), participants in the activity, whether or not the activity was previously scheduled, the initiator of the activity, the type of activity (medium), and purpose for the activity (Appendix B);

2) the telephone log - was cross-referenced (through coding) with the observational record and provided information regarding the duration of the call, the initiator of the call, the title of the other participant, the purpose of the call, and the resulting action or decision (if any) made as a result of the call (Appendix C); and

3) <u>the mail record -</u> was also cross-referenced (through coding) with the observational record and provided the structure for recording the source of the mail, the correspondents title, the type of mail (i.e., letter, memo, brochure, newsletter, periodical or other), the purpose of the mail, and the action taken (if any) as a result of the mail. (see Appendix D).

The third type of data collection, the interview, was carried out the end of the third day of observation. The researcher interviewed and recorded each subject's perception of the observational period in terms of the affect of the observations on their work and how "representative" the three days were of their usual workdays. (see Appendix E).

Pilot Study

A pilot study, on one first-line nursing manager, was carried out to test the suitability of the proposed research design for this study. The subject for the pilot study was randomly selected, by the third party, from the listing of willing participants that had not been selected for the study. The pilot study allowed testing of the method of data collection, and analysis. As a result of the pilot study revisions were made to the data collection forms which improved the sequencing for writing the data. The researcher also found that the pilot study provided her with a beginning insight into the task at hand, that of meaningfully describing the work of first-line nursing

managers.

Procedures

Following the selection of the four study and one pilot study participants a follow-up telephone call was made to arrange individual meetings with each of the potential subjects (Appendix F). The goal of these meetings were fivefold:

1) to clarify the objectives of the study;
2) to clarify the role of the observer;
3) to clarify the expectations for the subject's participation;
4) if agreed, obtain the subjects' written consent (Appendix G); and
5) initiate collection of preliminary data.

Following this meeting a letter was sent to confirm the time and date for the agreed upon observational period. (see Appendix H).

The observer's role was that of an onlooker, who had limited situational interaction and involvement. The researcher as observer, did not participate in the manager's activities and limited interaction to communication necessary for clarification of observations. This role most closely resembled the observer role in Mintzberg's study (1973), and is referred to as "non-participant observation" by Guba and Lincoln (1981, p. 190) and as "observer-as-participant" by Babbie (1983, p. 248). The role of the observer necessitated that the researcher ensure, at the onset, that the subjects were aware that they were to

proceed with their regular workday and that the subjects needed to explain to others on the unit (e.g., nurses, medical staff, ward clerks) the importance for them to do so as well, in order for the research objectives to be achieved.

Ethical Considerations

The subjects were informed, at the onset, as to the research objectives, the nature of the data to be collected and the role of the observer. Informed consent was obtained from the subjects. Therefore, the subjects were aware that they were being observed thus avoiding the ethical concern of covert participation (Guba & Lincoln 1981, p. 200).

The researcher immediately withdrew from observing any activity that either the subject or activity participant(s) wished not to have observed. Similarly, the researcher informed the subjects that she would cease observing upon any subject's request to withdraw from the study.

The subjects were assured that neither their identity, nor that of the 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 this study. A code number, rather than names, were used to identify subjects on collected data. Thus, the confidentiality of the subjects were protected as well the content of their

activities.

Data Analysis: Coding of Data

Each unit of observed work behavior was coded to facilitate their individual identification. For the purpose of coding, Duignan's definition of a unit of activity was used as follows:

> a single event with an identity of its own. It had an observable beginning and ending in a time continuum. It ended when a major change occurred in one of the elements or dimensions of the [first-line nursing manager's] behavior, e.g., when there was a change in the basic participants and/or medium of communication.
> (Duignan 1979, p. 64)

The following terms and definitions were used for coding the types of activity for each unit of behavior. The first six were adapted from Duignan (1979, p. 64-65) and the remaining four were developed by the researcher in the field:

1) Unscheduled meetings. These referred to any verbal interaction or meetings between the first-line nursing manager and others that took place by chance, on the spur of-the-moment, or with less than 30 minutes notice.

2) Scheduled meetings. These consisted of meetings between the first-line nursing manager and others that were arranged at least 30 minutes prior to there occurrence.

3) Desk work. This referred to the times that the first-line nursing manager worked at her desk or the unit desk, processing orders, mail, writing letters and reports, and reflecting on events.

4) Telephone calls. These included both incoming and outgoing telephone calls. Any calls that were placed by the first-line nursing manager that

were not completed, for what ever reason, were included.

5) Travel. This included travel by the first-line nursing manager to various parts of the hospital.

6) Tours and visits. This referred to the time spent by the first-line nursing manager in various parts of the hospital unit for the purpose of (1) observing staff members for evaluation purposes; (2) directly interacting with patients; or (3) indirectly observing the nursing care.

7) Personal. This consisted of all miscellaneous personally focused activities, including meal and break-times.

8) Secretarial. This referred to any activities that could have been carried out by a unit ward clerk.

9) Study time. This pertained to any time that the first-line nursing manager spent discussing, or explaining her work to the researcher.

10) Other. This category was used for any activities that did not readily coincide with any of the above activities types.

Analysis Process

Analysis of the data included both molar (high inference) and molecular (low inference) approaches (Polit & Hungler 1987, p. 268). On the molecular level analysis of specific detailed activities occurred. These activities were analyzed according to type, as defined in the proceeding section, and participants. The molar approach included analysis of large categories describing the purposes of work behaviors, and have been defined, in this study, as behaviors. These behaviors can be compared to Mintzberg's

delineation of roles, which are "...essentially a categorizing process." (Mintzberg 1980, p. 55) Data analysis began in the field as the researcher attempted to understand the observations through the use of thematic notes (Guba & Lincoln 1981, pp. 203-204). After leaving the observational setting, an adaptation of Hannah's process for analysis was used (1981, pp. 68-69). This process was similar to Glaser and Strauss's "constant comparative method for qualitative analysis" (1967, pp. 101-115) and entailed that the researcher carried out the following steps:

1) divided the daily anecdotal notes into the units of activity as defined in the proceeding section;

2) cross-indexed the telephone and mail records with the observational record;

3) identified behavioral categories on the observational record both in the field and at the end of each day using Mintzberg's role categories as a guide, while separating out any unidentifiable behavioral units;

4) generated new categories of behaviors to coincide with the unidentifiable behavioral units discussed above and labelled behavioral units accordingly;

5) inputed all of the data from the observational, telephone and mail records onto a computer programmed with lotus 123 version 2 software;

6) directed the computer to sort the data according to the types of media used as defined in the proceeding section;

7) directed the computer to tabulate a daily summary sheet that totaled units of activity, the duration of the day, the range and average of activities for the day, and the time and percentage of time spent utilizing each type of activity;

8) directed the computer to re-sort the data according to the participants in each activity and compute the time and percentage of time spent according to activity participant on the daily summary sheet;

9) directed the computer to re-sort the data into categories according to the work behavior and compute onto the daily summary sheet total time and percentage of time for each category;

10)directed the computer to develop cumulative categorical totals and percentages for all of the subjects for comparative purposes that enabled an overall picture of work behaviors to emerge.

The above steps do not represent a linear process. Rather, as Stern describes (1980, p.21), the researcher will work within a "matrix" process, whereby the coding, categorizing and conceptualizing may require revisions and adaptations as new insights emerge.

Establishing Trustworthiness

Qualitative research focuses on the development of a comprehensive depth of knowledge which may vary over time and place. As such, the scientific rigors of qualitative research cannot be evaluated in terms of the traditional criteria of validity and reliability used to evaluate quantitative research. In order to establish the trustworthiness of qualitative research Guba and Lincoln (1981, p. 103) have developed four major criteria of rigors as follows:

> 1. Truth value. Truth value is concerned with the establishment of "truth" or confidence in the findings of the study and for the context in

which the study takes place.

2. Applicability. Applicability involves the determination of the degree of applicability a study has for other subjects in other contexts.

3. Consistency. Consistency is concerned with the determination of the consistent replication of the study findings with similar subjects and context.

4. Neutrality. Neutrality involves establishing the degree to which the study's finding are a function of the subjects and conditions rather than of the investigator's perspective.

The trustworthiness of this study will be discussed in terms of the criteria of rigors as outlined above. The truth value, according to Duignan, in this type of study is grounded in "...the use of many items of evidence, together with a wide range of evidence [which will allow] interpretations to be made with a greater degree of confidence." (1979, p.86) This range and depth of evidence is consistent with the concept of triangulation, which is defined by Wilson as the use of several data collection methods to provide "...as many different perspectives as possible." (1985, p. 379) This study's use of preliminary data collection, observations and interviews allowed the data complexities and depth to surface.

In order to minimize the observer-interference from effecting the "truth value" of the data, the following measures were taken:

1) subjects were told, as indicated in the consent that they may request the researcher be absent at any point during the observational

period;
2) subject confidentiality was maintained;
3) subjects were reminded, prior to the onset of each observational session that they were to carry on with their work activities as usual;
4) the researcher attempted to maintain an unobtrusive, non-judgmental presence; and
5) the researcher was candid and flexible in cooperating with the subjects.

The unique aspects of each hospital's structure, as well as functioning of the first-line nursing manager in each organization limits the study's generalizability as traditionally viewed. Guba and Lincoln (1981, p.118-120) suggests that the concept of fittingness needs to be examined as an alternative to generalizability. This perspective focuses on the relative fit of a working hypothesis from one context to another. A working hypothesis, by origin, is context specific and consequently must be viewed as such. Therefore, in order to relate or transfer the study's working hypothesis an in-depth knowledge of the originating context would need to be ascertained. While the understanding of nursing managerial behaviors generated from this study may prove useful in other contexts, the applicability of this study hinges on the fittingness with other subjects and in other contexts.

Naturalistic inquiry, according to Guba and Lincoln (1981, p. 120) recognizes multiple realities and focuses on differences rather than similarities. From this perspective replications of this study are unlikely. The study's consistency, however, was enhanced through the following

measures (Hannah, 1981; Glaser & Strauss, 1967; Guba & Lincoln 1983; Wilson, 1985):

1) the use of an established data recording system which was adapted from Mintzberg (1973) and Morrison (1983);

2) the use of clearly defined terms for coding and recording the data; and

3) the carrying out of a pilot study to improve and test the investigator's recording, coding, and observational skills.

According to Guba and Lincoln (1981, pp. 124-127) neutrality of data is a concern in any study. Guba and Lincoln maintain that naturalistic methods of inquiry are no worse in achieving neutrality than are studies of a quantitative nature. The concern then in qualitative research is for the confirmability of data. This requires that the researcher report the data in a way that can be confirmed by others. In this study the observer verified her perceptions with that of the subjects' on an ongoing informal basis.

CHAPTER IV
FINDINGS AND DISCUSSION

Introduction

The purpose of this study, as previously stated, was to describe the work of first-line nursing managers. The conceptual framework was based on Mintzberg's theory of the nature of managerial work. Mintzberg's theory suggests that the basic work of managers is similar regardless of the work setting. The theory outlines work characteristics and roles that are commonly found in the work of managers. Amongst the expected findings of this study was that the work of first-line nursing managers would have some commonality with the work of managers as described by Mintzberg or described by studies using Mintzberg's theoretical perspective.

The purpose of this chapter is to present the study results and to discuss the findings in relationship to the findings in other studies. The chapter is divided into four sections: a description of the organizational setting within which the study occurred; an overview of the four first-line nursing managers and their units; an analysis and discussion of the findings; and a comparison with other studies in the literature.

The Organizational Setting

As previously discussed in Chapter 2, the work responsibilities of first-line nursing managers may vary from hospital to hospital depending on organizational size, structure, philosophy and patient population. Therefore, in order to understand the work of the first-line nursing managers in this study an understanding of the organization's size, structure, and philosophy and consequent responsibilities of the first-line nursing managers is required.

The setting for this study was an 850 bed teaching hospital. Within this setting the nursing division comprised the greatest number of employees with 1400 budgeted positions. The nursing division was organized into in-patient sections (critical care, geriatrics, maternal/child, medicine, surgery, psychiatry, and operating room), ambulatory nursing care programs and schools of nursing. Within the nursing division first-line nursing managers were at the third level in the nursing division's organizational hierarchy, reporting directly to section directors who, in turn, reported to the division head, the vice-president nursing (see Figure 2).

The vice-president of nursing placed a high value on individual accountability and professional growth in the context of decentralized decision-making. This was evidenced in verbal communication and through written divisional

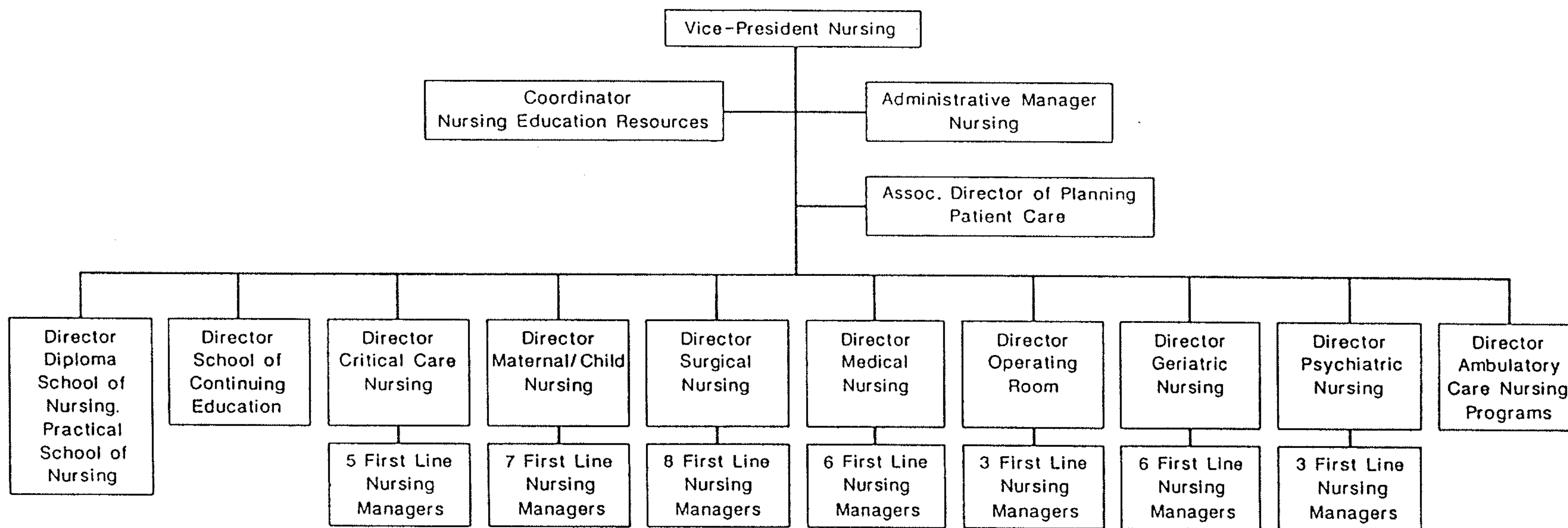


Figure 2.

objectives. Consequently, the first-line nursing managers were deemed responsible for providing leadership on her/his own unit and for ensuring that the nurses had the means by which to provide quality nursing. This general perspective translated specifically into responsibility for the hiring, scheduling, evaluation and development of staff, as well as the direction and coordination of all unit activities related both directly and indirectly to patient care.

While the overall responsibilities of first-line nursing managers were consistent from unit to unit, the actual span of control varied with unit sizes as described in the following section.

Overview of the Four First-line Nursing Managers and Their Units

This section provides a description of the four managers in this study. In an effort to protect the confidentiality each manager has been given a code letter for references purposes. The data for this section was derived mainly from the structured interview questions, prior to the observational period.

Manager A. Manager A was the first-line nursing manager on a 7 bed adolescent psychiatric unit. After making a career change into nursing in her twenties, she attained a baccalaureate degree in nursing eight years ago. Manager A worked four and one-half years in adolescent psychiatry

before becoming a first-line nursing manager three and one-half years ago. She has 17 staff under her direction, consisting of registered nurses, registered psychiatric nurses and child care workers.

On becoming a first-line nursing manager, Manager A inherited a unit which was organized around the concept of primary nursing care. This meant that while the first-line nursing manager had responsibility for quality control, the nursing staff were responsible for all aspects of patient care and planning from admission until discharge. This included developing care plans, contacting family and other resources when appropriate and processing and initiating doctors' orders. The responsibility for initiating and processing doctors' orders required that the nurses bring the need for changes in patient orders to the attention of the doctor and carry out the necessary paperwork to assure that the written orders were observed. For example, a doctor would write an order to alter the dosage of a particular patient's medication, which then required a chain of activities to be carried out. Either the ward clerk or the nurse would notify the pharmacy department of the medication change, indicate the change on the ticket used for medication distribution and send the old medication to the pharmacy to be replaced. While this process, referred to as processing orders, can be carried out by a ward clerk, a registered nurse is ultimately responsible

and must sign her/his initials verifying that the orders have been accurately processed by the ward clerk. On Manager A's unit the nurses were responsible for processing both the orders for their own patients as well as those patients assigned to child care workers.

On the units in this study that were not organized according to primary nursing care the first-line nursing managers often assumed responsibility for initiating and processing doctors' orders.

Physically, Manager A's office was found on the unit directly behind the nurses station with a window which viewed much of the unit. This office space also doubled as a staff conference room for shift report and evening staff.

Manager A perceived her leadership style to be "democratic", with a focus on discussion and communication. While Manager A had no formal assistants, she did assign nurses on a rotating basis to be in charge when she was off the unit for meetings or breaks. Additionally, Manager A believed the ward clerk, who had been in the her position for many years, to be invaluable in terms of keeping the unit's files and paperwork organized. Other professionals on the unit included: one full-time doctor, one rotating medical resident, a psychologist, a social worker, an occupational therapist and a part-time recreational therapist.

Manager B. At the time of this study, Manager B was the first-line nursing manager for a 37 bed surgical unit, of which 27 beds were allocated for general surgery, 7 for specialized surgery and 3 for general medical patients. As a result of this mixture of bed allocations Manager B's unit had nine admitting doctors and three rotating residents. In terms of other professionals, Manager B's unit had no permanent fulltime resources for her unit, but rather consulted from the general hospital pool of social workers, physiotherapists, occupational therapists and home care nurses as the need arose.

Educationally prepared in a diploma program in the 1960's, Manager B had a variety of nursing experiences which included fifteen years as an operating room supervisor. At the time of this study Manager B had been a first-line nursing manager for three years.

Manager B had a staff of 37, which included registered nurses, licenced practical nurses, nursing aides and orderlies. In general, she described her leadership style as "democratic". Manager B stated that organizationally she used "one-to-one nursing" patient assignments. This meant that both registered and licenced practical nurses were given the responsibility of providing the bedside nursing care for the same group of patients consistently for one to three days. The licenced practical nurses were expected to seek out either a registered nurse or the first-line

nursing manager when she/he had a patient requiring skills beyond the scope of the licensed practical nurse's capabilities. The processing of patient orders, contacting family members and discussions of patient plans was carried out by either the first-line nursing manager or the registered nurse placed in charge in her absence. Manager B had no assistant head nurse positions to lesson these tasks, and at the time of this study she was using casual relief ward clerks while in the process of hiring someone new into the position. Manager B reported that the lack of a permanent ward clerk meant that she ultimately did tasks that could typically be carried out by a permanent unit ward clerk, such as, organizing files.

Physically Manager B's office was around the corner form her nursing unit, which according to Manager B prevented her from "spending much time there".

Manager C. Manager C was the first-line nursing manager of a 9 bed critical care unit. This critical care area was a physically open unit in which all 9 patient beds were within view of the nursing desk. This meant that Manager C had close physical proximity to both the patients and her nursing staff throughout most of her day. She spent little time in her office which was located one block down the hall from the unit.

As a graduate of a diploma school of nursing, Manager

C had been in this position two years at the time of the study, and had worked previously for five years as a first-line nursing manager on a different critical care unit within the same hospital.

Manager C's 32 staff consisted predominately of registered nurses with critical care certification. She referred to her leadership style as a combination of "delegation", "leading by example" and "democratic." Manager C also referred to the unit's nursing organization as that of a "combination". By this she explained that primary nursing care, team nursing and functional nursing were all used when deemed appropriate. Specifically, primary nursing care was used for long term patients, while team nursing care, in which several nurses care for one patient, and functional nursing, meaning each nurse managed a different aspect of the patients' care were used when the unit was extremely busy or patients were very acute. Most of the initiating and processing of orders, communication with doctors and families was handled by the first-line nursing manager or in her absence the nurse delegated to be in charge.

Manager C had two assistant head nurses who rotated working "days" and "nights". These assistants acted as "charge nurse" on night shift and when Manager C was not available to be on the unit. In addition, the assistant head nurses were responsible for scheduling the staff

hours, performance appraisals and teaching new educational procedures to the staff. The unit ward clerk was, according to Manager C a valuable person in terms of organizing the paperwork and consequently saving time. There were four attending doctors for Manager C's unit and an assortment of approximately 15 other doctors who came through the unit on a daily basis to check on patients. Additionally, the unit had a fulltime rotating physiotherapist, three respiratory technicians, and the general use of the hospital "pool" for other professional resources, such as social work, as necessary.

Manager D. At the time of this study, Manager D was the first-line nursing manager for a 39 bed combination antepartum and gynecology unit in the department of maternal/child nursing. Having graduated fifteen years ago from a diploma school of nursing Manager D had varied nursing experiences both in the operating room and teaching prior to becoming a first-line nursing manager three years ago.

Physically, 12 beds were allocated for antepartum and were situated on one end of the unit with an independent nursing desk, equipment and supplies. The other 27 beds were located at the other end of the unit and were similar to the antepartum area in terms of equipment and the nursing desk. Manager D's office was located behind the

patient lounge, which was midway between the antepartum and gynecology ends of the unit. Manager D reported that because she found going through the patient lounge to get to her office to be uncomfortable she seldom spent time there. Manager D had 30 staff, comprised of registered nurses, licenced practical nurses, nursing aides and orderlies. The staff on Manager D's unit alternated working in the antepartum and gynecology areas. There was one ward clerk for the unit who worked both desks and had been on the unit for many years. Manager D believed her assistance to be crucial in terms of keeping the unit organized and functioning smoothly.

In terms of leadership style, Manager D described her style as "supportive-communicative with a clinical focus". Organizationally Manager D was working towards primary nursing care. This meant that at the time of this study the nurses maintained relatively consistent patient assignments and were responsible for all aspects of nursing care including processing doctors' orders, and going on patient rounds (i.e., assessing and planning patient care) with the doctors. Manager D would assist the nurses with any of their tasks as time allowed. There was one assistant head nurse for the unit whose primary responsibility was as a resource person for the antepartum area of the unit. This included orienting new staff to the area and acting as "charge nurse" when Manager D was unavailable. The varied

nature of the unit meant that 10 doctors and 30 or more residents, intern and specialists regularly spent time on the unit.

While the gynecology area of the unit had a greater number of beds, the antepartum area had been allocated more resources, by the hospital, in terms of other professionals. The antepartum area had a part-time social worker, and full-time clinical nurse specialist, whereas the gynecology area had to consult other professionals from the hospital at large when necessary. Manager D believed that eventually the two areas would, in fact, be divided into two distinct units.

In sum, The first-line nursing managers in this study were from four different clinical areas: surgery, maternal/child, psychiatry, and critical care. In terms of educational preparation, three of the first-line nursing managers graduated from diploma schools of nursing and one graduated from a baccalaureate in nursing degree program. Three of the four first-line nursing managers had been in their current positions for 3 years; and one for 2 years with 5 years previous experience as a first-line nursing manager on another unit in the same hospital. All four of the first-line nursing managers described their leadership style as "democratic" or "supportive/communicative". Delegation of patient care was carried out differently by all four of the first-line nursing managers. The units for

which the four first-line nursing managers were responsible ranged in size from 7 to 39 patient beds with an average of 23 beds. Similarly the number of employees under each first-line nursing manager's direction ranged from 17 to 37, and averaged 29. The number of doctors and resident doctors working on the units ranged from 2 to 40 and averaged 18.

Variations were found in the resources available to the first-line nursing managers in terms of staff educators, assistant head nurses and clinical nurse specialists.

The physical facility of each unit varied as illustrated by the location of each first-line nursing manager's office. One of the first-line nursing manager's office was directly on the unit, one office was off the unit's patient lounge, one office was around the corner from the unit, and the remaining office was located approximately one block down the hall from the unit.

In short, the four first-line nursing managers' positions having shared a common hospital setting, were similar in terms of the overall responsibilities and organizational expectations. There were variations found in how each of the four participants realized their positions in terms of the size and physical lay-out of their units, number of employees, resources and doctors on the unit, and methods of delegating patient care.

Results and Analysis of the Work of Four First-line Nursing Managers

The work of four first-line nursing managers will be analyzed in this section from three perspectives: 1) types of activity; 2) activity participants; and 3) behaviors underlying each activity.

Each of the four first-line nursing managers were observed for three working days. The total number of minutes worked during each three day observational period was used as a basis for calculating averages. These averages related the ways in which each of the first-line nursing managers spent their work time as discussed in the following section.

All four of the managers worked during the day, monday through friday. Managers B and D were on their units a half hour before the start of day shift at 0730, Manager C arrived on the unit just prior to 0730 and Manager A arrived at 0825, received report from the day staff and worked until 1630 or 1700 each day. The length of the work days were described as fairly typical according to all four managers. As shown on Table 1, the average working day for the first-line nursing managers ranged between 8.1 hours (486 minutes) and 8.8 hours (530 minutes) per observed working day, with an overall mean value of 8.4 hours (503 minutes). This time represents the total time spent at work and includes all personal time. From the onset mealtime and "coffee breaks" were identified and categorized as "person

Table 1

Average Length of Work Days for Four First-line Nursing Managers

AVERAGE TIME WORKED PER DAY	Mean	First-line Nursing Managers			
		A	B	C	D
minutes	503	486	530	497	500
hours	8.4	8.1	8.8	8.3	8.3

al time" in order to provide consistency throughout the study. However, most of the first-line nursing managers informally worked through "coffee" and meal breaks as they tended to sit and chat with their staff or peers during these times. In addition to the observed working hours, one manager stated that she worked at home "about 2 days per year related to scheduling", another manager stated that she "averaged 4 hours per month of working at home during the evenings or week-ends", and two of the managers reported that they did not carry out any work related activities at home. In short, these four managers generally carried their work out in the context of their workday in the hospital.

Work Time Analyzed by Types of Activities

This analysis focuses on the first-line nursing managers' work in relation to activity type. Ten activity categories (as defined in Chapter 3 and revised following the pilot study) were used: 1) desk work; 2) telephone calls; 3) scheduled meetings; 4) unscheduled meetings; 5) tours/visits; 6) travel; 7) personal; 8) secretarial; 9) study time; and 10) other. The proportions of work time spent in each of these activity categories are listed in Table 2 and illustrated in Figures 3a and 3b.

All of the managers reported that the observed days were relatively typical in terms of types of activities,

Table 2

Summary of First-line Nursing Managers' Types of Activities

Type of Activity	Mean	First-line Nursing Managers A	B	C	D
PROPORTION OF TIME PER DAY IN:					
- desk work	14.3%	7.9%	18.6%	10.8%	19.6%
- telephone calls	7.1%	2.1%	13.7%	7.6%	4.3%
- scheduled meetings	17.3%	42.5%	9.0%	6.3%	12.7%
- unscheduled meetings	29.0%	24.2%	30.9%	36.7%	24.0%
- tours/visits	6.3%	0.2%	5.9%	12.0%	7.0%
- travel	1.5%	1.7%	1.4%	1.0%	1.7%
- secretarial	0.9%	0.1%	1.4%	0.7%	1.1%
- personal	16.0%	15.6%	15.0%	16.6%	16.8%
- study time	5.2%	4.9%	3.0%	3.9%	9.2%
- other	2.4%	0.7%	1.1%	4.3%	3.6%

Figure 3(a)

A Summary of First-line Nursing Managers' Types of Activities

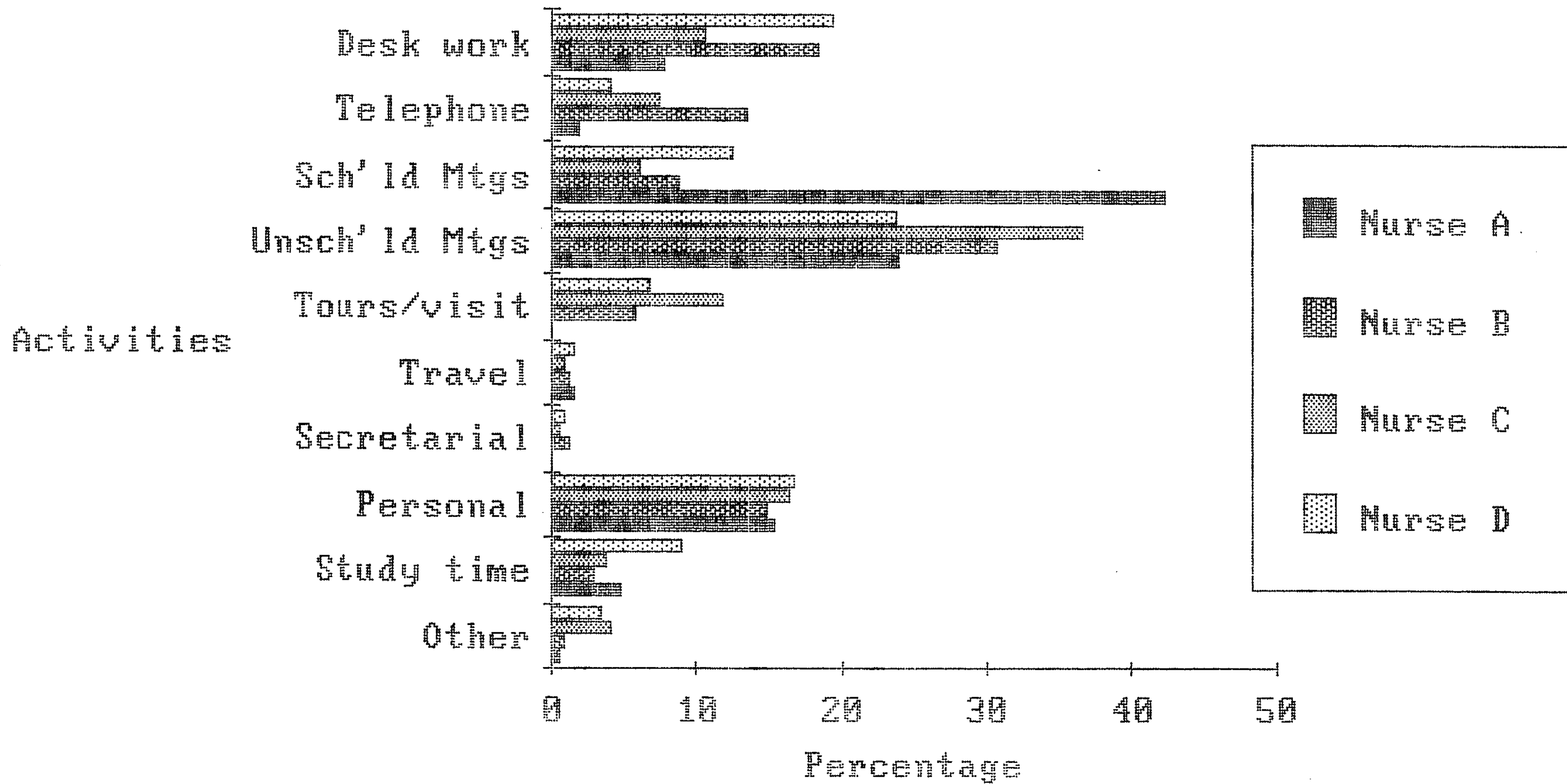
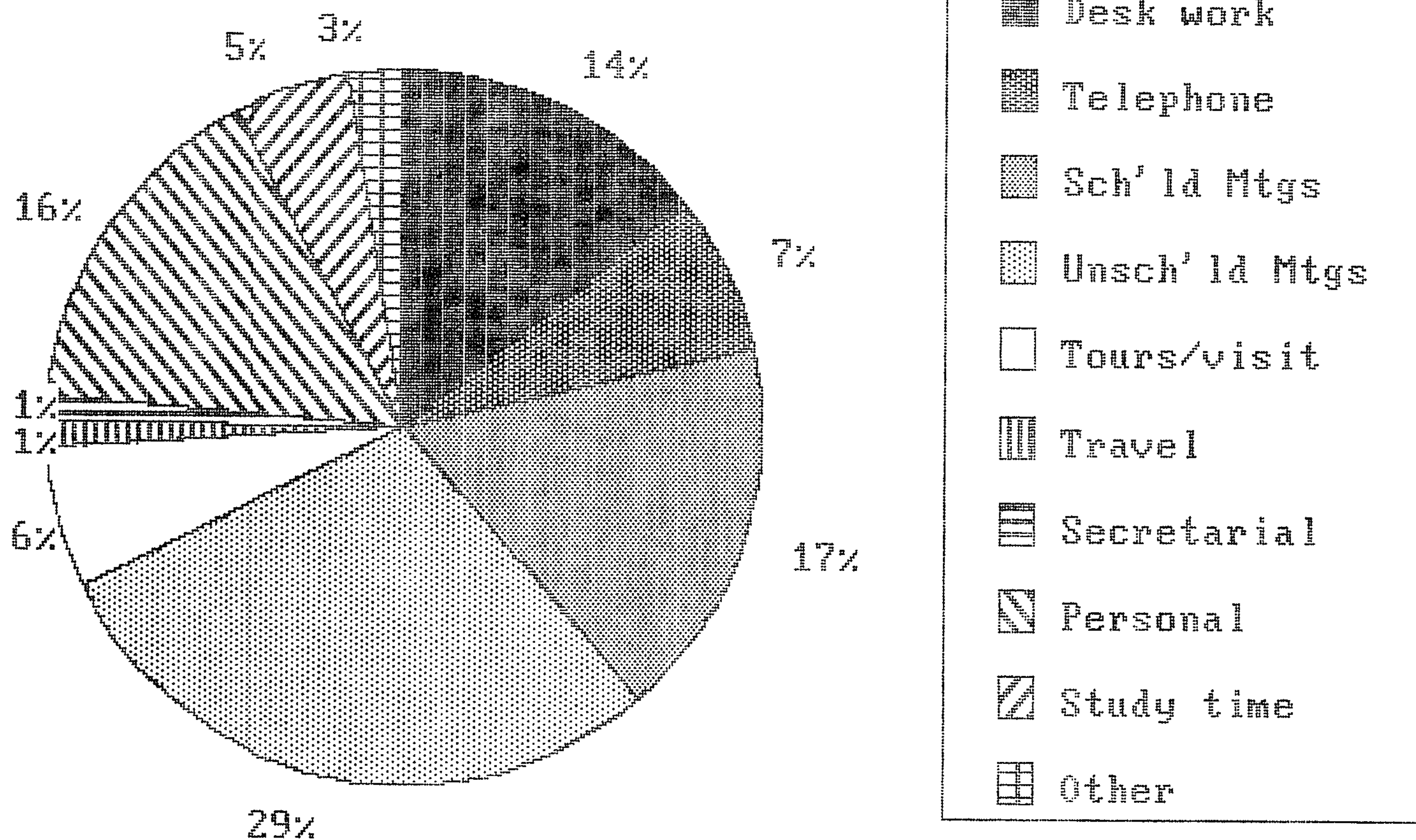


Figure 3(b)

The Mean of First-line Nursing Managers' Types of Activities



however they all felt that the work pace was slower than usual due to the summer time period in which this study took place. Managers B, C, and D indicated that scheduled meetings in particular occurred less frequently during the summer months as they often were cancelled because of holiday schedules.

Managers B, C, and D all spent the greatest portion of their time in brief unscheduled meetings (see Table 2) which lasted an average of 1.4 minutes, and accounted for 46.4% of the total days' activities (see Table 3). An example of unscheduled meetings would include Manager D briefly discussing a family member's concern, with the patient's nurse in the hall.

Desk work consumed the second greatest portion of the work day for Managers B, C, and D. While, by definition, desk work can include administrative types of work (e.g. reviewing reports, processing mail, analyzing the budget etc.), the majority of desk work carried out by Managers B, C, and D focused on daily unit desk activities such as processing orders, reviewing patient charts, determining nursing assignments and coordinating patient discharges and admissions. For example, 22% of Manager B's day was spent on desk work which, because of the quick changes in patients' status on this surgical unit, consisted primarily of processing changes in doctors' orders.

While desk work accounted for a large part of the day

Table 3

Summary of the Aggregates for All Four Nursing Managers by

Activity Type

Type of Activity	Average Duration (minute)	Activity Time as % / Total Day	Average Number Per Day	Activity as % Total
Desk work	1.6	14.3%	48.3	20.6%
Telephone calls	1.3	7.1%	28.0	12.8%
Scheduled meetings	20.1	17.3%	4.3	2.0%
Unscheduled meetings	1.4	29.0%	101.0	46.4%
Tours/visits	3.0	6.3%	10.6	4.9%
Travel	1.6	1.5%	4.6	2.1%
Secretarial	1.4	0.9%	3.2	1.5%
Study time	4.7	5.2%	5.6	2.6%
Personal	12.5	16.0%	6.4	2.8%
Other	1.3	2.4%	9.2	4.2%

for Managers B, C, and D, the handling of the mail was not a substantial aspect of the desk work. The time spent by all four managers spent handling the mail averaged 7.4 minutes per day or 10% of the total time spent on desk work (see Table 4). The first-line nursing managers handled, on the average, 6.3 pieces of mail per day and spent 1.1 minutes with each item. Managers B and C dealt only with incoming mail, while Managers A and D sent one piece of outgoing mail each during the three day observation period. Additionally, Managers A and D spent a greater portion time handling the mail, as they spent longer periods of time reading through each item. Manager D had just returned from her vacation time and reported that the quantity of mail was primarily that which had accumulated while she was away. On the other hand, Manager A appeared to more carefully handle her mail in order to maintain contact with the rest of the hospital, as her clinical area was physically isolated from the rest of the hospital in a separate building. Therefore, the researcher's impression was that these two managers (A and D) were less typical of first-line nursing managers in general. In general, the handling of the mail assumed a minor role in the workday of the first-line nursing managers both in terms of the time spent on the mail and the quantity of mail received and sent.

Dissimilar to the other three managers, the largest

Table 4
Summary of the Mail

Category	Mean	First-line Nursing Manager A	B	C	D
Average number of pieces of mail per day	6.3	8.3	1.7	3.0	12.0
Average time per day handling mail (minutes)	7.4	7.5	2.0	1.5	18.7
Time handling mail as proportion of desk work	10.0%	19.6%	2.0%	2.7%	19.1%

portion (42.5%) of Manager A's workday involved patient focused scheduled meetings. As the first-line nursing manager on an adolescent psychiatry unit, Manager A believed her work to be different from that of other first-line nursing managers in the hospital because as she stated, "psychiatry tends to be more oriented towards meetings and discussions". These meetings generally consisted of various professionals gathered to discuss patient diagnosis, plans and progress. Three other factors that may account for Manager A experiencing less desk work include: (1) the small size of Manager A's unit (7 beds); (2) the relatively slow patient turnover rate; and (3) the organization of nursing into primary nursing care, whereby each nurse is responsible for the total coordination of her/his own patients' care. These factors suggest that while there is less daily unit desk work generated for Manager A than the other three managers in the study the specialty orientation towards scheduled meetings fills this void.

This relates to Leatt and Schneck's (1980) study of head nurses perceived stress differences across various nursing specialties. In their study Leatt and Schneck found that the types and frequencies of stressful events varied between the clinical specialty areas. Therefore, the work focus of first-line nursing managers within certain specialty areas may vary as in the case of Manager A.

The category referred to as personal time was recognized as problematic midway through the study. A clearer understanding of the managers' day could have possible been achieved by further dividing personal time into two distinct categories: break times and personal time. As previously discussed all forms of personal time including meals and breaks were placed in this category. Consequently, personal time was the third most time consuming portion of the day. This occurred because formal breaks remained relatively consistent for all four first-line nursing managers as they each tended to take approximately a one-half hour break in the morning, a one hour break for lunch. As mentioned, all of the managers informally "worked" through their morning and lunchtime breaks as they exchanged ideas and information with subordinates, peers and other professionals during these time periods. For example, Manager C informally discussed concerns and feelings regarding a patient's death with staff nurses. In some cases the first-line nursing managers reported to the researcher that by sitting with the staff during breaks they perceived themselves to be improving or maintaining nursing staff morale.

Following personal time the activity proportions vary with each of the first-line nursing managers. The type of clinical area and patient population, the style of the manager, and the nursing organization of the unit all

present as factors affecting the variations in the managers' activities. For example, Manager B's unit was a high patient turnover, fast paced surgical unit, in which the first-line nursing manager coordinated patient admissions and discharges with the availability of beds by notifying the appropriate admissions personnel. Consequently, Manager B spent a great deal of her day on the telephone (13.7%) arranging patient admissions and discharges with the doctors, families, and various hospital departments (e.g., admitting department, intensive care surgery, emergency, recovery room and operating room). Similarly, Manager C, as the first-line nursing manager of a critical care area, spent a relatively greater portion of her day (12%) on patient tours/visits as she found the tours/visits necessary in order to assess the quickly changing status of the patients on the unit.

As identified in the study time category (Table 3) the managers' overall spent 5% of their working day in activities related to this study. These activities primarily consisted of answering the researcher's questions and providing additional information as they deemed necessary. As this activity was study induced there is no way of knowing exactly how the managers would have spent this time otherwise.

The overall activities can be examined both in terms of duration and numbers. The average duration of activities

ranged from 3.2 minutes (Manager B) to 7.4 minutes (Manager D). The mean activity duration for all the first-line nursing managers' was 5.0 minutes. In short, on the average the managers changed activities every 5 minutes, with 70% of the activities lasting less than 2 minutes (see Table 3). As Table 5 illustrates the vast majority (89%) of the first-line nursing managers' activities were consistently less than 6 minutes in duration. Meanwhile, the average total number of activities in which the first-line nursing managers were involved during the course of each day ranged from 302 (Manager C) to 61 (Manager A), with an overall value for all of the first-line nursing managers of 218 activities per working day.

In sum, the picture that begins to emerge is that of first-line nursing managers whose workday averaged 8 hour and, involved a large number of brief activities. For three of the managers the activity focus was on desk work and unscheduled meetings. Desk work for these managers focused on the daily unit desk work, rather than on administrative activities or the handling of mail, and unscheduled meetings consisted of quick unplanned verbal exchanges. Scheduled meetings ranked first for one manager who perceived her work to be unique in relation to other first-line nursing managers, because of the nature of her specialty area and patient population.

Table 5

Average Duration of Activities by Percentage of Total Activites

Duration of Activities		First-line Nursing Managers			
	Mean	A	B	C	D
0 - 5.5 minutes	89.4$	72.3%	95.5%	96.3%	93.7%
6.0 - 10.5 minutes	6.3%	18.5%	2.0%	1.3%	3.4%
11.0 - 30.5 minutes	2.3%	0%	2.5%	2.4%	2.0%
31.0 - 40.5 minutes	5.1%	9.2%	0%	0%	0.9%
41 + minutes	0%	0%	0%	0%	0%

Activity Participants

In this section the first-line nursing mangers' work activities are examined in terms of the participation of others. Specifically, the work of first-line nursing managers was divided into two general categories: 1) solitary activities, in which the first-line nursing manager works alone such as desk work; and 2) joint activities involving either patients, subordinates, peers, other professionals, superiors or others as in meetings (both scheduled and unscheduled) or on the telephone. Patients' families and friends were included in the definition of patients (see Chapter 3).

Table 6 shows the percentage of the time spent by each of the managers with the various participant categories. Figure 4(a) and Figure 4(b) are graphic representations of Table 6. The similarities among all four managers is noteworthy both in terms of the percentages and duration of time spent with each participant category. Specifically, the bulk of the managers' days (80%) were involved in joint activities. Time spent with subordinates (e.g., nurses, nursing aides and orderlies) while one of the briefer activities in terms of duration (2 minutes), was the joint activity which accounted for 30% of the total day. These brief interactions with subordinates accounts for 29% of the day spent in unscheduled meetings as described in the

Table 6

Summary of First-line Nursing Managers' Activity Participants

Category	First-line Nursing Managers				
	Mean	A	B	C	D
PROPORTION OF DAY:					
- in solitary activities	20.5%	9.8%	28.5%	30.0%	31.6%
- in all joint activities	79.5%	90.2%	71.5%	80.0%	68.4%
- with superiors	2.9%	0.7%	4/*5	6.4%	0.4%
- with subordinates	29.6%	30.9%	34.6%	32.5%	30.1%
- with peers	6.3%	21.3%	2.0%	1.9%	0.9%
- with other professionals	24.4%	24.0%	20.5%	31.5%	30.6%
- with patients	8.8%	4.5%	12.2%	6.4%	12.0%
- with others	7.5%	8.8%	9.5%	7.7%	6.1%
AVERAGE DURATION OF:					
(in minutes)					
- solitary activities	2.0	3.1	1.4	1.2	1.8
- joint activities					
- with superiors	6.0	3.0	11.0	5.0	1.8
- with subordinates	2.0	6.0	2.0	1.0	1.3
- with peers	8.0	35.0	1.2	2.3	1.0
- with other professionals	3.0	12.0	2.0	2.4	3.2
- with others	2.0	10.0	1.0	1.0	6.1

Figure 4(a)

A Summary of First-line Nursing Manager Activity Participants

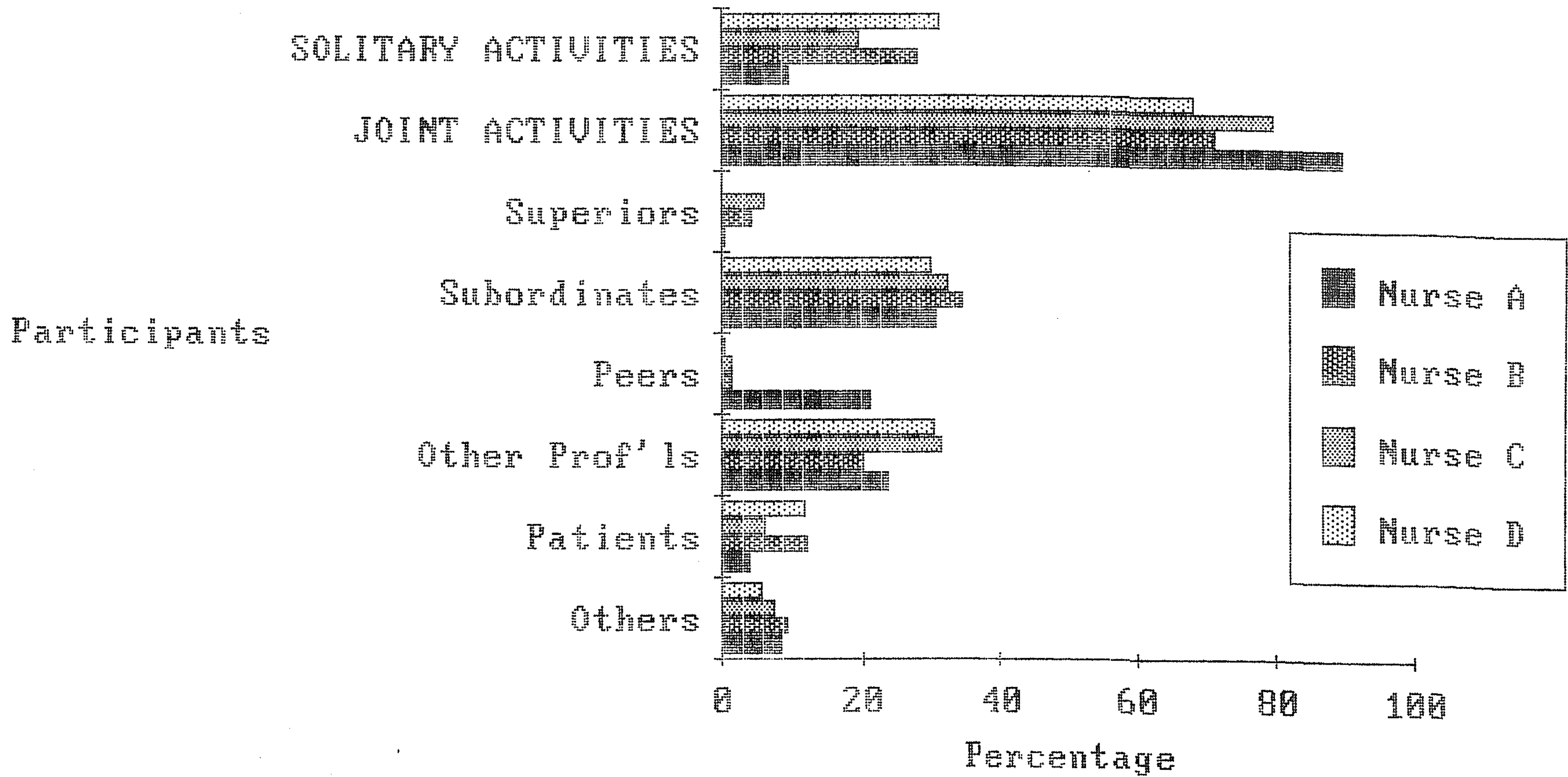
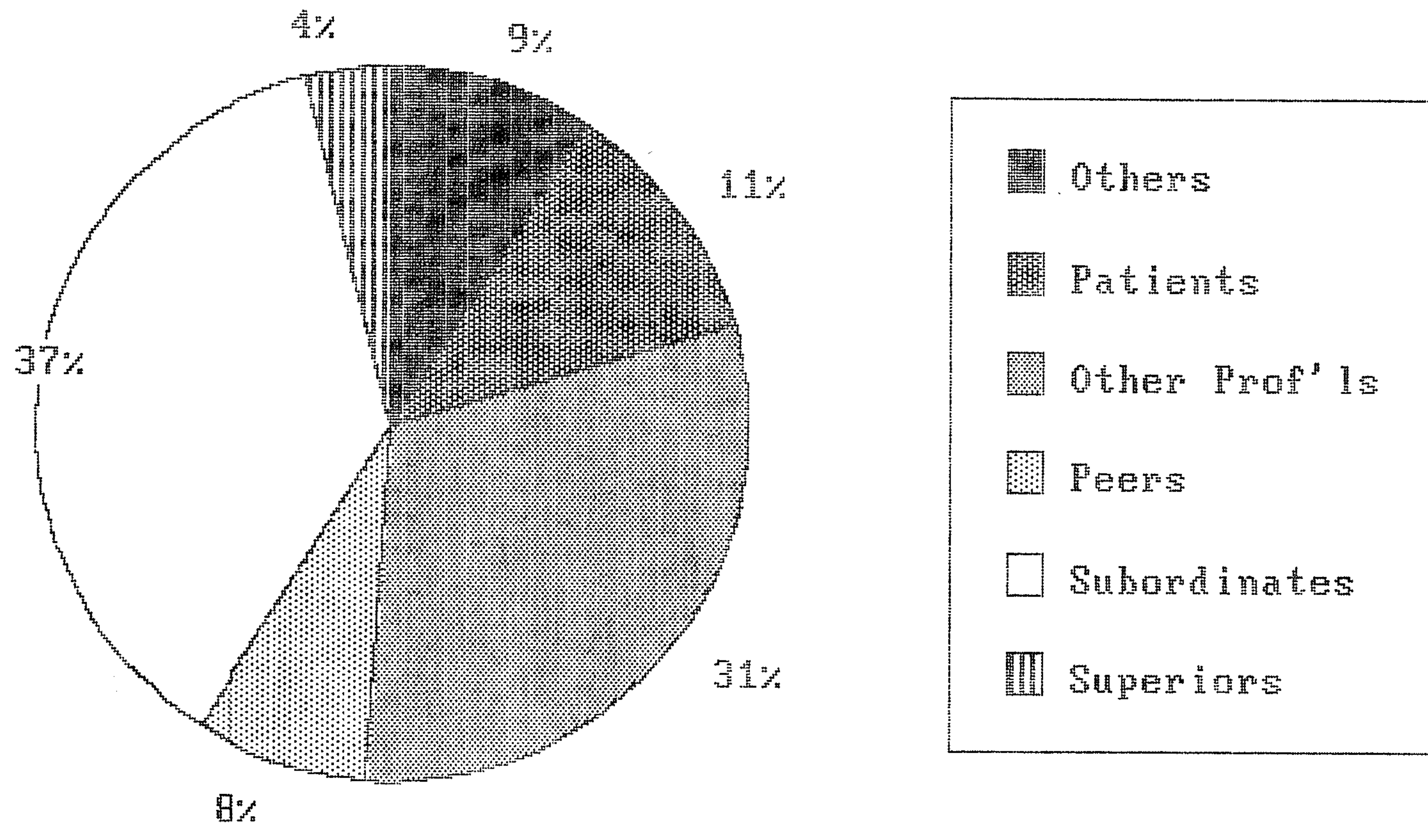


Figure 4(b)

The Mean of First-line Nursing Manager
Joint Activities by Participant



previous section. In other words, the managers spent a great deal of their day with subordinates in unscheduled meetings.

Other professionals followed as the next largest participant category consuming 24.4% of the total day. While all of the first-line nursing managers had interactions with other professionals such as dietitians, pastoral care workers and social workers, doctors were consistently the professional group which thethe managers had the most interaction. This contact generally consisted of an exchange of information concerning the status and plans for patients.'

Consistently the managers spent the least amount of time (3%) involved with their superiors, (i.e., the director of nursing for the given specialty areas) and peers. The contact that the first-line nursing managers did have with their director of nursing tended to focus on brief informational exchanges. For example, the director of critical care nursing briefly came by Manager C's unit to inform Manager C that there could potentially be problems in obtaining relief nurses for that evening shift. At the same time Manager C provided her superior with an update on her unit's acuity and workload status.

In terms of the involvement of participants in the mail and telephone calls, Tables 7 and 8 illustrate that the "other" category involved over half of both the mail

Table 7

Mail by Correspondent /Participant

Mail Correspondent As % of Total Mail	Mean	First-line Nursing Managers A	B	C	D
Superior	4.8%	9.5%	23.1%	0%	1.9%
Subordinate	6.8%	14.8%	30.8%	0%	2.3%
Peer	2.7%	9.5%	0%	5.4%	0%
Other Professional	33.4%	3.3%	0%	0%	51.1%
Patient	1.6%	0%	0%	0%	2.6%
Other	50.7%	62.8%	50.0%	94.6%	42.1%

Table 8

Telephone Calls by Participants

Participant Category		First-line Nursing Manager			
As % of Total Calls	Mean	A	B	C	D
Superiors	4.0%	26.7%	4.1%	0%	0%
Subordinates	5.3%	6.7%	4.1%	5.9%	10.3%
Peers	8.0%	26.7%	5.8%	10.8%	1.7%
Other Professionals	20.4%	6.7%	24.7%	9.0%	20.7%
Patients	8.9%	3.3%	11.7%	4.5%	12.1%
Others	53.0%	30.0%	48.8%	69.8%	55.2%

correspondence (51%) and telephone participants (53%). In these circumstances the "other" category refers mainly to communication with the various hospital departments. This communication typically consisted of informational memos, in the case of the mail, which required no follow-up response and was either disposed of or posted for general information. In terms of telephone calls, this interdepartmental communication focused on brief exchanges of information.

Similar to the managers' overall day (see Table 7) the "other professional" or doctor group was the second largest participant category for both telephone calls (20%) and mail correspondents (33%).

From this data a picture of the four first-line nursing managers further develops. In this picture the managers' workdays are filled with frequent brief interactions primarily with subordinates and doctors. Of the relatively small portions of the day involved in telephone calls (7%) and mail (0.2%) the participant focus for these activities was communication with doctors and other departments within the hospital.

Activity Behaviors

In this section an attempt was made to understand why the managers engaged in each of the observed activities. As such, all of the first-line nursing managers'

activities were analyzed, as described in Chapter 3, in terms of behaviors or the purpose behind each activity. This categorization process was influenced by the perceptions of both the managers and the researcher, and therefore, there is a greater interpretative factor in this portion of the study.

The categories to identify the various behaviors were based on Mintzberg's ten managerial work roles as described in Chapter 1. New categories of behavior emerged as activities were carried out by managers that did not relate to any of Mintzberg's categories. This group of behaviors was referred to as clinical behaviors and was subdivided into the roles of: 1) clinical expert; 2) substitute nurse; 3) coordinator; and 4) education recipient.

The clinical expert role referred to any activity in which the clinical knowledge or experience of the manager was required in order for the activity to be carried out. This included any decisions related to clinical judgement, as well as assisting subordinates in patient related decisions and technical skills.

The role of substitute nurse pertained to any occasion in which the manager substituted for nursing staff in providing direct patient care, due to either a shortage in staffing, busy periods or staff break times.

The coordinator role included behaviors which were based on clinical knowledge which enhanced or prevented

disruptions in the unit functioning. Examples of this role included: moving two male patients into a room together to accommodate the admission of a female patient, organizing the location of forms at the nursing desk to provide the nurses with easy access, preparing needed equipment prior to the performance of a surgical procedure on the unit and the cleaning up of a spill to prevent a possible accident.

The role of education recipient referred to any behaviors in which the manager actively obtained new clinical information either formally, such as in-services and workshops, or informally through discussions with other professionals or peers. The education received in this role was either highly specific or more general in nature.

In terms of the proportion of time spent in each of the roles the informational roles, comprised of monitor, disseminator and spokesman behaviors, occupied the greatest portion of time for all of the first-line nursing managers. Table 9 and Figures 5a and 5b show that the time spent in this role ranged from 33% (Manager A) to 71% (Manager D). Within this major category monitoring behaviors were consistently predominant (38%). This means that the purpose behind much of the managers' work focused on the monitoring or attainment of information. This was often illustrated when staff nurses provided the first-line nursing managers with information regarding the status of patients' in the context of unscheduled meetings. Within the informational

Table 9

Percentage of Time Occupied by Each Behavior

Behavior Category	First-line Nursing Managers				
	Mean	A	B	C	D
INTERPERSONAL	14.2%	26.8%	8.1%	14.9%	7.3%
Figurehead	0.3%	0.5%	0.3%	0.1%	0.2%
Leader	9.7%	20.2%	7.0%	7.6%	4.2%
Liason	4.2%	6.2%	0.8%	7.2%	2.9%
INFORMATIONAL	55.3%	32.9%	60.8%	56.7%	70.8%
Monitor	37.9%	28.5%	37.2%	30.5%	56.6%
Disseminator	17.2%	4.3%	23.4%	25.8%	14.2%
Spokesman	0.2%	0.1%	0.2%	0.5%	0%
DECISIONAL	8.0%	12.7%	3.3%	2.0%	1.5%
Entrepreneur	0.9%	3.4%	0.2%	0%	0%
Disturbance Handler	2.0%	1.8%	2.3%	3.8%	0.1%
Resource Allocator	1.2%	1.8%	0.8%	0.4%	1.8%
Negotiator	4.0%	15.8%	0%	0%	0.5%
CLINICAL	22.5%	17.5%	27.9%	24.1%	19.5%
Clinical Expert	5.8%	8.6%	5.1%	4.5%	4.9%
Substitute Nurse	2.5%	0%	2.2%	4.0%	4.0%
Coordinator	12.2%	1.6%	20.1%	15.1%	10.6%
Education Recipient	2.0%	7.2%	0.4%	0.6%	0%

Figure 5(a)

Percentage of Time Occupied by Each
Behavior of First-line Nursing Managers

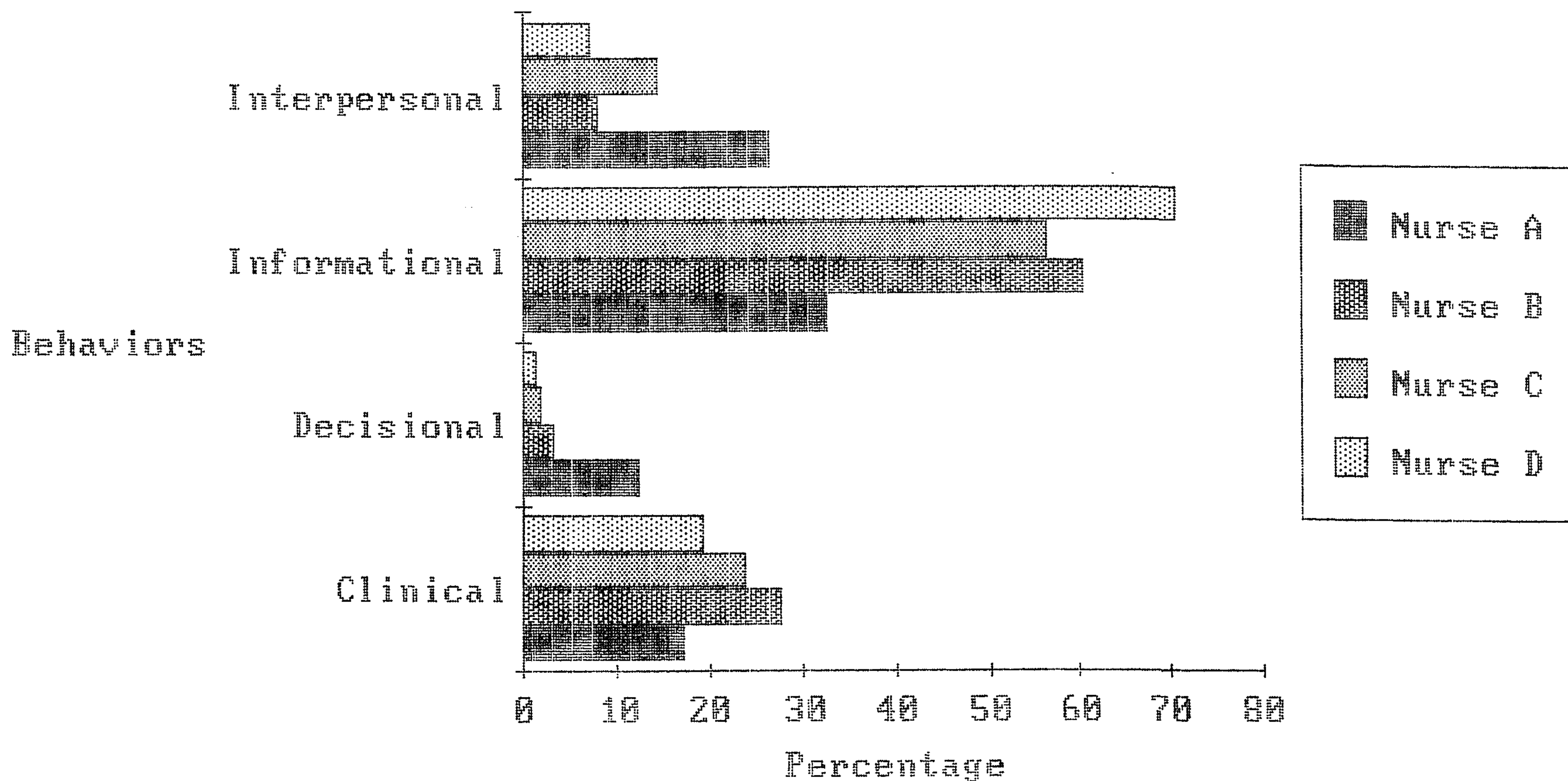
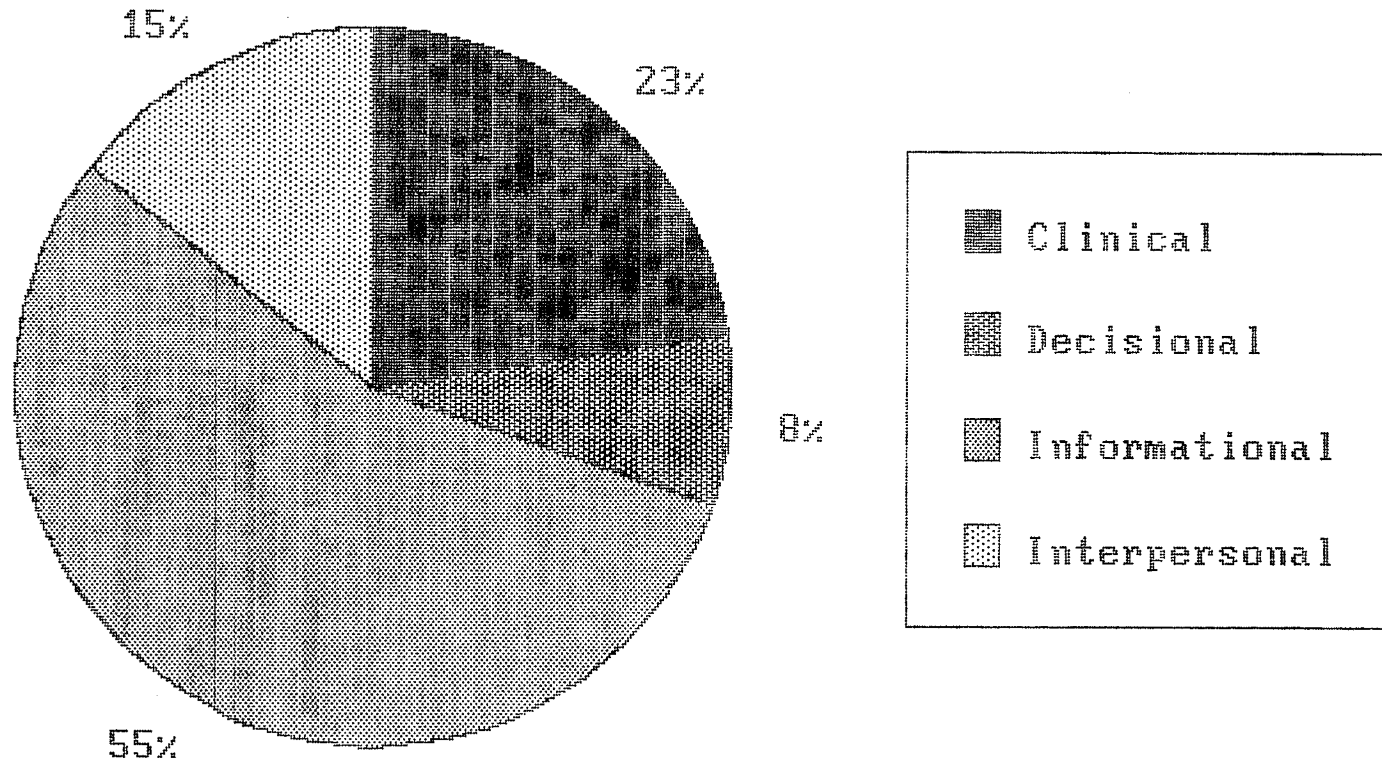


Figure 5(b)

The Mean of the Time First-line Nursing Managers are Occupied by Each Behavior



roles disseminator behaviors accounted for the next largest group of behaviors occupying 17% of the day. The instances of this behavior generally followed monitoring behaviors. Coordinating behaviors occupied a greater portion of the day for Manager C (15%) in critical care and Manager B (20%) on the surgical unit. In other words, the managers in the two areas with relatively higher acuity levels and patient turnover spent more time involved in behaviors oriented toward unit functioning. Examples of this behavior were seen as these two managers frequently adjusted unit plans and redirected the nursing staff to alter the location of patients and thereby accommodate the rate of turnover in patient beds.

Manager A, varied from the other three managers in that she spent the second largest portion of time (20%) engaged in leader behaviors within the interpersonal roles category. Once again, the unique findings in the work of Manager A may be due to the unique focus of her specialty area, psychiatry, or the relatively slow rate of patient turnover. An example of Manager A's leader behavior would be a discussion with a staff nurse regarding changes in managing particular types of patients. Manager A was similar to the other managers in that a large portion of her day (18%) included clinical behavior roles. In her case however, the focus of the clinical role was clinical expert behaviors rather than coordinating behaviors. These

clinical expert behaviors surfaced primarily during the course of scheduled meetings when other professionals and subordinates sought out Manager A's clinical judgement prior to making a decision. For example, in a meeting about patient planning the staff nurse and doctor solicited Manager A's view as to the readiness of the patient for discharge.

All four first-line nursing managers spent the least amount of time (8%) in the decisional roles, which include entrepreneur, disturbance handling, resource allocator and negotiator behaviors. While all of the managers were faced with making decisions daily, they viewed decision-making as a by-product rather than the focus of their behavior. For example, in granting a requested day off for a staff nurse Manager C perceived herself to be acting primarily as a leader, providing positive encouragement and support for this particular nurse. Therefore, while a decision was made concerning staff scheduling this decision was seen by the manager as merely a by-product of leadership behaviors and consequently was recorded as such by the researcher.

In terms of entrepreneur behaviors, the researcher's impression was that generally the managers were so involved in the day to day running of their units that they gave little attention to the innovative and creative types of decisions related to this behavior. This impression, however, may have been biased by the relatively small

sample size. One example of entrepreneurial behavior occurred when Manager B discussed with a nurse the possibilities of an alternate furniture arrangement in the patient rooms. This was brief in duration and not a commonly observed behavior.

Disturbance handling behaviors were perceived to be minimal by the managers themselves. What appeared to be disturbance handling to the researcher-observer were, in fact, perceived by the managers themselves to have a different underlying purpose. For example, on Manager C's unit a disturbance arose when a patient went into cardiac arrest and a team of nurses and doctors proceeded to resuscitate this patient. While Manager C assisted and directed during much of the procedure, she perceived herself to be coordinating the various activities rather than disturbance handling.

The largest behavior within the decisional category was represented by negotiator behaviors (4%). This figure was skewed by a three hour negotiation meeting Manager A attended during the study. The focus of the meeting was first-line nursing managers' reactions to possible changes to the nursing contract.

In summary, this section has highlighted the purposes underlying much of the work of first-line nursing managers. This study suggests that approximately half of the managers' day focused on the transmission and reception of

information. The managers were the recipient of information for over one-third of the day and the disseminator of information for approximately one-quarter of the day. Clinical behaviors based on their knowledge and experience both in nursing and the various specialty areas was also shown to be central to the managers in this study. Finally, these results indicate that the unique focus, acuity and patient turnover of specialty nursing areas appears to have an impact on coordinating behaviors of the first-line nursing manager within that area.

A Comparison with other Studies in the Literature

As demonstrated by the literature in chapter 2, there is a shortage of information about the work of first-line nursing managers. Most of the literature focuses on expectations or perceptions rather than on actual work content and purpose. This study attempted to describe the work of first-line nursing managers in terms of work content and purposes of the work.

In this section the study results are compared to the results of other structured observational studies of managers. Specifically, comparisons are made with Mintzberg's (1973) study of chief executives, Choran's (1969) study of small company managers, and Morrison's (1983) study of community health nursing managers. The work of these three different types of managers will be compared to

in terms of work activities, activity participants, and purpose of the activities.

Work Activities

Table 10 and Figure 6 illustrates comparisons in work activities among chief executives, managers of small companies, community health nursing managers and first-line nursing managers. In terms of numbers of daily activities, the first-line nursing managers, in this study, carried out almost threefold the numbers of activities when compared to any of the other types of managers. Following from this, the first-line nursing manager, when compared to the other managers, spent much shorter duration periods involved in each activity, with the greatest proportion of time spent in activities less than 9 minutes in duration. This large number of brief activities is likely due to the managers' perception of their work responsibilities. In short, the managers in this study perceived that their work responsibilities and the overall pace of hospital require them to be informed and responding to minute-by-minute unit functioning. This required the first-line nursing managers to frequently change activities and focus as the unit functioning varies from moment to moment.

When examining each activity type separately first-line nursing managers were considerably different in the areas of desk work sessions and unscheduled meetings. In

Table 10

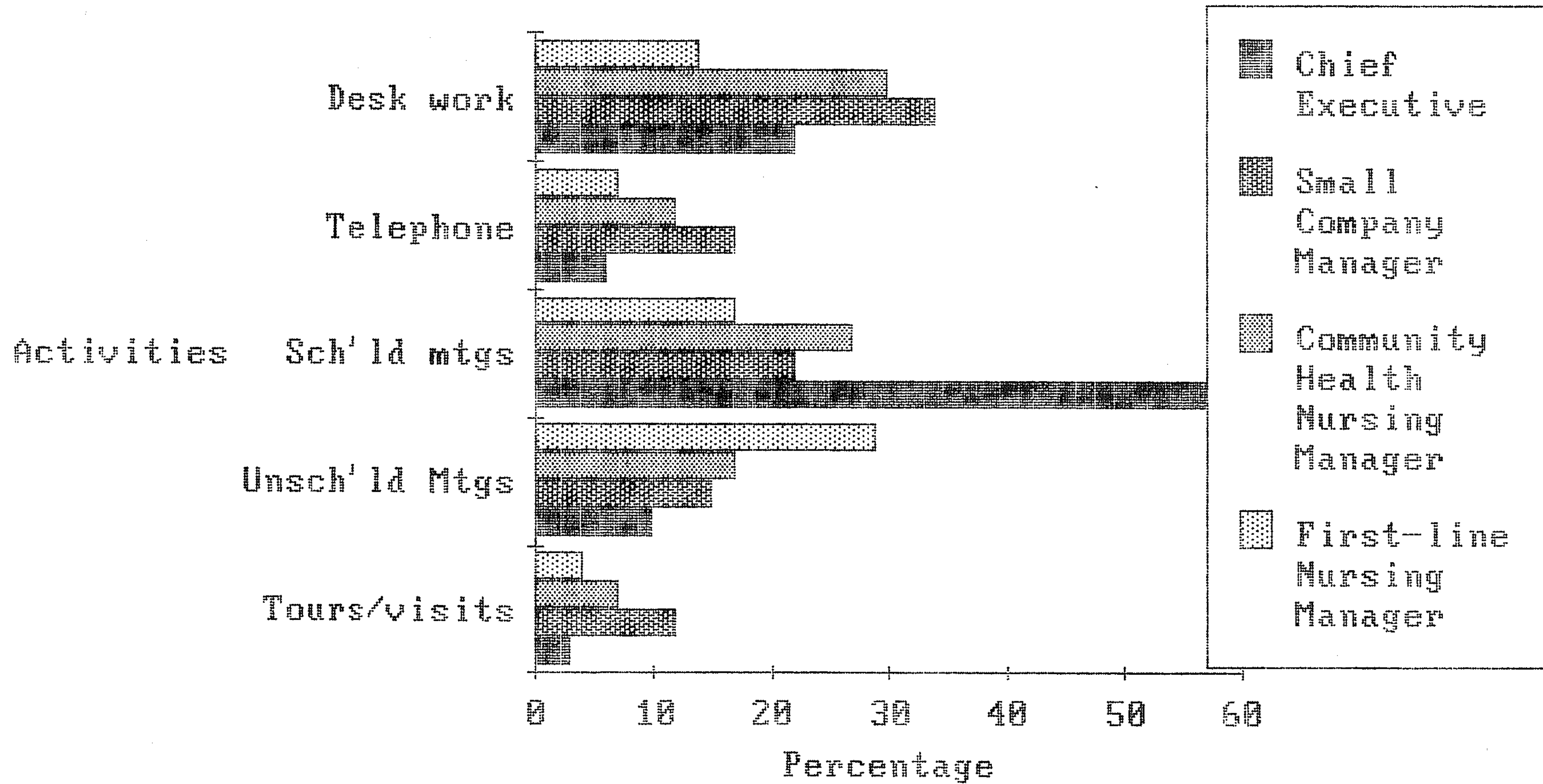
Selected Comparisons of Activities Among Different Types of Managers

Category of Comaprisons	Chief Executives (Mintzberg)	Small Company Managers (Choran)	Community Nursing Managers (Morrison)	First-line Nursing Managers (Raber)
Activities per day	22	79	39	218
Average duration	22min.	5 min.	12 min.	5 min.
% of activities lasting <9 minutes	49%	90%	69%	93%
% of activites lasting >60 minutes	10%	0.02%	3%	0%
DESKWORK SESSIONS				
Average number	7	21	14	48
Proportion of time	22%	34%	30%	14%
Average Duration	15 min.	6 min.	10 min.	2 min.
TELEPHONE CALLS				
Average number	5	29	11	28
Proportion of time	6%	17%	12%	7%
Average Duration	6 min.	2 min.	5 min.	1 min.
SCHEDULED MEETINGS				
Average number	4	3	4	4
Proportion of time	59%	22%	27%	17%
Average duration	68 min.	27 min.	33 min.	20 min.
UNSCHEDULED MEETINGS				
Average number	4	19	9	101
Proportion of time	10%	15%	17%	29%
Average duration	12 min.	3 min.	8 min.	1.4%
TOURS/VISITS				
Average number	1	5	2	8
Proportion of time	3%	12%	7%	4%
Average Duration	11 min.	8 min.	19 min.	2 min.

Sources: Mintzberg (1973, pp. 242-243); Choran (1969, pp. 64, 138) and Morrison (1983, pp.161, 163).

Figure 6

Selected Comparisons of Activities
Among Different Types of Managers



terms of desk work, the first-line nursing managers were involved in greater numbers of desk work sessions per day, yet because of their relatively short duration these sessions accounted for a lesser proportion of the day than for the any of the other three manager types. Table 10 demonstrates the centrality of unscheduled meetings to the work of the first-line nursing managers studied. While unscheduled meetings were again relatively brief for the first-line nursing managers they comprised a much greater portion of the day than for any of the other manager types. This large number of unscheduled meetings appears to be primarily due to the managers' need for quick exchanges of information in order for the first-line nursing manager to remain "on top of the situation". Conversely, scheduled meetings (during the summer season) appeared to be of lesser importance to the first-line nursing manager as they spent less time in attendance than did the other types of managers. Although relatively few, all of the managers expressed dislike for scheduled meetings in general as they interfered with their ability to remain on the unit and to be aware of minute to minute changes.

When comparing activities overall, the first-line nursing managers in this study most closely resembled the managers in Choran's study of small companies. While they numbers vary, both the first-line nursing managers and the managers of small companies engaged in large numbers of

activities which were relatively short in duration. In addition, tours/visits and travel occupied a relatively greater portion of the day for both of these manager group than for either chief executives or community health nursing managers. This comparatively high tours and visits time relates to the time first-line nursing managers spend in direct contact to patients and families. The more senior managers in Mintzberg's and Morrison's studies did not likely have the opportunity for this direct client or product consumer.

The first-line nursing managers differed from managers of small companies in the areas of desk work, telephone calls and unscheduled meetings. Specifically, desk work sessions and telephone calls were more prevalent for the small company managers in Choran's study, while unscheduled meetings were found to be more common to the work of first-line nursing managers.

Activity Participants

Table 11 provides selected comparisons of activity participants for the four types of manager groups. The proportion of time spent in joint activities is shown to be highest for the first-line nursing manager group (80%) and most closely comparable to the chief executives group (78%). Similarly, the community health nursing managers (58%) and the managers of small companies (59%) were

Table 11

Selected Comparisons of Activity Participants of Different Managers by Proportions of Time

Category of Participants	Chief Executives	Small Company Managers	Community Nursing Managers	First-line Nursing Managers
Joint activites	78%	59%	58%	80%
Superiors	7%	0%	17%	3%
Subordinates	48%	56%	47%	30%
Peers and others	0%	4%	17%	14%
Other professionals	33%	31%	9%	24%
Government reps	0%	0%	9%	0%
Clients or patients	11%	9%	0.5%	9%

Sources: Mintzberg (1973, pp. 250-251); Choran (1969, p. 149) and Morrison (1983, p. 167).

relatively comparable in the proportions of time they spent in joint activities.

All of the managers spent proportionally more time with their subordinates than with any other participant category. The first-line nursing managers, the chief executives, and the small company managers were similar in that they all spent the second greatest proportion of the day with other professionals or organizations. Similarly, these three groups of managers all spent about ten percent of their time with their product consumers, that is, clients or patients. Functioning differently, the community health nursing managers spent the second largest portion of the day divided equally between the superiors and peers/other categories, and only one-half of a percent of their time with clients or patients.

In terms of activity participants the first-line nursing managers' work involved similar proportions of the same categories of participants as both the chief executives and small company managers.

Activity Behaviors

As previously discussed fourteen categories of behavior arranged into four cluster groups evolved from the data in this study. Mintzberg's terms and definitions (1973, pp. 58-94) were adapted for the three clusters of ten categories. A new fourth category cluster was developed

as certain behaviors undefined by Mintzberg were detected in the data. This cluster was defined as clinical behaviors with four sub-categories labeled as: clinical expert, substitute nurse, coordinator, and education recipient.

A complete comparison among the four groups of manager in the area of activity behaviors or purposes is greatly limited by the fact that both Mintzberg and Choran categorized only the purposes of joint activities (referred to as verbal contact in their studies). As previously described joint activities accounted for only 78% of the work time in Mintzberg's study and 59% in Choran's study, therefore, the purpose behind much of the work of the managers in these studies is unknown. Additionally, while Mintzberg developed the categories of ten managerial roles based on his data, neither he nor Choran utilized these roles to measure the proportions of time spent by the managers studied in each role category. Rather, both Mintzberg (1973, pp. 249-51) and Choran (1969, pp. 91-4) analyzed their data according to the following four areas 1) "secondary" or work which was externally focused (e.g.,board work, ceremonies etc.); 2) "decision-making" regarding strategy development and negotiations; 3) "informational" which included the giving and receiving of information as well as tours and reviews; and 4) "requests" from staff and others covering an array of topics. While the informational and decisional categories have obvious overlap with the roles used in this study,

the secondary and requests categories are not as readily related to Mintzberg's ten working roles. This therefore, limits the comparability of Mintzberg and Choran's study results with this study.

Utilizing Hannah's methodology, Morrison used Mintzberg's description of the manager's working roles to classify the behaviors or purposes for all of the community health nursing manager's activities. The categorization of activity behaviors carried out in this study followed Morrison's methodology, and therefore more detailed comparisons of activity behaviors are made with the results of her study.

Table 12 illustrates the differences in behaviors or activity purposes found between the first-line nursing managers group and the community health nursing managers. While over half (55%) of the first-line nursing managers activities focused on the transference of information, the community health nursing managers were more oriented toward interpersonal behaviors (40%). The pace at which changes occurred for the first-line nursing managers may account for their need to remain "on top" of information. Additionally, the need for up to date information was likely greater for the first-line nursing managers because of their greater patient/client contact (see Table 11). When directly in contact with patients the first-line nursing managers reported that they felt obligated to be aware of

Table 12
Selected Comparisons of Major Categories of Behaviors
By Proportion of Time

Major Category of Behavior	Chief Executive (Mintzberg)	Small Company Manager (Choran)	Community Health Nursing Manager (Morrison)	First-line Nursing Manager (Raber)
Interpersonal	--	--	40%	14%
Informational	40%	36%	21%	55%
Decisional	21%	27%	12%	8%
Secondary	21%	21%	--	--
Requests	18%	9%	--	--
Professional	--	--	15%	--
Expert	--	--	--	23%

Sources: Mintzberg (1973, p. 251; Choran (1969, p. 150) and Morrison (1983, p. 172).
Note. The reported time for both Mintzberg and Choran is reflective of behaviors for joint activities only. The reported time for Morrison and this study includes the behaviors of all activities.

the patients' latest developments in terms of prognosis, progress, plans, and concerns, and to be able apprise the

The community health nursing managers demonstrated more decisional behaviors (12%) than did the first-line nursing managers (8%). This difference may be due to the differences in the work focus between the two types of managers. While the community health nursing managers were oriented towards long range departmental planning the first-line nursing managers were more oriented toward the day to day functioning of the unit. Overall, however, both the managers in Morrison's study and in this study were involved in much less decision making behaviors than either Mintzberg's managers (21%) or Choran's managers (27%), especially since these results reflect joint activities only.

Both Morrison's study and this study found Mintzberg's roles too limiting, and consequently found that the creation of a new category of behavior was necessary in order to describe the work of the managers in the respective studies. Morrison developed the professional role (Chapter 2) which included: professional leader, professional expert, and professional consultant roles. The focus of this role was based on the professional knowledge of community nursing utilized by the managers in that study. This study developed the clinical role consisting of clinical expert, substitute nurse, coordinator, and

education recipient behaviors. Similar to Morrison, the focus of this role was related to the use of nursing knowledge, however, the nature of the behaviors themselves was more clinically "hands on" then that of Morrison's professional role.

When comparing the proportion of time spent in these specialized roles, Table 12 shows that the community health nursing managers spent more time in their professional role (20%) than the first-line nursing managers in their expert role (15%). Morrison's broad definitions of professional behaviors may account for the categorization of a greater portion of behaviors into this category.

Summary of Comparative Analysis

In the comparisons made with other structured observational studies, the similarities between first-line nursing managers and other types of managers varied depending on the area being compared. In terms of activities, the first-line nursing managers most closely resembled Choran's managers of small companies, in that they both engaged in large numbers of activities which were relatively short in duration. In addition, tours/visits and travel occupied a relatively greater portion of the day for both of these manager groups than for either chief executives or community health nursing managers.

When examining the numbers and duration of work

activities the first-line nursing managers are relatively unique in that they carried out almost threefold the numbers of activities when compared to any of the other types of managers, and they spent much shorter periods involved in each activity.

In terms of activity participants, all of the managers spent more time with their subordinates than with any other participant category. The first-line nursing managers, the chief executives, and the small company managers were similar in that they all spent the second greatest proportion of the day with other professionals or organizations.

Activity behaviors, because of methodological differences, could only be compared for the first-line nursing managers and the community health nursing managers. Among these two groups of managers the only similarities was in the area of decision-making behaviors. In this area both groups of nursing managers demonstrated less decision oriented behaviors than did either the chief executive or the managers of small companies. In other behavior dimensions, the first-line nursing manager group and the community health nursing group did not prove to be similar.

Addressing the Research Questions

This study was developed around six research questions, which were intended to guide the research and the analysis process. What follows is a brief description of

the major study results of this study.

1. Are there any discernable patterns of behavior/ activities that are specific to the first-line nursing managers in this study?

The study results have indicated that the first-line nursing managers in the study did demonstrate patterns in their work. These patterns included carrying out a large number of activities which were characteristically fast paced, brief in duration, and frequently interrupted.

2. How can the observed behaviors/activities of first-line nursing managers be described?

The observed behaviors and activities of the first-line nursing managers can be described as an array of actions which deal with day-to-day immediate needs of given units. These actions focus on communication which maintains the flow of information and activities which enable the smooth functioning or coordination of the unit.

3. How are the work characteristics of first-line nursing managers similar or different than the characteristics of managerial work as described by Mintzberg?

The work characteristics of managers as described by Mintzberg were generally similar to those of first-line nursing managers observed in this study. These similarities included large quantities of work at an unrelenting pace, activity characterized by short duration, and fragmentation, and attraction to the verbal modes of communication (e.g., unscheduled meetings). The first-line nursing

managers had a similar patterns of participant contact, with doctors and other departments occupying a similar time involvement as those relationships outside the organization as described by Mintzberg.

Unlike Mintzberg's description of work characteristics, the first-line nursing managers appeared to gravitate to the routine aspects of their work, such as processing doctors' orders and other forms of unit desk work.

4. To what extent do Mintzberg's working roles apply to the work of first-line nursing managers?

Mintzberg's ten working roles proved to be too limited in describing the work of first-line nursing managers. While they were useful in capturing the purposes behind many of the work activities, they failed to provide a description of roles or behaviors found in the work of first-line nursing managers, which are based on clinical knowledge and understanding.

5. Does the work of first-line nursing managers require that greater attention be given to certain sets of roles?

The results of this study show that greater attention is given to the informational and expert sets of roles. The question remains whether a focus on these roles is required or is rather a reflection of the nursing organization and on each of the units. In short, would a change in nursing organization allow the first-line nursing managers to focus n different types of behaviors, such as entrepreneurial?

6. What proportion of the working day do first-line nursing managers spend in different activities and roles?

In general, the first-line nursing managers tended to spend much of their work day in brief unscheduled meetings with either subordinates or doctors. The primary purpose or behavior behind these meetings as well as other activities was frequently the exchange, both receiving and giving, of information. An exception to this pattern occurred for the first-line nursing manager that worked in a specialty area, that was perceived to be unique.

Summary

In this chapter the study results were presented and discussed. The first section provided an overview of the organization and the four first-line nursing managers involved in the study. The results of the observations of the first-line nursing managers were then discussed in relation to types of activities, activity participants, and activity behaviors. From these results a composite picture of the work of first-line nursing managers began to emerge.

The results of this study were compared to the results of other methodologically similar studies of chief executives, small company managers, and community health nursing managers. Finally, the overall study results of the managerial work of first-line nursing managers were addressed from the perspective of the research questions.

ERRATUM

There is no page 112.

CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

Summary

This study has described the work of a small sample of first-line nursing managers within one large teaching hospital. In order to facilitate an understanding of the work of first-line nursing managers the work was observed and described in terms of activities and behaviors.

As indicated in the review of the literature, there is little information in the current literature concerning the work of first-line nursing managers. Most of the existing literature focuses on perceptions and expectations rather than on actual work content. Information in the area of work content could be valuable in the educational preparation and evaluation of future first-line nursing managers, as well as understanding the needs and experience of current first-line nursing managers. The theoretical significance of this study is derived from a comparison of the work of first-line nursing managers with the work of other managers in which the studies utilized a similar methodology and conceptual framework.

Mintzberg's theoretical framework was chosen for this study as this framework was demonstrated to be useful in understanding the work of managers in other studies. Mintzberg's theory postulates that the work of all managers is characteristically similar. These common characteristics

deal with the pace and quantity of work, the types and patterns of activity, the manager's relationship to work and others and the interplay between duties and choices. In addition, Mintzberg theorizes that all of the manager's work can be analyzed from the perspective of ten managerial roles.

This study was developed around six research questions:

1. Are there any discernable patterns of behavior/activities that are specific to the first-line nursing managers in this study?

2. How can the observed behaviors/activities of first-line nursing managers be described?

3. How are the work characteristics of first-line nursing managers similar or different than the characteristics of managerial work as described by Mintzberg?

4. To what extent do Mintzberg's working roles apply to the work of first-line nursing managers?

5. Does the work of first-line nursing managers require that greater attention be given to certain sets of roles?

6. What proportion of the working day do first-line nursing managers spend in different activities and roles?

The nature of the theoretical framework and the resulting research questions necessitated that detailed

information be gathered from four subjects. The data was collected mainly through structured observations and interviews in the field. This methodology corresponded most closely to the methodology utilized by Mintzberg (1973) and therefore was consistent with the theoretical framework. The four first-line nursing managers that were randomly selected formed the study population and were observed for three working days. During this time data was systematically recorded regarding their work activities. As this study did not set out to accept or reject a specific hypothesis the data was descriptive in nature. The data was analyzed according to both activity types and participants and behaviors. Through this process four categories of behavior were found to be unaccounted for compared to Mintzberg's ten roles. Therefore, an adaptation to Mintzberg's theory concerning the nature of managerial work seemed to be necessary in order to completely classify all of the first-line nursing managers' behaviors. This adaptation included a new cluster of behaviors referred to as expert behaviors. These new and additional behaviors reflect the complexities found in coupling the professions of nursing and management in the context of a complex hospital organization.

A composite description of the activities and behaviors was developed from the analysis of the four first-line nursing managers. This composite description was then

compared to descriptions of managers' work resulting from the studies of Mintzberg (1973), Choran (1969), and Morrison (1983).

In this final chapter, conclusions are drawn from the study, implications from the study findings are discussed and recommendations are presented in the areas of nursing practice, education and research.

Conclusions

The small sample size and qualitative nature of the data limit the generalizability of the study. However, the in-depth nature of the data from observations, interviews and composite descriptions provide some insight into the work of first-line nursing managers at large.

Throughout this study many work characteristics surfaced that were found to be common to all of the first-line nursing managers. Initially these characteristics appeared to be due to individual work styles or habits. However, continued observations and questioning of the managers revealed that these characteristics were due to the nature of the work rather than the individuality of each manager. These characteristics have been incorporated into the following conclusions about the work of first-line nursing managers. These conclusions are intended to generate future discussion and research.

Conclusion 1. The work of first-line nursing managers is highly complex.

Conclusion 2. The first-line nursing manager work days are filled primarily with activities of short duration. These activities tend to be fragmented and are characterized by frequent interruptions over which the first-line nursing manager appears to have little control.

Conclusion 3. The first-line nursing manager's work consists of a chain of interruptions, whereby the manager is often required to engage in new activities prior to completing others or to carry out two distinct activities simultaneously;

Conclusion 4. The majority of the first-line nursing manager's day is spent in joint activities, interacting primarily with staff nurses and doctors. These interactions generally occur in the form of brief unscheduled meetings.

Conclusion 5. Verbal communications, which provide instantaneous feedback, are the preferred and essential mode of communication. Through verbal communication the first-line nursing manager obtains and provides the current information needed in order for the nursing unit to function smoothly.

Conclusion 6. Variations in the work of first-line nursing managers may occur depending on the area of clinical specialty, patient population and nursing organization within each unit.

Conclusion 7. Much of the first-line nursing manager's time is spent on informational behaviors necessary for the receipt and dissemination of information. This requires that first-line nursing managers retain vast amounts of information in their heads.

Conclusion 8. The focus of the first-line nursing managers' work is oriented towards day to day functioning rather than future planning;

Conclusion 9. First-line nursing managers function as intermediaries between their own unit and other departments within the hospital.

Conclusion 10. First-line nursing managers are drawn to the more "known" and routine aspects of their work , such as desk work.

Conclusion 11. First-line nursing managers depend on their clinical knowledge and skills in order to provide the leadership and decision-making necessary in carrying out their work.

The work of first-line nursing managers is unique in relation to other managerial positions in requiring the application of nursing knowledge in conjunction with managerial expertise. Further, the work of first-line nursing managers is carried out in the context of complex and often political hospital organizations, in which the product is often perceived to be the quality or existence of human life.

Comparisons with Mintzberg's Theory

The work of the first-line nursing managers in this study was consistent with many of the work characteristics as described in Mintzberg's theory. Most similar is Mintzberg's description of the work quantity, pace, fragmentation, brevity, variety and preference for verbal live action.

Mintzberg describes the executive manager as maintaining a complex network of contacts with those outside the organization and notes that for lower- and middle-level managers the network of contacts tends to be with other services and departments within the same organization. In this case the work of first-line nursing managers fits the description of lower- and middle-level management, as much of their time is spent interacting with other departments doctors and nurses inside the organization.

Mintzberg describes managerial "blend of rights and duties" (1973, pp. 48-51), in which managers have the opportunity to exercise strategies and creative choice in undertaking work obligations. In short, management positions provide a certain amount of scope which allows the manager to control elements of the job. While this mixture of rights and duties does exist for first-line nursing managers the range of choices appears to be more limited than that as described by Mintzberg. The structure of the organization may limit the freedoms allowed lower level

managers, or perhaps the first-line nursing managers do not recognize or wish to engage in the range of choices which are available to them.

Dissimilar to Mintzberg's description, first-line nursing managers do not demonstrate a propensity towards the non-routine elements of their work. Rather they appear to be attracted to the more routine aspects of their work, Mintzberg briefly mentions this as a potential problem found in specialists (such as bed-side nurses) who become managers who have difficulties adjusting to the less predictable nature of management. First-line nursing managers, who are drawn to the routine aspects of their work may be caught in a dilemma adjusting to their managerial work or more simply, routine may be part of professional work at the lower levels in an organization. Further investigation is required into the adjustment of first-line nursing managers into managerial positions and the nature of professional work at lower levels.

In addition to describing work characteristics Mintzberg's theory outlines ten roles or behaviors in which managers engage. While first-line nursing managers demonstrate all of Mintzberg's roles, (interpersonal, informational, and decisional) there are additional behaviors which are not accounted for by his theory. These behaviors focus on those actions which are related to clinical expertise and consequently have been labelled clinical

behaviors. This cluster of behaviors includes: clinical expert behaviors, substitute nurse behaviors, coordinating behaviors, and education recipient behaviors and are defined in Chapter 4. The need for this additional cluster of behaviors suggests that while there are many element of managerial work that are common to all managers, there are also aspects that are unique to specific types of management, such as nursing.

Implications

The findings reveal that for the first-line nursing managers in this study their work involves a complex intertwining of activities and behaviors. Additionally, the study demonstrates the value and limitations of Mintzberg's theory and methodology. This section discusses the finding's theoretical, clinical and methodological implications.

a) Theoretical

In terms of Mintzberg's theory the findings of this study support the theory's basic postulates concerning the nature of managerial work. Overall Mintzberg's theory provided a useful framework in that the work characteristics and roles of first-line nursing managers were much the same as described by the theory. Nonetheless, the study identifies gaps in the theory related to the complexities

of management in the context of nursing practice previously unrecognized. The clinical expertise and skills of the first-line nursing manager proved to be a crucial aspect of their managerial work. The theory put forth by Mintzberg fails to provide for this type of professional role focus.

An important theoretical implication of this study is that the combination of two disciplines, such as nursing and management, may result in elements which are more complex or unrelated to management of a more general nature.

b) Clinical

The clinical implications for this study relate to the education and recruitment of first-line nursing managers and as well as the morale of hospital employees.

In terms of education, there is a need for standardized education for new first-line nursing managers. This education needs to be provided at the post-baccalaureate level with an emphasis on management training. Designers of educational programs need to be cognizant that, at the first-level of management, the nursing manager must operate as both a clinical nurse and competent manager and consequently develop curriculum accordingly.

Those responsible for recruitment of first-line nursing managers similarly need to be aware of the duel competencies required in this type of position. Unless the

nature of the first-line nursing managers' work changes, criteria for the selection of first-line nursing managers should focus on recognizing those candidates who are suited to the type of work characterized by the study findings. In short, those clinically expert individuals who are verbally oriented, enjoy activities of short duration and fast pace would more likely be good first-line nursing manager candidates than those individuals who have difficulties dealing with interruptions and prefer working on one activity until completion.

The work of first-line nursing managers has often been poorly understood by other hospital staff. While the staff see the first-line nursing manager come and go on the unit, they are never quite sure what she or he actually does. While first-line nursing managers may not wish to keep the nature of their work a secret they may find difficulties describing the work content themselves. Staff misunderstandings of the work of first-line nursing managers may at worst produce resentments and at best an undervaluing of the first-line nursing manager. Therefore, staff awareness of the study findings may enhance staff morale through eliminating some of the uncertainties concerning the work of first-line nursing managers.

c) Methodological

Implications regarding Mintzberg's structured field

observation as a useful methodology can be drawn from the experience of this study. This approach, while time consuming, provides a comprehensive in-depth method of data collection to study work content and meaning. This approach provides the researcher with the opportunity to collect data in the "natural" setting with minimal researcher influence. In the case of first-line nursing managers specifically, both the clinical/technical aspects and the work pace (which allows little opportunity for questions from the researcher), require that the researcher have at least some knowledge of nursing, management and hospital organizations prior to undertaking the observations.

Recommendations

This study provides some insights into the work of first-line nursing managers. The findings also offer a basis for further investigation and determination of generalizability. Recommendations are presented in the areas of nursing education, practice and research.

a) Nursing Education

1. There is a need to establish educational programs which address the complexities of the work of first-line nursing managers. These programs would prepare new first-line nursing managers with the delegation, leadership and entrepreneurial skills required in merging a career in

nursing with management.

2. Studies need to be carried out which examine the impact of education on the work effectiveness of first-line nursing managers. These studies would allow the researcher to understand the value, if any, of formalized educational programs.

b) Practice

3. Awareness of this study may allow first-line nursing managers to determine if current work patterns and behaviors are appropriate for accomplishing their objectives.

4. The results of this study could provide first-line nursing managers with information which may better enable them to examine the proportion of time spent on desk work to determine whether they are making use of their time most efficiently. Perhaps the use of different or more clerical assistance would be useful to them.

5. The results of this study could provide first-line nursing managers with the motivational insight to "experiment" with their current management practices, especially in the areas of delegation and innovation.

c) Research

6. There is a need to carry out similar studies on other first-line nursing managers both within the same

hospital, and in other large teaching hospital settings. This would provide information concerning the generalizability of this study.

7. A study of the work of first-line nursing managers in small, medium and large hospitals would assist in determining the effect of organizational size on the work of first-line nursing managers.

8. There is also a need to carry out an evaluative study of the work of first-line nursing managers within the same hospital. This will assist in determining the overall effectiveness and efficiency of the work of first-line nursing managers in terms of the proportions of time spent on various activities and roles as described in this study.

9. Studies need to be carried out which identify clinical behaviors, in the context of management, as developed in this study. This would assist in determining the applicability of this theory to other areas of management both within nursing and in other disciplines.

10. With increasing budgetary restraints and the consequent demands for nursing to become more creative there is a need for studies that explore factors which impact on the first-line nursing manager's utilization of the entrepreneurial roles.

BIBLIOGRAPHY

Alberta Hospital Association & Alberta Association of Registered Nurses' Joint Committee Nursing Manpower Issues. (1984). Roles, responsibilities and educational preparation of first-line managers.

ANA American Nurses' Association, Commission on Nursing Service. (1978). Roles, responsibilities and qualifications for nursing administrators. Author: New York.

Anderson, R. M. (1964). Activity preferences and leadership behavior of head nurses: Part I. Nursing Research. 13 (3), 239 - 243.

Babbie, E. (1983). The practice of social research. Belmont, California: Wadsworth Pub. Co.

Bailey, J.T., & Claus, K.E. (1978). Preparing nurse leaders for the world of tomorrow. Nursing Leadership. 1, 19-28.

Barker, M. & Ganti, A. (1980). An in-depth study of the head nurse role. Supervisor Nurse, 11 (11), 12-21.

Beaman, A. (1986). What do first-line nursing managers do? The Journal of Nursing Administration, 16 (5), 6-9.

Bergman, R., Stockler, R., Shavit, N., Sharon, R., Feinberg, D., & Danon, A. (1981). Role selection and preparation of unit head nurses I. International Journal of Nursing Studies, 18 (2), 123-152.

Bergman, R., Stockler, R., Shavit, N., Sharon, R., Feinberg, D., & Danon, A. (1981). Role selection and preparation of unit head nurses II. International Journal of Nursing Studies, 18 (3), 191-211.

Burns, T. (1954). The directions of activity and communication in a departmental executive group. Human Relations. 8, 73-97.

Byers, H. J., & Klink, J. A. (1978). The role of clinical supervisors and head nurses in management. The Nursing Clinics of North America, 13 (1), 119-129.

Canadian Association of University Schools, Canadian College of Health Service Executives, Canadian Hospital Association, & Canadian Public Health Association. (1986). Joint position statement on nursing administra tion. unpublished.

Charns, M. and Schaefer, M. (1983). Health Care Organizations: A model for Management. New Jersey: Prentice-Hall Inc.

Choran, I. (1969). The manager of a small company: Determining his activities, characteristics and roles with the use of structured observation. Unpublished master's thesis, McGill University, Montreal.

Courtade, S. (1978). The role of the head nurse: Power and practice. Supervisor Nurse, 9 (12), 16-23.

Dubin, R. and Spray, S. L. (1964). Executive behavior and interaction. Industrial Relations. 3 (2), 99 - 108.

Duignan, P. A. (1979). Administrative behavior of school superintendents: A descriptive study. Unpublished doctoral dissertation, The University of Alberta, Edmonton.

Ertl, N. (1984). Choosing a successful manager. Journal of Nursing Administration. 14 (4), 27.

Foster, C. (1981). You've joined the management team? Nursing Management. 12 (10), 16-18.

Gilbertson, D. W. (1977). The ward sister: A suitable case for treatment. International Nursing Review. 24 (4), 108 - 113.

Glaser, B. & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. New York: Aldine Pub. Co.

Golightly, C. K. (1983). Head nurses' activities and supervisors' expectations: A nurse responds. The Journal of Nursing Administration, 13 (6), 31-33.

Guba, E. G. & Lincoln, Y. S. (1983). Effective evaluation (3ard Ed.). San Francisco: Jossey-Bass Pub.

Guest, R. H. (1956). Of time and the foreman. Personnel. 32 (6), 478 -486.

Hannah, K. (1981). Administrative behavior of nursing deans. Unpublished doctoral dissertation, The University of Alberta, Edmonton.

Horne, J. H. & Lupton, T. (1965). The work activities of 'middle' managers -- An exploratory study. The Journal of Management Studies. 2 (1), 14 - 33.

Howell, W. & Dipboye, R. (1986). Essentials of industrial & organizational psychology (3ard Ed.). Chicago: The Dorsey Press.

Jones, N. K. & Jones, J. W. (1979). The head nurse: A managerial definition of the activity role set. Nursing Administration Quarterly, 3 (2), 45-57.

Keeley J. (1979). Leadership behaviours of the supervisors of nursing in general hospitals in Alabama as perceived by registered nurses and nursing students. In Instruments for use in nuring education research (pp 368). Boulder, Colorodo: Western Interstate Commission of Higher Education.

Kelly, J. (1964). The study of executive behavior by activity sampling. Human Relations. 17, 277 - 287.

Kennedy, M. T. (1984). Perceptions of the head nurse role: Role conflict and role ambiguity. Military Medicine. 149, 266 - 270.

Leatt, P. & Schneck, R. (1980). Differences in stress perceived by headnurses across nursing specialities in hospitals. Journal of Advanced Nursing. 5 (1), 31 - 46.

Leatt, P. (1981). The education of nursing administration in Canada. Ottawa: The Canadian Nurses' Association.

Leninger, M. (1974), The leadership crisis in nursing: A critical problem and challenge. The Journal of Nursing Administration. 2, 28-34.

Marples, D. L. (1967). Studies of Managers -- A fresh start. Journal of Management Studies. 4, 182 - 199.

Mintzberg, H. (1973). The nature of managerial work. New York: Harper & Row.

Mintzberg, H.(1980). The nature of managerial work (2nd ed.). New Jersey: Prentice-Hall.

Morrison, P. (1983). A descriptive study of the administrative behavior of Alberta community health nursing managers. Unpublished master's thesis, The University of Alberta, Edmonton.

National League for Nursing. (Ed.). (1978). Nursing administration present and future. New York: Editor.

Plaszczynski, L., Jr. (1979). A systematic approach to leadership selection. Journal of Nursing Administration. 9, 6-2.

Polit, D. & Hungler, B. (1987). Nursing research principles and methods (3ard Ed.). Philadelphia: J.B. Lippincott Co.

Powers, D.(1984). The changing role of the head nurse. The Canadian Nurse, 46-48.

Rotkovitch, R. (1983). The head nurse as a first-line manager. Health Care Supervisor, 1 (4), 14-28.

Sayles, L. R. (1964). Managerial behavior: Administration in complex organizations. New York: McGraw-Hill Book Co.

Simms, S. (1982). A new approach to the development of a head nurse management course. Nursing Leadership. 5 (1), 23.

Stahl, L.D., Querin, J.J., Rudy, E.B., & Crawford, M.A. (1983). Head nurses activities and supervisors' expectations: The research. The Journal of Nursing Administration, 13 (6), 27-30.

Stern, P. (1980). Grounded theory methodology: Its uses and processes. Image, 12, 20-23.

Stevens, B. J. (1974). The head nurse as manager. Journal of Nursing Administration. 4, 36-40.

Stevens, B. (1980). Improving nurses' managerial skills. Nursing Times. 76 (46), 2022.

Stevens, B. (1983). First-line patient care management. London: Aspen Publications.

Stewart, R. (1967). Managers and their jobs. London: Macmillan.

Stryker, R.P. (1966). What? No head nurse. Nursing Outlook. 14, 26-38.

Taylor, D. & Kramer, M. (1985). The head nurse: Manager? clinician? or both? In J. McCloskey & H. Grace (Eds.), Current Issues in Nursing (2nd Ed.) (pp. 405 - 425). Boston: Blackwell Scientific Pub.

Wang, R. Y. & Watson, J. (1977). The professional nurse roles, competencies and characteristics. Supervisor Nurse. 8, 69-71.

Williams, D. (1967). Diagnosing management trining need. _The Hospital._ 63, 100-102.

Wilsea, M. (1980). Nursing leadership crisis: Proposal for solution. _Supervisor Nurse._ _11_ (4), 47.

Wilson, H. (1985). _Research in nursing_. Don-Mills, Ont.: Addison Wesley Pub. Co.

Yura, H., Ozimek, D., & Walsh, M. (1981). _Nursing Leadership: Theory and process_ (2nd ed.). New York: Appleton -Century Crofts.

APPENDIX A - LETTER OF INITIAL CONTACT

Wendy Raber
Address
Telephone number

date

Dear ,

I am writing to request your participation in a study of the work behaviors of first-line nursing managers at St. Boniface General Hospital.

This project has been approved by the Ethical Review Committee of the school of nursing at the University of Manitoba and by the hospital's Vice-President Nursing. The study is the focus of my thesis for a Master's degree in nursing at the University of Manitoba. The information that results from this study will hopefully assist the hospital in the education, and selection of first-line nursing managers.

To obtain the data necessary for this study, I will be observing first-line nursing managers for a projected period of three days. Your participation in this study would mean allowing me to be your "shadow" for three days during either June or August, 1987. The observation will be as unobtrusive as possible, and ideally not effect the normal course of your work.

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

I also want to assure you that my observations will be used only for the purposes of my thesis and that your identity would not be discussed or revealed to anyone or reported in my thesis. The data collected during my observations will be descriptive in nature, such as the type of activity (e.g., meetings, desk work, patient rounds etc.), the duration of the activity and the purpose of the activity. The information I obtain will NOT include detailed work content, managerial style or an evaluation of the first-line nursing manager.

If you are willing to participate in this study please send the enclosed form to Jane Van Dam, Department of Social Work or telephone her at: Local 2449. As an unbiased third party Ms. Van Dam will protect the confidentiality of your decision to participate or not, and will ensure a random sample of participants.

Thank you for your attention to this matter.

Sincerely,

Wendy Raber R.N.,BSN

Manager Code ____________

Date ____________

Appendix B

OBSERVATIONAL RECORD

Time	Min.	Scheduled Y	Scheduled N	Participants	Initiator Self	Initiator Other	Activity Type	Activity Purpose	Code	Comments

Manager Code ________

Date ________

Appendix C

TELEPHONE LOG

Code	Self	Caller	Caller's Title	Purpose	Results	Duration

Manager Code ________

Date ________

Appendix D
Mail Log

Code	Source Self	Source Corr	Correspondent By Title	Mail Type	Purpose	Action Taken	Duration

APPENDIX E
INTERVIEW QUESTIONS *

1. To what extent do you think this three-day period has been typical of your usual activities?
   What has not been usual or typical?

2. Were there any activities that you are typically involved in that I did not observe?

3. As you know I will be observing first-line nursing managers on other units. Can you think of any unique features of your unit which might affect your work as a first-line nursing manager?

4. Do you find that there is much seasonal variation in your work?

5. Do you spend time doing work related activities outside of normal working hours? (If yes)
   How much time outside of normal working hours do you spend on work related activity in one week?

6. How disruptive did you find my presence here in terms of being able 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 this unit (e.g., staff, patients, other health care workers)

8. How many days do you think I would have to observe to have a good picture of the work of a first-line nursing manager?

9. If I think of other questions I want to check with you is it okay to telephone you later? If you think of anything you think I should know please call me at ___.

* Adapted from P. Morrison 1983, p. 239.

APPENDIX F
TELEPHONE FOLLOW-UP TO POTENTIAL SUBJECTS

- Identify self

- Verify that the first-line nursing manager received the letter of explanation

- Verify that the first-line nursing manager had the opportunity to read the letter

- Briefly review content of the letter

- Solicit any questions the first-line nursing manager may have

- Determine if the first-line nursing manager is considering participating in the study

- Book follow-up appointment

APPENDIX G
Consent to Participate

I, ____, willingly agree to participate in the study of the work behaviors of first-line nursing managers conducted by Wendy Raber, a master's student at the University of Manitoba. I was selected for this study at random from a list of first-line nursing managers in my department. There were other first-line nursing managers selected for the study from other departments.

I have read the letter of explanation and understand that as a participant in the study I will be allowing the researcher, Wendy Raber, to observe my work activities for a projected period of three 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 or an evaluation of my work performance. Additionally, I understand that my name and the name of the nursing unit on which I work will be kept strictly confidential. Apart from having the researcher observe my work activities closely for three days, I do not anticipate any further inconvenience or discomfort. There will no monetary compensation for me for participating in this study, nor shall I incur any expenses. I will receive a copy of this consent and, upon my request, a copy of the study results.

I understand that there may be no benefit to myself. Through this study the researcher hopes to gain an understanding of first-line nursing managers' work activities, as well as the purposes for those activities. This understanding will be useful in developing a comprehensive perspective of the work of first-line nursing managers for the purposes of: recruitment and education of first-line nursing managers.

I further understand that I can request the researcher to withdraw from observing as I deem appropriate, and that I can withdraw completely from the study at any time.

The researcher may be contacted by me as follows:

Wendy Raber
Address OR Telephone number

--------------------------- Signature of Researcher

--------------------------- Signature of Respondent

------------------ date

APPENDIX H
LETTER OF CONFIRMATION

Wendy Raber
Address

Telephone:

Date

Name
Address

Dear ,

Thank you for agreeing to participate in my research study of the work behaviors of first-line nursing managers.

As we discussed during our meeting of date, I am writing to confirm that the dates for observation are dates . I will plan to meet you on the unit at time on the first day.

I want to thank you again for your willingness to participate this study and I look forward to seeing you.

Sincerely,

Wendy Raber R.N., BSN
Master of Nursing Student