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A STUDY OF THE TRAINING AND CRITERIA OF  
EFFECTIVENESS OF TWO GRADES OF NURSE MANAGERS

by

Dorothy Blenkinsop

Submitted for the degree of Master of Arts

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May, 1978.

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A STUDY OF THE TRAINING AND CRITERIA OF  
EFFECTIVENESS OF TWO GRADES OF NURSE MANAGERS

Abstract

The many changes which have taken place within the organisational structure of both the nursing service and the National Health Service have led to uncertainty about role. The purpose of the research was to assist in clarifying the role of nurse managers through a study of the criteria of effectiveness and training available to improve effectiveness levels, and for this purpose the grades of sister and nursing officer were studied.

In any given year many nurses within the Northern Region of the National Health Service attend management training programmes. It was therefore decided to use the course members on these programmes as the only sample within the available time which would enable the researcher to study the following:-

- (i) nurses' perception of their role
- (ii) nurses' perception of training needs
- (iii) nurses' assessment of the extent to which current courses met their training needs
- (iv) nurses' assessment of the extent to which their standard of work had improved through their ability to apply what was learned to the working situation.

Effectiveness of nurse managers was not defined in documents relating to role and a study of literature provided a framework within which to study the role of nurse managers and suggest areas in which to assess whether effective management is being achieved. Discussion took place with staff on the acceptability of using a working group within which to make judgements about effectiveness. A model was prepared to test the possibility of using flexibility (used in an unanticipated situation) as a specific criteria of effectiveness.

In the light of literature studied, results of questionnaires and discussion, consideration was given to whether present training for nurse managers requires modification or whether new approaches to management training are necessary or desirable.

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## CHAPTER 1

### RESEARCH PURPOSE AND PROGRAMME

The research on which this thesis is based was designed to increase the researcher's understanding of how to enable a nurse manager to be more effective in performing his/her role within the National Health Service.

The many changes which have taken place within the National Health Service generally, and the hospital nursing service specifically, during the last ten years have created uncertainty and often anxiety among hospital nursing staff about their role. This anxiety was created not only by the normal personal factors common to any organisational change, such as a disturbance to career plans, but also by three closely linked factors:-

- (i) The changes introduced new and apparently critically important features to the nursing role. These were managerial concepts of the nursing role, and team work both within the nursing profession and in a multi-disciplinary context.
- (ii) The new concepts were identified but promotion within the new organisational structure depended upon knowing what they were and carrying them out effectively. There was no clear indication in the documents introducing the changes about what constituted managerial effectiveness in respect of the managerial grades in nursing, and no clear indication of the function of a 'team' below the top level in the hierarchy.

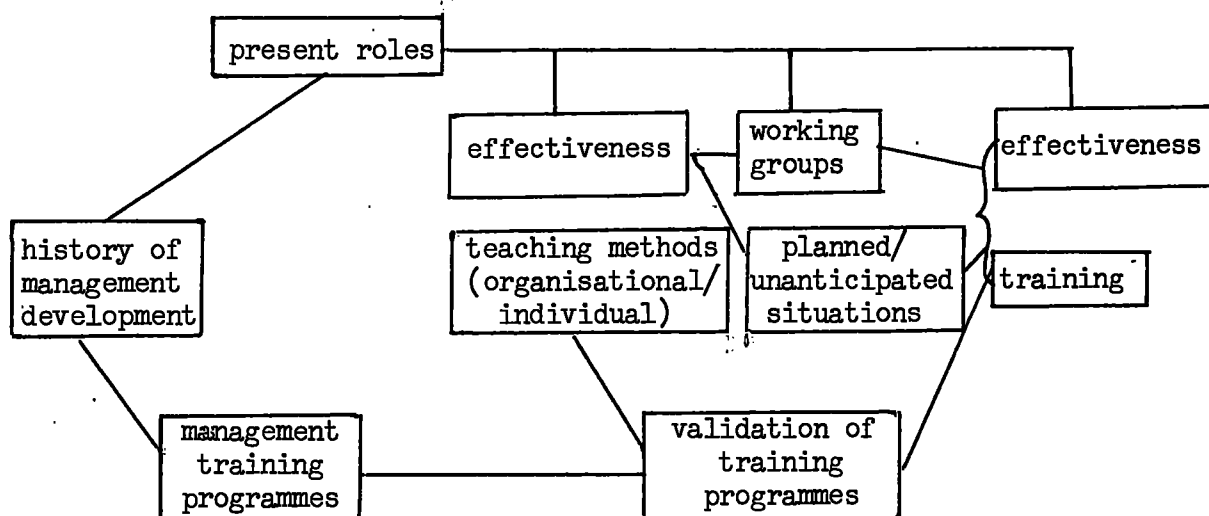
(iii) Training was obviously necessary and programmes were rapidly developed but, given the lack of guidance about new concepts, nurses were unaware whether they were learning the right things and those giving the courses were unaware of the relevance of the course to the working situation.

Since effective managerial performance requires not only managerial knowledge and experience but also a developed and justified confidence in deciding which elements of knowledge and experience are relevant to a job, it was decided to base part of the research on a study of the relevance of present training in the eyes of the nurses receiving that training.

It was decided to concentrate upon the two grades in the hospital nursing service, sister and nursing officer, which had been affected more than any other by recent changes. Whilst these two grades were the main focus of the study, it was found helpful to look at the two adjacent roles in the hierarchy to place the two roles being studied in perspective. The role of the staff nurse grade is subordinate to the sister, and the role of the senior nursing officer is superior to the nursing officer. The opportunity to consider these other two grades was recognised as being limited.

#### THE RESEARCH PROGRAMME

The following diagram illustrates the research programme which was followed.



### History of management development

The initial study considered the history of management development in the hospital nursing service. The background material for this part of the study, detailed in Chapter 2, was contained in the many reports issued during the past ten years about management of the nursing services and nurse training. As the managerial role of nurses developed so programmes of management training were introduced and the background to this aspect was contained in guidance documents from the Department of Health and Social Security (and predecessor Ministry of Health) about the management training needs of senior nursing staff.

### Management training programmes

Management training programmes were developed either by training sections of Regional Health Authorities using their own manpower resources or in conjunction with Polytechnics and technical colleges. Within the Northern Region of the National Health Service the existence of management training courses provided a two-fold opportunity to the researcher.

### Present roles

Firstly the courses provided a means of access to groups of nursing staff undertaking each course to obtain their views about their perceptions of their present role and the training which they

consider necessary to fulfil that role. The analysis of results is given in Chapter 3.

Secondly it gave the opportunity to focus attention on the training course. Course members were invited to indicate their expectation of the training course and the benefits which they felt they had obtained from training. These results are contained in Chapter 4.

#### Teaching methods

The programmes within the Northern Region were aimed at improving the effectiveness of the individual and literature was studied to ascertain the results of differing types of teaching methods including those of organisational development.

#### Validation of training programmes

After studying the literature about methods of evaluating and validating management training programmes it was decided to carry out a validation exercise. In particular the study sought to ascertain the extent to which the nurses perceived the training course to be relevant to their needs as nurse managers and to have improved their standard of work through their ability to apply learning to the working situation. The interest of course tutors in the researcher's study was helpful in the opportunity it provided to match course tutors' course objectives with those of course members also to ascertain from course tutors their views on certain aspects of the managerial role of nursing staff.

#### Effectiveness

It was presumed that the purpose of the management training programmes was to improve the level of managerial effectiveness but effectiveness was not defined in documents relating to nurse managers and their role. Literature was studied relating to effectiveness and provided a framework within which to study the nursing service and to consider what might constitute effectiveness for the individual nurse manager in a nursing organisation. The literature survey is contained in Chapter 5.

### Working groups

Study of the nursing situation revealed that nursing staff are members of various working groups and the possibility of judging their effectiveness by the extent to which they meet the expectations of other members of the working group was considered. The results of research which used colleagues to make judgement about the work performance of individuals was noted. An informal but guided discussion was held with staff in three of the grades included in the study to discuss the acceptability of using the framework of a working group within which to make judgements about effectiveness.

### Criteria of effectiveness

Up to this stage of the study the discussion about effectiveness had been generalised although possible areas in which judgement about effectiveness could be made had been considered. The possibility of using specific criteria to assess whether effective management is being achieved was the next step. Emphasis by various writers on the subject of effectiveness, indicating the need for flexibility and adaptability had been noted and their relevance to the nursing organisation was thought through.

### Managing unanticipated situations

Although much of the work within a nursing organisation is of a routine nature the routine can be disrupted by an unanticipated situation which usually requires immediate attention and action. This action normally involves transferring resources of manpower and materials from the routine work to unanticipated situations and a resultant change in the plan of work in order to accommodate the new situation whilst continuing to meet routine demands for, and expectations of, service. Unanticipated situations were thought through and three grades of nursing staff were considered in terms of the skills



and attributes which they use in their interaction with other members of various working groups in both anticipated and unanticipated situations.

A framework was developed which might enable individually different jobs to be assessed for balance between planned and unanticipated situations and as a means of deciding the type of training to be provided. The results of the exercise (contained in Chapter 6) were discussed with staff of the grades included in the exercise and their views sought on the possibility of using this framework to identify the flexibility necessary for effective performance.



### CONCLUSIONS

Having considered effectiveness in nursing situations and methods which can be used to judge effectiveness, also possible means of making these judgements, attention was focussed on whether present training for nurse managers needs modifying in the light of the study or whether new approaches to training appear to be either necessary or desirable. The final chapter of the study includes consideration of alterations to present training programmes and suggestions for new approaches to training to prepare staff to perform more effectively within their working groups.

## CHAPTER 2

### THE DEVELOPMENT OF MANAGEMENT IN THE HOSPITAL NURSING SERVICE

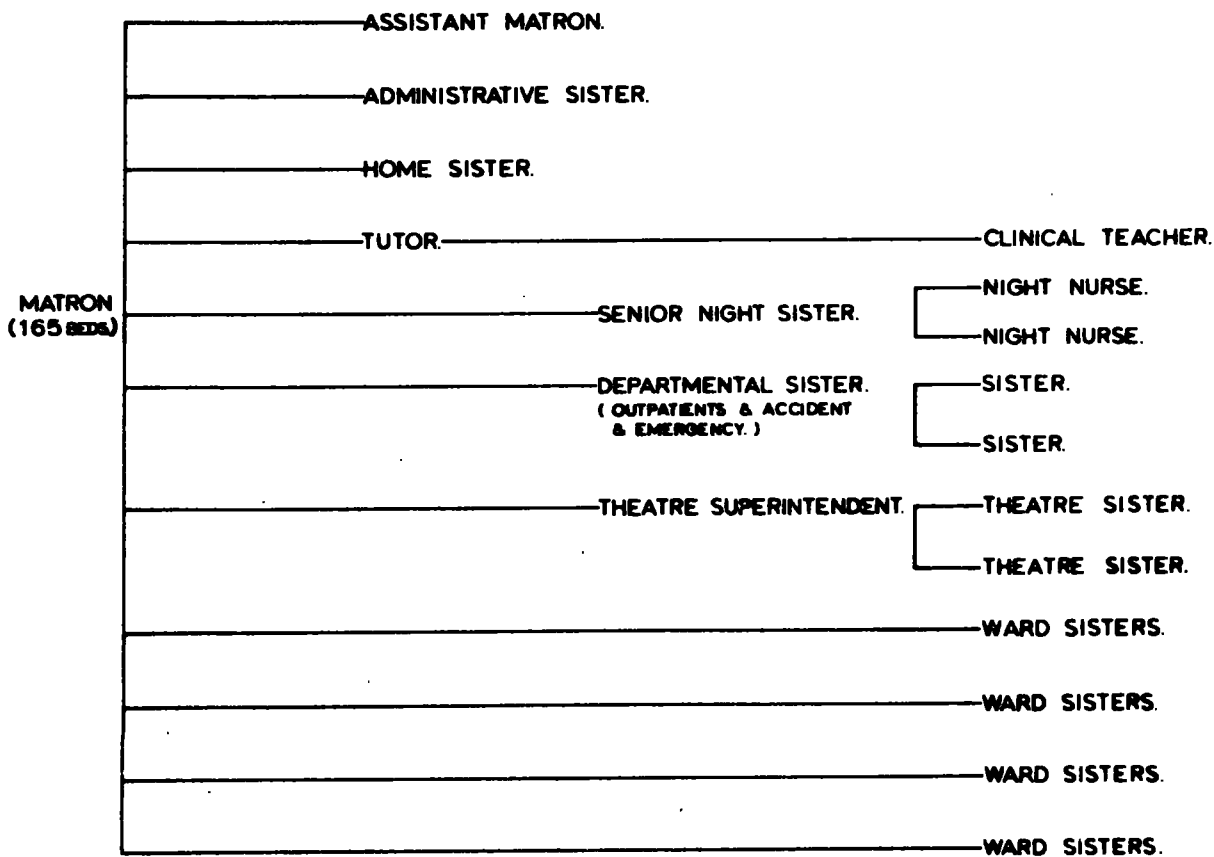
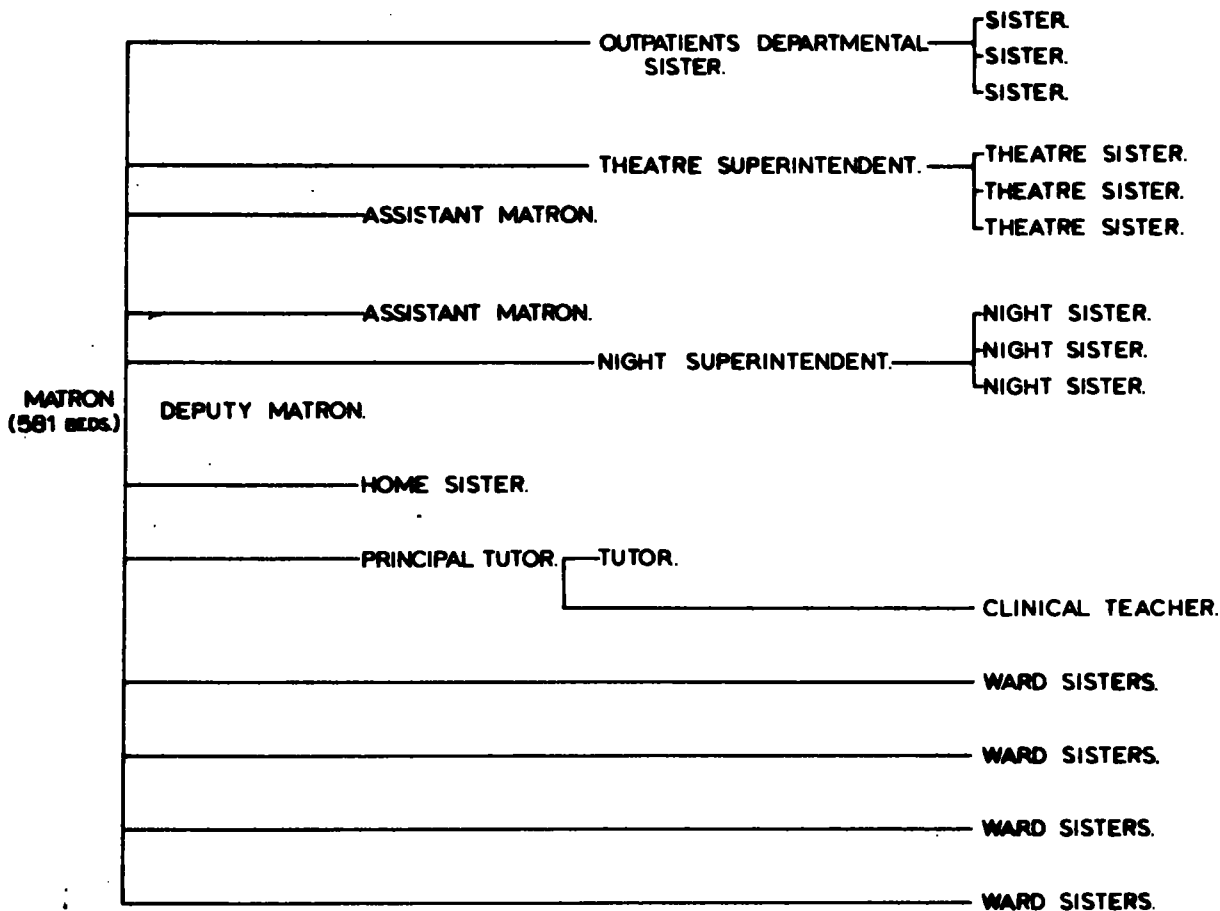
Prior to the inception of the National Health Service in 1948 the pattern of hospital nursing organisation varied according to whether hospitals were controlled by local authorities, or voluntary organisations. After 1948 hospitals were grouped together for administrative purposes under Hospital Management Committees or Boards of Governors for teaching hospitals i.e. those providing undergraduate medical training, and each hospital had its own matron who was responsible for the day-to-day management of the nursing service with particular concern for nurse staffing, nurse training and usually house-keeping.

In larger hospitals the matron soon ceased to have responsibility for the house-keeping function but this was retained in smaller hospitals and included not only the domestic but also catering work. In hospitals having over 500 beds the matron was usually supported by a deputy matron and in all hospitals there were a number of assistant matrons as well as administrative sisters. Although it had frequently been stated that the hospital nursing service had a hierarchical structure it was found during a review in 1968 that ward sisters and departmental sisters considered themselves directly responsible to the matron irrespective of the size of the hospital. Deputy matrons, assistant matrons, and administrative sisters were not regarded by ward and departmental sisters as their immediate superior, and the senior nursing staff were unaware of the extent of their responsibility for the work of ward and departmental sisters.<sup>1</sup>

The role of the staff between the grade of sister and matron (Figure 1)

FIGURE 1.

# PRE 'SALMON' NURSING STAFF STRUCTURE.



was usually supportive of the matron's role and occasionally carried a specialist function unrelated to the nursing service but supportive of it e.g. responsibility for the laundry and linen services.

Those who had responsibility for work distinctly within the nursing organisation carried out duties relating to:

- (i) the allocation of nurses in training to wards and departments according to their training requirements and service needs
- (ii) the co-ordination of annual leave arrangements for nursing staff and
- (iii) necessary clerical duties such as the return of information to the finance department for nursing staff salary purposes.

Ward and departmental sisters met with senior nursing staff in the offices of the latter when they had complaints to make about non-nursing services or nurse staffing requirements. A member of the nursing hierarchy usually visited each ward once or twice a day although the purpose of the visit was unclear. It generally involved an enquiry about workload and staffing and a very brief enquiry of patients about their comfort. The result of such a visit was occasionally a temporary improvement in the staffing level on a particular ward as the result of moving a member of the nursing staff from a ward with a lower work load to a busier ward.

Ward sisters were considered to be responsible for the nursing care which was provided in their wards and usually by virtue of long experience, were experts in that particular aspect of nursing (i.e. surgery, medicine, paediatrics). They worked closely with consultant medical staff often discussing required nursing care with them. Problems in nursing care were seldom referred to the matron or a member of her staff because the non-involvement of those staff in

direct nursing care did not encourage confidence in their knowledge of the subject. Outpatient departments and theatres were seldom visited by senior nursing staff. The specialist role of these departments provided limited opportunity to assist by providing additional staff during busy periods and patients were there for a temporary period only.

Although sisters met in the dining room or at social functions there was a lack of co-ordination of work between wards and little knowledge of activities outside each nurse's sphere of responsibility.

Nurse teaching staff were separate from the nursing administrative organisation. Not infrequently the nurse training school was housed in a building separate from the main hospital complex. The principal nurse tutor was responsible to the matron for statutory nurse training but there was a lack of co-ordination between the clinical training needs of nurses in training and the ward requirements for service from those nurses.

Tutorial staff visited wards and departments to discuss problems and give advice to nurses in training but seldom discussed the clinical training and guidance required by the nurses with sisters. The visits of tutorial staff were not planned on a regular basis and sometimes were resented by sisters who, because of workload, were unable to devote the time which tutorial staff thought should be given by sisters to nurses in training. Another reason for the non-participation of sisters in nurse training within the ward was that nurse training was considered by them to be the responsibility of tutorial staff with sisters having responsibility for providing the service within a ward or department.

Career prospects for sisters were limited and in every case promotion meant leaving the patient care situation by either moving into a tutorial post or to an administrative post which was usually regarded as being an office job. Those who left the hospital environment found promotion prospects were equally limited in the field of the community

nursing services.

### THE SALMON REPORT

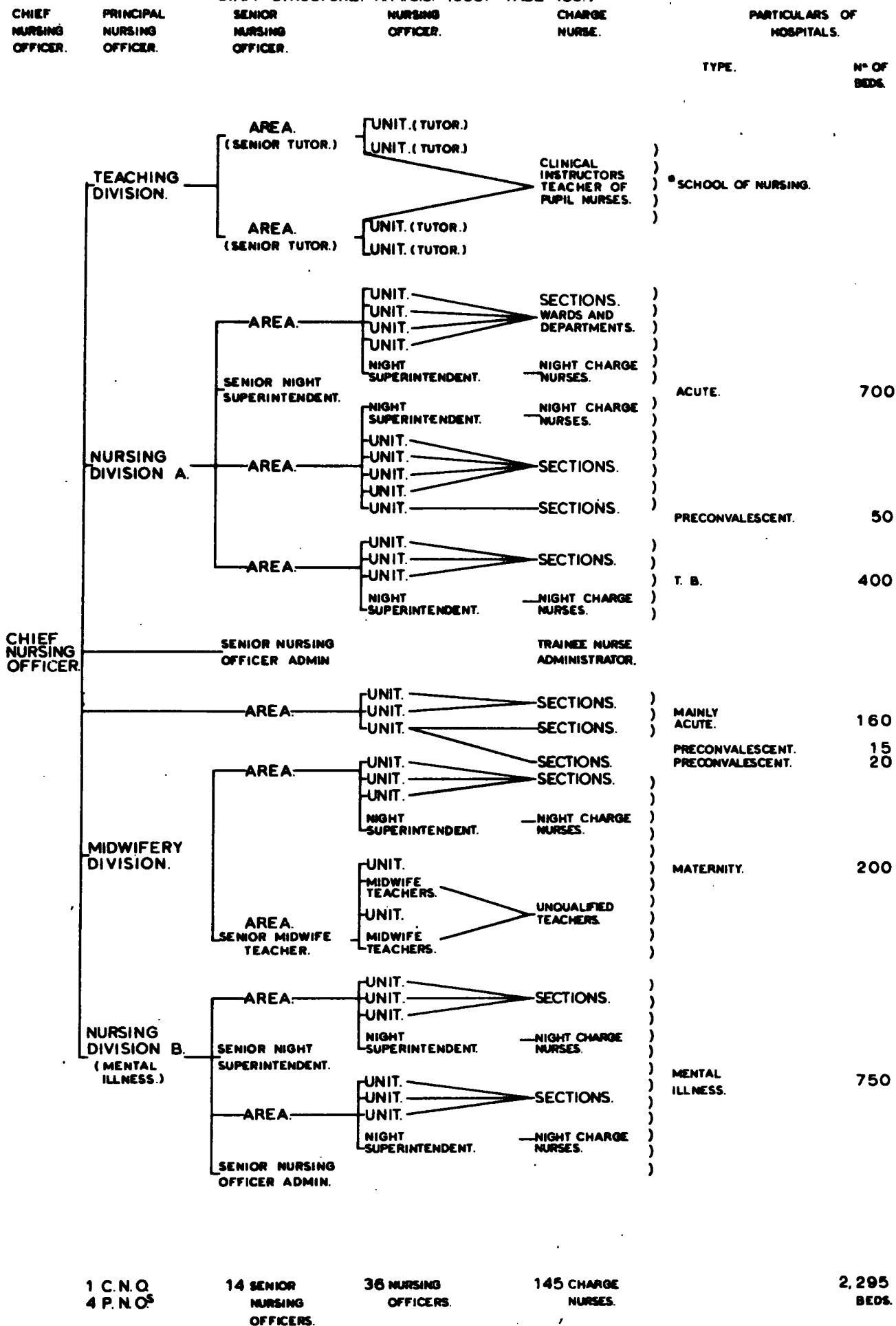
The design of the present hospital nursing staff structure is the result of the adoption of recommendations made in the Salmon Report published in 1966.<sup>2</sup>

In May 1965 the then Minister of Health established a committee under the chairmanship of Brian Salmon with the following terms of reference: 'To advise on the senior nursing staff structure in the hospital service (ward sister and above) the administrative functions of the respective grades and the methods of preparing staff to occupy them'. The committee had among its membership, nurses, doctors, and a hospital administrator and considered both written and oral evidence as well as visiting hospitals of different sizes, both teaching and non-teaching, to observe and discuss the nursing organisation.

The major recommendations were concerned with the introduction of a pyramidal hierarchical structure in which the jobs of senior nursing staff were divided into six grades (Figure 2) representing three levels of management (two grades to each level) according to the work to be undertaken. The new 'top management' grades of chief and principal nursing officer would be responsible for policy making, 'middle management' grades of senior nursing officer and nursing officer for programming policy decisions, and 'first line management' (sister and staff nurse) for execution of policy. (The grade of staff nurse has not been included in the figure). All non-nursing duties (i.e. clerical and domestic) were recommended to be removed from the nursing sphere so relieving nursing staff to undertake those duties for which they were trained and the jobs of the nurses between grades of sister and matron changed from 'staff' to 'line' functions. Each ward or department (e.g. outpatients' department, theatre) would be called a

# A TYPICAL 'SALMON' STRUCTURE.

(REPRODUCED FROM THE REPORT OF THE COMMITTEE ON SENIOR NURSING STAFF STRUCTURE. H.M.S.O. 1966. PAGE 153.)



1 C.N.O.  
4 P.N.O<sup>s</sup>

14 SENIOR NURSING OFFICERS.

36 NURSING OFFICERS.

145 CHARGE NURSES.

2,295 BEDS.

'section' and would become the sphere of responsibility of a 'sister'. A number of sections (usually between three and six in number) would be designated a 'unit' which was to be controlled by a 'nursing officer'.

Nursing officer posts could be specialised, involving control of specialist units such as midwifery, or non-specialised, involving the control of a small general hospital for example. Thus it was envisaged that ward sisters would receive support from staff in middle management grades. This was considered necessary after it was noted from a study of information on staff in sister grade showed that the annual turnover in posts in that grade was about 12% (i.e. 12% being the proportion of nurses who had been in that grade less than one year).

Senior to the nursing officer in the hierarchy was to be the rank of 'senior nursing officer' whose sphere of responsibility would be an 'area'. An area was to be composed of between three and six units which usually meant either the whole of a medium-sized hospital or part of a large hospital. Many hospitals with between three hundred and four hundred and fifty beds were expected to have a senior nursing officer responsible for their nursing services.

The lower of the two grades in top management, a 'principal nursing officer', was to control a 'division' which would comprise six to twelve units. There were many general hospitals which did not justify an appointment of more than one principal nursing officer because of the small number of beds or by virtue of being a single speciality hospital (e.g. psychiatry, mental handicap). In this situation the principal nursing officer post was the senior nursing post within the hospital, but in large groups of hospitals or multispeciality groups the top nursing post was that of 'chief nursing officer'.

The chief nursing officer usually controlled and co-ordinated the work of more than one principal nursing officer and some senior nursing



officers outside the one division reporting direct to the chief nursing officer. The only post recommended to be outside the line management structure was that of a 'senior nursing officer' (administration) who would assist the chief or principal nursing officer in large or complex nursing situations.

The recommended line management structure afforded the opportunity to a nursing organisation to delegate responsibility for managing parts of the nursing service to staff in middle management grades and for the participation in policy making of those in top management grades.

#### Early criticism

Criticism of the recommendations evidenced in letters and articles in both the medical and nursing press were mainly directed against the role of the nursing officer. This role was looked upon by nursing staff as removing the autonomy of the sister and was resented by consultant medical staff who saw an erosion of their control over the ward sister.

This paradoxical situation was created by the freedom which a sister had, within the nursing organisation, to manage the nursing service provided in the ward. This freedom was accompanied by responsibility for the service and little control was exercised by the matron over the quality of service provided. Consultant medical staff exercised greater control over sisters than did the matron, because they controlled the workload through their responsibility for the admission and discharge of patients and through the medical treatment which they prescribed controlled the pattern of nursing care to be followed.

#### IMPLEMENTATIONS OF THE RECOMMENDATIONS OF THE SALMON REPORT

The final recommendation of the report was that the new structure should be applied gradually to one or two groups of hospitals (i.e. the group of hospitals under control of one Hospital Management Committee) in each hospital Region. The Minister of Health recommended in 1967

that pilot schemes should commence in certain selected (and willing) hospital groups and that their progress should be followed and reported upon. These pilot schemes were slow to start and within each scheme implementation of the recommendations of the report was slow with guidance being given by a team of staff from the Ministry of Health who were concerned to see that nursing staff and all other disciplines were fully consulted and involved. The first of the 19 pilot schemes commenced in 1967 but the report on the pilot schemes was not published until October 1972.<sup>3</sup> Before the official publication of pilot scheme studies, notes of guidance on implementation of the structure were issued by the (now) Department of Health based on experience in the pilot schemes. The notes reiterated much of the information and advice given in the Salmon Report. Other information came from pilot schemes in the form of articles in the nursing press and during conferences in which staff involved in pilot schemes spoke of their experience. These reports did little to allay the anxieties which were being expressed, particularly by ward sisters who were fearful that their authority might be eroded and by deputy and assistant matrons and administrative sisters who were unsure about their future.

Although pilot schemes were implemented with great care, other hospital groups were left to their own devices about the introduction of the recommendations of the Report. In 1968 the publication of the Prices and Incomes Board Report No.60<sup>4</sup> stimulated, through a specific recommendation, many hospital groups to adopt the Salmon structure. The Prices and Incomes Board had been invited by the Minister of Health to examine the pay and conditions of service of nurses and midwives in the National Health Service and among other things the Board looked at the broader problems of management of the nursing service. Their investigation revealed a diffusion of authority among nursing staff

responsible to a Hospital Management Committee and the resultant problem of expenditure control. They also commented upon a lack of concern for the efficiency of the nursing service and a difference in adherence to standard nursing techniques. A recommendation that the organisational framework recommended in the Salmon Report was a convenient vehicle for progress stimulated senior nursing staff and Hospital Management Committees to consider the implementation of the recommendations of the Salmon Report.

One method of implementation has been recorded<sup>5</sup> and it highlighted particularly the problems in staff morale during the six month programme of implementation. The mood changed from excitement through apathy and resentment to criticism and tension. The major concerns were anxieties expressed by nursing and medical staff about those who may be appointed to the new posts and whether those appointed would have the ability to cope with the changes. There was also concern from those who were unsure of whether they would be appointed to a new post and many who were unsure which grade of post in the new structure to apply for.

In the early days of the new structure conflict did arise between the staff of sister and nursing officer grade because of uncertainty over spheres of responsibility and a reluctance to exchange information and knowledge. Medical staff expressed concern about what they saw as interference by nursing officers in a ward routine. Some nursing officers overcame the problem as they were seen to make a positive contribution to the service through improving communications, patterns of work and assisting in training programmes but others have not yet established a good working relationship within their unit and conflict continues.

At middle management level senior nursing officers found difficulty in being accepted by hospital secretaries in their new role. A great deal of criticism referred to the fact that there were too many senior

nursing staff but the review of the situation after the implementation of the Salmon structure<sup>6</sup> indicated that there were in fact fewer posts above the grade of ward sister than there had been prior to implementation of Salmon. One reason for this criticism may have been that staff in nursing officer grade were more active in the ward situation than their predecessors had been.

There was also a problem for senior nursing staff at top management level in establishing themselves as one of the chief officers of the Hospital Management Committee (or Board of Governors). The group secretary had previously been considered by his employing authority as the chief executive officer and the holder of that post, as well as the Hospital Management Committee, found it difficult to accord the chief nursing officer equal consideration in decision-making.

#### REORGANISATION OF THE NATIONAL HEALTH SERVICE

The reorganisation of the National Health Service which came into operation on 1st April 1974 was the result of seven years of proposals and counter-proposals. It brought together into a unified administrative organisation the three parts of the Health Service which had been separately identified from the inception of the Service in July 1948. The largest of the three was the hospital service under the control of Hospital Management Committees and Boards of Governors. The other two were the local health authority services, which provided community nursing services and school medical services, and the general medical, dental and pharmaceutical practitioners controlled by Executive Councils.

A major reconsideration of the administrative structure of the medical and related services had been announced by the Minister of Health in November 1967 and in July 1968 tentative proposals for discussion were published.<sup>7</sup> These proposals included reference to the appointment of directors to control specialist departments and emphasised

management ability as the principal criterion for appointment. Of equal interest was the stress placed on the need to prepare staff for their prospective roles in the new service and to give priority to management training in the unified service. The second consultative document published in 1970 introduced a different (and new) theme: that of the professions within the service working in 'various groups and teams', as well as emphasising the new responsibilities that chief officers in the unified service would have because their duties would be 'organisation wide'.<sup>8</sup>

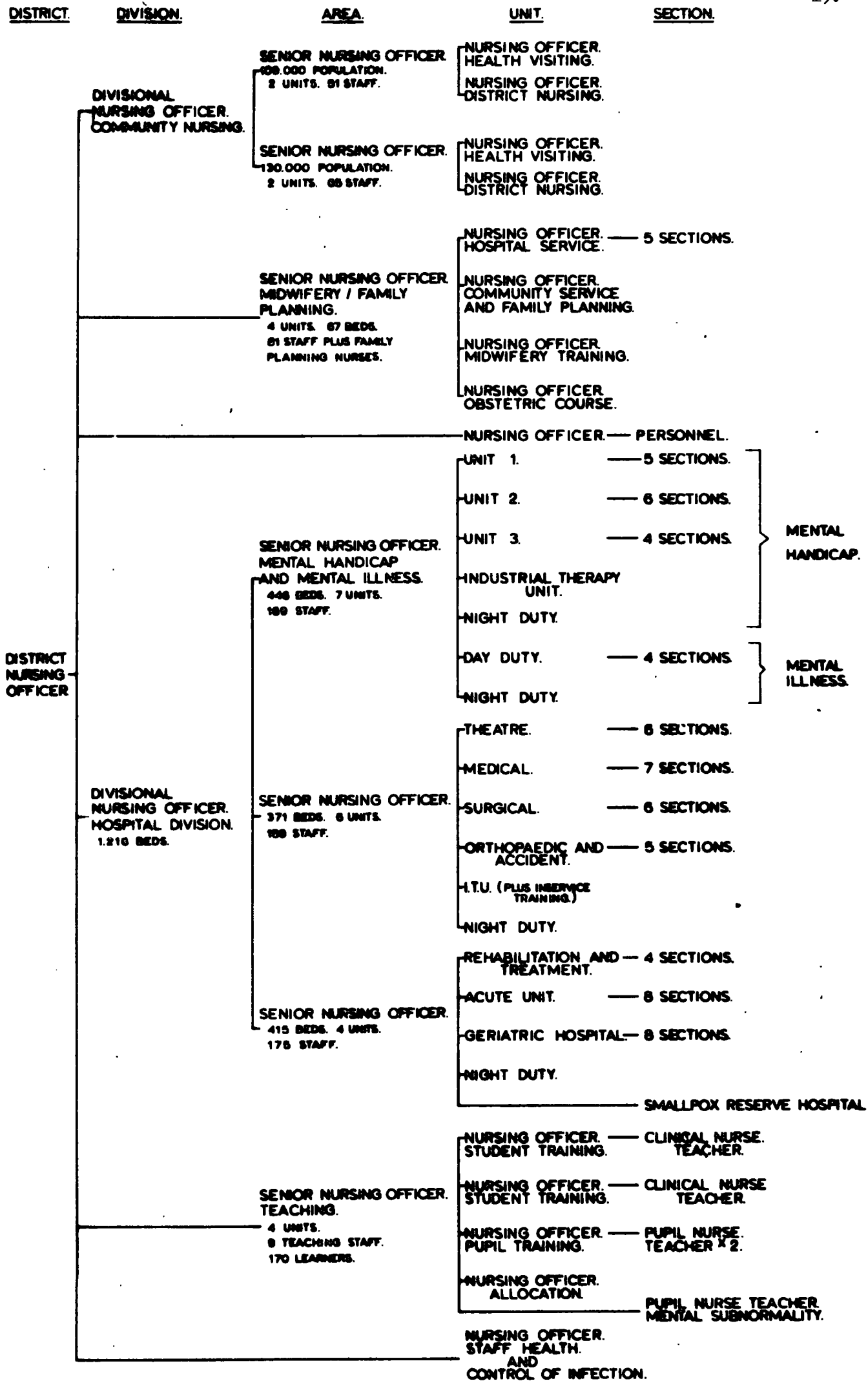
The White Paper on Reorganisation of the National Health Service published in 1972<sup>9</sup> emphasised that it was concerned with administration but the purpose was to provide a better and more sensitive service to the public, that the success of the service would depend not only on the work of clinicians and other professional staff but also on the quality of all administrative staff.

Reorganisation of the National Health Service created less organisational change for nursing staff than for any other discipline. Nursing staff previously employed by either local health authorities or hospital management committees were brought together into one unified organisational structure (Figure 3) which was based on the principles of the Salmon Report and Mayston Report.<sup>10</sup> The latter report was issued in 1970 and its recommendations closely followed those of the former. (Its terms of reference were 'to consider the extent to which the principles of the Salmon Report .... are applicable to the local authority nursing services ....').

Reference in the White Paper to management training indicated that staff required education to improve their understanding of the needs of the service to make maximum use of resources and for this reason (among others) training would be multi-professional. Multidisciplinary team work was to be a feature of the integrated service both at managerial

# A NURSING STAFF STRUCTURE IN THE RE ORGANISED HEALTH SERVICE. FIGURE 3.

POPULATION 240.000 BEDS 1.282



and clinical levels and would be necessary to plan and co-ordinate in order to meet health needs.

#### DEVELOPMENT OF MANAGEMENT TRAINING FOR NURSING STAFF

The problem expressed by nursing staff appointed to management posts within the Salmon Structure was the change to working in what they saw as a management orientated ethos when they had been conditioned by training and experience to work in what they considered to be a professionally orientated structure.

The Salmon Report recommended management training courses and gave syllabuses for the courses of preparation for the three levels of management.

1. Preparatory course for first line management:

for sisters - lasting four weeks in two parts.

Part A (2 weeks) teaching operational principles of management.

Part B (2 weeks) relating more strictly to nursing and subsequent to Part A.

2. Preparatory course for middle management:

for nursing officers - lasting 12 weeks in two parts.

Part A (4 weeks) of a kind that could be given at technical colleges, teaching theory, including theoretical principles of management.

Part B (8 weeks) teaching the application of theory to practice, the content varying according to the kind of unit in which a nursing officer is to work.

### 3. Preparatory course for top management:

for principal nursing officers

Course (12 weeks) for further exposition of the management theory in consideration of the nursing function in the context of the Health Service, with the aid of case studies.<sup>11</sup>

Some Regions (there were 14 Regional Hospital Boards in England) began to organise management training courses in conjunction with the implementation of the Salmon Report. As there was no 'Salmon' pilot scheme in the Newcastle Region (now the Northern Region) there was no stimulus to begin management training courses but one hospital management committee initiated discussion with a local technical college to commence management appreciation courses in 1968. These courses were for nursing staff between sister and matron grade. Problems arose on these courses because of complaints that the lecturers knew little of hospital organisation and that the courses were orientated to the industrial world. The only lectures provided on the courses by hospital staff were those relating to an overview of hospital organisation. Concurrently a small number of nursing staff in the Region had the opportunity to attend a middle management course at the Regional Training Centre but only two or three places were available to nurses on each course out of a total course membership of eighteen to twenty. Management training for hospital nursing staff was commended to hospital management committees in a circular<sup>12</sup> issued in 1969 which accompanied a report of the National Nursing Staff Committee on the subject.<sup>13</sup> It was the Secretary of State's view that there should be parallel improvement in management of resources and physical environment 'investment to this end should yield high returns in the effectiveness and quality of the service to patients'. It was



recognised in the report that because of the large number of nursing staff in first line management posts the management training would of necessity be uni-disciplinary, but training for middle managers should be multi-disciplinary.

Although the circular introducing management training for hospital nursing staff referred to nursing staff 'making effective use of resources' and 'meeting the needs of patients more effectively' those terms were not defined. An evaluation of first line management training programmes revealed the dissatisfaction of course members who found that the courses were unrelated to the working situation and as a result, they had been unable to transfer skills and knowledge gained from the course to the benefit of the service.<sup>14</sup> Lecturers talked in general concepts because of the short time they had in which to convey principles of management. If attempts had been made to relate principles to specific situations further differentiation would have arisen because of the variety of hospitals represented on courses and this might well have led some course members to dismiss the course as unsuited to their needs. Davies found a lack of co-ordination between senior hospital nursing staff, the hospital training section and technical colleges. The burden of relating theory to reality was left to the course tutor who lacked knowledge of hospital organisation.

Westbrook's<sup>15</sup> criticism was that staff considered attendance at a management course to be compulsory. Staff felt that they were selected not because of either potential or demonstrated managerial ability but because of the position they held in the organisation, and this led course organisers to design the course to overcome resistance to management training.

Aspects of management training programmes and criticisms of them evidenced by letters in nursing journals stimulated interest in improving management training. Williams<sup>16</sup> stressed the need for flexibility

in programmes to take into account local organisational features. Geddes<sup>17</sup> re-emphasised the need for pre-course briefing. One project, sponsored by the Department of Health and Social Security<sup>18</sup> was commenced because of 'a felt need to have more information about the nature of management in the hospital service and a greater understanding of the needs of hospital staff for middle management training'.

The theme that all senior nurses were managers was continued from the Salmon Report in the Briggs<sup>19</sup> Report which related the practice of management to patient care, considering the former to be essential to the practice of the latter. The statutory nurse training body (The General Nursing Council) agreed with this and two years later issued guidance on preparation for management during nurse training for state registration in a letter to all nurse training schools.

The Briggs Report further recognised the need for team training. Prior to this Report the role of the nurse within the primary care team was recognised but little reference had been made to the nurse in the hospital service as a member of either a uni- or multi-disciplinary team.

In 1972/73 the interest in improving upon the management training programmes originally proposed by the National Nursing Staff Committee was not pursued. The impending reorganisation of the National Health Service created a need to train staff for the anticipated changes. Resources were deployed for the purpose of increasing the knowledge of senior staff in reorganisation proposals, changing attitudes and educating for change. First line managers were not included in the preparatory training for reorganisation and first line management courses continued unchanged from the original proposals.

## CONCLUSIONS

The development of management in the hospital nursing service from 1948 has been noted. There has been increased emphasis on the role of the nurse as a manager and on programmes to train the nurse for this role since 1967. The acceleration in this development was caused by the publication of the Salmon Report in 1967, the report of the National Board for Prices and Incomes on the Pay of Nurses and Midwives in 1968, and subsequent implementation of the recommendation of the Salmon Report. Further stimulation in developing the ability of nurse managers was created by the Briggs Report published in 1972 (but not yet implemented) and then, more recently, by reorganisation of the National Health Service in 1974.

The stress in the reports on the role of the nurse as a manager led to the commencement of management training courses for nurses encouraged by guidance from the Ministry of Health (later named Department of Health and Social Security). The literature reviewed revealed a dissatisfaction with course content, and lack of co-ordination between course tutor and health service staff.

The rapidly expanding role of the nurse manager had created a need for preparatory training but the urgency to organise management training courses appeared to have overlooked the need for an 'in depth' study of the role of the nurse manager and training necessary to prepare for that role. There appeared to be assumptions made in designing training courses that nurse managers carried out their duties in accordance with job descriptions in the Salmon Report.

The absence of definition of 'management' and 'teams' meant that it was essential to research the nurse managers perception of their own job before assessing the relevance of the training courses which they had attended.

The lack of clarity about role, the variety of nursing disciplines of nurse managers, differing ages and experience led the researcher to expect that there would be a wide diversity of view of jobs and therefore of the relevance of training to each role.

The following chapter is the result of analysis of the perception which role holders have of their job, the importance of elements within it and the knowledge and skill necessary to perform it. The training needs perceived by role holders are also analysed and compared with perception of skills and knowledge necessary to fulfil a specific role. This information is the background against which relevance of training is later assessed.

### CHAPTER 3

#### (A) ROLE HOLDERS' PERCEPTIONS OF CERTAIN SENIOR NURSING JOBS

The many documents on reorganisation of the National Health Service discussed in Chapter 2 had re-emphasised the need for good management of the service and the need for management training. Within the hospital nursing service in the Northern Region at the commencement of the reorganised service (April 1974) knowledge of management theory and the practice of management varied depending upon when a hospital group had implemented the recommendations of the Salmon Report and thus changed the role and responsibilities of senior nursing staff (i.e. ward sister and above) within the organisational structure and also given opportunity for management training. The first hospital group in the Northern Region to change the pattern of nursing management by implementing the new structure commenced the change in October 1969 and by April 1974 there was only one of the 27 hospital groups which had not effected the change although groups who commenced the change in 1973 had not completed it (i.e. they had not appointed staff to lower managerial grades).

Job descriptions based on those in the Salmon Report had been prepared by newly appointed Chief and Principal Nursing Officers for posts within the nursing structure of the hospital management committee for which they worked. Those job descriptions gave guidance on roles and responsibilities. In practise managers carried out their roles according to their own perceptions of them and Lathlean<sup>20</sup> found that not only did role holders perceive their roles differently from supervisors and subordinates but seemingly identical roles were perceived

in very different ways. The variables in the perception of seemingly identical roles could have been caused by the working pattern of consultant medical staff and ward sisters. An experienced ward sister, for example, who, over a number of years, has developed a defined working relationship with a consultant would have different expectations of the nursing officer and would see the duties of that role holder in a different way from a person newly appointed to ward sister grade. The latter would almost certainly expect guidance on both organisational procedure and clinical practise from the nursing officer whereas the former would probably expect only the actions or decisions necessary to achieve co-ordination of her section with other sections in the unit.

Against this varied background within the Northern Region there was seen to be a need to narrow the field of research to study specific roles within the hospital nursing organisation.

#### CHOOSING ROLES TO BE STUDIED

A number of criteria were used in determining the roles to be studied.

- (i) Since the study was concerned with managerial aspects of nurse activity the grades to be studied should be those which included a proportionately high element of management in their job.

This criterion led to a consideration of all grades of staff nurse and above.

- (ii) The research was designed to compare nurse managers' views of their role with their perceived training needs so a large enough sample was needed to make the results of more than individual interest.

This criterion led to the elimination of staff of senior nursing officer level and above because of insufficient numbers.

(iii) The impact of the reorganisations outlined in Chapter 2 varied from grade to grade within the nursing organisation. The value of the current research seemed likely to be highest in respect of those grades which had experienced the greatest change.

This criterion indicated a choice of sister and nursing officer as the key roles to study.

(iv) A role cannot be adequately studied on its own in managerial research concerned with effectiveness so a consideration of juxtaposed roles seemed likely to add to the relevance of the research.

This criterion reinforced the choice of sister and nursing officer as the key roles to study, but indicated that information obtained from staff nurse level might provide insights into the role of ward sister and the kind of training seen as necessary to progress from one role to the other.

#### THE SAMPLE CHOSEN

The research design called for a sample to be chosen which, within the time boundaries of the research could supply information on:-

- (i) their current perception of their role
- (ii) their current perception of their training needs
- (iii) their assessment of the extent to which current management training programmes met those needs
- (iv) the extent to which current management training programmes led to a changed perception of the relative importance of elements of their job.

Almost inevitably this led to a choice of those nurse managers of the grades outlined above chosen by their employers to attend management training programmes during 1974/75.

This choice allowed each person researched to:-

- (a) complete a questionnaire on (i) and (ii) above before attending the course
- (b) complete a follow-up questionnaire on (iii) and (iv) above three months after attending the course.

#### THE GROUP WHICH WAS STUDIED

Within the Northern Region of the National Health Service during the academic year 1974-75 management training for health service staff was provided in four technical colleges, three polytechnics and the regional training centre. The training programme was financed by the Regional Health Authority who, through their Regional Education and Training Officer, advised the educational institutions of the course content and also selected course members on the nomination of their employing Area Health Authority. The three types of course provided were broadly based on recommendations made by the Ministry of Health.<sup>21</sup>

##### 1. First line management courses

First line management courses were of three weeks duration and nursing staff of ward sister grade (or equivalent within the community nursing service) with less than three years experience in that grade, and staff nurses considered to have potential for advancement and/or who regularly acted up for a sister were considered suitable to attend the course.

##### 2. Middle management courses

Staff in nursing officer grade were considered suitable to attend a middle management course (of 4 weeks duration) together with those in sister grade who showed potential for promotion.



### 3. Management appreciation courses

Management appreciation courses, which lasted two weeks, were designed for those with long experience (i.e. over three years) in sister grade and those in more senior grades with experience in their grade of over five years.

Fifty-one management courses took place within the Region during 1974-75.

The nurses who attended these courses came from all Area Health Authorities within the Northern Region thus providing a wider cross section of experience and background than would have been available within only one or two authorities.

Within the group there were staff from both hospitals and the community nursing service. The latter groups of staff provided an excellent opportunity for comparing the perceptions of two ostensibly different groups and the researcher decided to include them in the work related to management training for three reasons:-

1. They attended the same courses as hospital nursing staff but their different working situation could be expected to require different skills and knowledge.
2. There was no research report published about relevance of management training to community nursing staff.
3. Although their working situation was different from hospital staff their basic training was the same and would allow consideration of the relevance of that shared training to both post-basic situations.

The group were to be studied to gain information about role preception, their perceived training needs and after training to ascertain the relevance of the training course both to their job and to their perceived needs.

### METHOD OF STUDY CHOSEN

The number of such staff expected to attend the management training courses provided in the Northern Region during 1974-75 was expected to be between 700 and 800 and the choice between methods of study appeared to be either to interview a sample or to send a questionnaire to all or to a selected sample. It was decided to send a questionnaire to all because the diversity of previous experience, length of time in post, and background precluded the possibility of sensible sampling. The benefit of using students on all courses within the Region in a given period was that it also permitted a post course validation to be carried out.

The pre-course questionnaire was designed to obtain the following information:-

- (i) roleholders' perceptions of their jobs
- (ii) roleholders' perceptions of their own training needs
- (iii) roleholders' attitudes to training

### DESIGN OF QUESTIONNAIRE

(A copy of the pre-course questionnaire is included as Appendix 1, page 227).

#### Background Information

##### Questions 1-4

The first four questions were designed to provide background career information in respect of the respondents to enable comparisons to be made between the attitudes and perceptions of different categories of respondent.

##### Questions 5-9

These questions were designed to provide insight into the experience of, and attitudes towards, management courses and the training/learning environment.

### Question 10

This question was designed to give greater insights into the relevance and purpose of management training seen from the eyes of a nurse manager in post.

### Perception of roles

#### Questions 11-13

This block of three questions was designed to establish such links as nurse managers saw between elements of their jobs, skills needed for the job, and the knowledge necessary to perform their jobs effectively.

#### Job elements

Question 11 is concerned with elements of the job of senior nursing staff. The purpose of this was to ascertain the importance which staff attach to the various elements of their job and to see the extent of agreement across the grades.

#### Skills

In order to carry out each element of work specific skills are necessary and these are listed in question 12. It was hoped that answers would reveal whether staff appreciated those skills required in the job by indicating as of importance those required in the elements of the job stated to be important.

#### Knowledge

Specific items of knowledge are required in order to apply skills within elements of a job and they are listed in question 13. As with question 12 it was expected that answers would reveal a recognition of the inter-relationships between knowledge required and elements of a job by a similarity in importance gradings.

### Choosing the contents of the questions 11-13

The three questions were based on job descriptions in the Salmon Report for three different grades - sisters, nursing officers and senior nursing officers. (The report does not contain a job description for staff nurses).

Each of the job descriptions in the Salmon Report were divided between three functional headings, professional, administrative and personnel, but as it did not appear that any item could be isolated to one function such headings were not used in the questionnaire. Jones and Huczynski<sup>22</sup> identified 'key tasks' in the job of senior nursing staff after consultation with members of general management development courses and other senior officers in the health service. Using that basis they defined twelve areas in which a nurse manager is expected to achieve results or exercise influence. That list was considered together with the job descriptions in the Salmon Report and from both the list of elements in question 11 was produced. Reference to the role of sisters in Williams<sup>23</sup> report did not produce any new items to add to the list.

Objectives for management development for both first line and middle management courses are listed in a Department of Health and Social Security document<sup>24</sup> issued in 1974 and the skills and knowledge required by managers at different levels are detailed. These were compared with the objectives of middle management courses to be held at the Northern Regional Training Centre during 1974, also with a list of skills and knowledge stated to be required by first line managers in an unpublished paper used on an experimental course in the United Sheffield Hospitals in 1972.<sup>25</sup> From these varying sources the list of elements, skills and knowledge were produced and then following DHSS guidance<sup>26</sup> 'the skills identified must be firmly based on relevant knowledge' the lists were cross referenced to ensure that each element listed required an input of skills and that in order to use skills knowledge was required.

For example, in selecting and appointing staff (one element in a job) the following skills and knowledge are required:-

skills required	decision-making utilisation of staff and their skills interviewing appraisal and counselling effective communication
knowledge required	organisation of the NHS industrial relationships legal and professional responsibilities of the nurse financial constraints in NHS Whitley Council Conditions of Service professional (i.e. clinical) knowledge behaviour patterns

#### Additional background information

##### Questions 14-16

Because the previous three questions, 11-13 are long, detailed, and require concentrated thought it was decided to include three very short questions to provide a change in the level of concentration required and a different ranking procedure to enable respondents to relax and thus retain their interest.

Question 14 was included to see whether there had been any pre-course briefing by senior officers on when improved performance would be assessed.

Question 15 was expected to reveal the influence which colleagues, who have attended management courses, have on those selected to attend courses.

Question 16 was included to find out whether there was an acknowledgement of the management skills required by each grade of nurse manager.

##### Training needs

Nurses were asked in questions 17, 18 and 22 to indicate the difficulty they experience with different elements in their job and

their need for training in respect of skills and knowledge. Since the content of 17, 18 and 22 was the same as in 11, 12, 13 it was decided to split the questions to prevent too obvious a connection with the earlier questions.

#### Attitudes to management training

Questions 19-21 and 23-28 were designed, together with 9, 15, 16, to provide an insight into attitudes to different elements of management training.

#### 'Off the job' training

It will have been noted that courses within the Northern Region during the period of the study were held 'off the job' but the attitude of staff to that method of training was not known.

Question 20 was asked in order to ascertain views on the subject.

#### Timing of management training

Management training had not been included in the basic nurse training syllabus of those about to attend management courses but was included from 1974. The views on this change were sought through question 21.

#### Comparative view of skill needed

Question 26 was asked in order to ascertain if there was any recognition of similarity of skills required for the two different grades of nurse managers.

#### Potential benefits

Objectives of courses were listed in question 10 to gain an understanding of the expectation with which course members commence management training. For a similar reason question 28 was asked about the relative importance of the benefits to be gained.

Respondents were asked to indicate in reply to question 25 when they expected to know whether they had benefited

by course attendance.

Their reply was to be checked against the anticipated date of evaluation of course results by their senior officer (question 14).

#### Management content of jobs

Questions 16 and 23 sought to find out the view of each grade of staff responding about the extent to which management was part of their job and whether that view was reflected in the need for management training.

#### Effectiveness of colleagues

Question 24 was expected to reveal whether there was a recognition of improvement in the effectiveness of those who had attended management courses.

#### Future attendance at courses

It was presumed that those staff who were enthusiastic about attending a management training course would look forward to future opportunities for such training and question 27 was designed to ascertain views about the possibility of attendance at future courses.

### PILOT TESTING

In order to test the questionnaire it was distributed to two groups of staff. The first was a complete test group of respondents, the nurse members of the first management training course to be held during 1974-75 (a management appreciation course).

#### Questionnaire design

The comments of the test group and the changes which were made were as follows:

### Layout

The test group suggested a simple change in the layout of the form. It was stated that the form had at first seemed daunting and the simple remedy of separating each question by a line was recommended by them as an acceptable solution.

### Specific wording

Clarification of instructions was requested because of some confusion over the grade of staff listed in the first question (although the grades listed are those used by the Nurses and Midwives Whitley Council for salary purposes). The title Charge Nurse was added as an alternative to sister and the guidance on completion of the first seven questions aided by putting the words 'most appropriate' in heavy type. The wording of certain questions was queried and examples of 'paramedical worker' in question 7, were required. This was done by giving two examples: of physiotherapist and laboratory technician. In one question (question 10) 'student' was variously interpreted and therefore altered to be more explicit and to read 'course members'.

### Interpretation

The content of certain questions had not always been clearly understood. The question about elements of work of senior nursing staff (question 11) was unclear and after discussion the first element ('supervising the work of junior staff') had the word 'own' added. There was discussion among course members on the question about skills required by senior staff (question 12). It was suggested that 'interviewing' and 'appraisal and counselling' would be narrowly interpreted as referring only to staff whereas they could refer to relationships with



patients/clients. The group finally agreed that the skills required were the same in whichever context they were used and it was therefore decided not to specify to which group (i.e. staff or patient/client) the skills applied.

#### Complexity

Questions about elements of job, skills and knowledge were found initially to be complex, but course members advised that no alteration be made because the complexity created a need to concentrate carefully and this produced a more accurate reply. Respondents were pleased with the break provided by questions 14-16 and 19-21.

The second group of staff with whom the initial questionnaire content and layout was discussed were in no sense formally representative. The views of four people were sought (three potential users of the data that would be produced i.e. Regional nurses with specific responsibility for professional education and development of nursing staff, for management training, and for advising on nurse staffing requirements for new hospital buildings), and a senior member of the administrative staff with research experience.

Their comments covered some, but not all, of the test groups points and added just one further point - the addition of 'Accident and Emergency Department' as an alternative Outpatients' Department in question 4. This suggestion was adopted to clarify any possible misunderstanding due to the use of different terms in different hospitals.

#### OBTAINING STAFF AGREEMENT

The support of senior nursing staff (Area and District Nursing Officer) to the distribution of the questionnaire to members of their staff was sought although neither they nor members of their staff were

involved in distribution or collection of the questionnaires. One Area Nursing Officer (single district Area) out of nine and one District Nursing Officer (out of ten) refused to allow an approach to be made to their staff. This is reflected in the shortfall of questionnaires distributed to nurse members of courses.

Those who completed the pilot questionnaire expressed great interest in it and stated that they were pleased to know that the effectiveness of management training was under consideration.

#### DISTRIBUTION OF QUESTIONNAIRES

The questionnaires were posted to those selected to attend management training courses two weeks prior to the commencement of the course. Recipients were advised to complete the form after reading the course programme and to return the completed form to the course tutor on the first morning of the course. Only those so returned were included in the survey.

#### DESCRIPTION OF POPULATION SURVEYED

Table 1 shows the pattern of management training courses within the Northern Region during 1974-75.

TABLE 1

Management training courses within the Northern Region  
of the National Health Service  
1974-75  
(whose participants were included in the survey)

Type of course	No. of centres providing courses	No. of courses
First line	6	29
Middle management	5	10
Management appreciation	6	12

Table 2 shows the distribution and return of questionnaires.

TABLE 2

Distribution and return of pre-course questionnaires

	First line	Middle management	Management appreciation
1. No. of nurses attending course	430	122	157
2. No. of pre-course questionnaires distributed (Percentage of 1)	354 (82.3%)	89 (72.9%)	139 (88.5%)
3. No. of pre-course questionnaires returned (Percentage response i.e. 3 as % of 2)	233 (65.8%)	70 (78.7%)	105 (75.5%)

ANALYSIS OF REPLIES BY GRADE AND PLACE OF WORK

Grade

The figures in Table 3 confirm the earlier choice to concentrate research activity on the grades of nursing officer and sister. The total number of staff in these grades employed in hospitals within the Region during the period under review were not available but in September 1971 there were 2,000 sisters in post and 666 above sister grade (all expressed as whole-time equivalents). At the same time there were 2,096 staff nurses (whole-time equivalent) which indicates that the number in that grade attending management training courses during 1974/75 was not a representative sample.

Table 3 shows only 1 staff nurse from the community as responding to the questionnaire and it should be noted that very few staff are employed in that grade in the community nursing service. The majority

of community nursing staff are employed in sister grade either as community sisters or health visitors. Their inclusion in the study allows comparison to be made between their replies and replies from those employed in the same grade in hospital. One anticipated difference in replies to questions about role perception and training needs is a reflection of the fact that staff in the community sister grade control a much smaller number of nursing staff than do their hospital colleagues.

The number of community nursing officers included in the study is smaller than the number with a hospital background. The group of staff of sister grade in the community controlled by a nursing officer do not work from the same base and therefore meet less often in the course of their duty than do hospital colleagues.

TABLE 3 (Question No.1)

Number of pre-course questionnaires returned - by grade and place of work

	Community	Hospital
Staff nurse	1	35
Charge nurse/sister/health visitor/community nurse	139	167
Nursing officer	16	46
Senior nursing officer	0	1
Other	0	3
	156	252

Place of work

The background of staff included in the study is shown in Table 4 by the type of work they were doing.

The place of work of hospital staff is indicated in Table 5 and shows the majority of staff working in wards.

TABLE 4 - (Question No.3)

Type of work of staff returning pre-course questionnaires4.1. Nursing Officers

	Community	Hospital
Midwifery	3	6
General nursing	7	22
Psychiatry	0	8
Mental handicap	0	1
Health visiting	5	0
Teaching	1	6
Other	0	3
	16	46

4.2. Sisters

	Community	Hospital
Midwifery	22	23
General nursing	42	103
Psychiatry	2	34
Mental handicap	0	0
Health visiting	67	0
Teaching	1	3
Other	5	4
	139	167

4.3. Staff Nurses (Hospital)

Midwifery	7
General nursing	20
Psychiatry	5
Mental handicap	3
Health visiting	0
Teaching	0
	35

TABLE 5 - (Question No.4)Place of work of hospital staff5.1. Nursing Officers

Ward	26
Theatre	2
Outpatients/Accident & Emergency Dept.	3
Industrial/Social/Recreational Therapy	3
Other	12
	46

5.2. Sisters

Ward	140
Theatre	16
Outpatients/Accident & Emergency Dept.	9
Industrial/Social/Recreational Therapy	1
Other	1
	167

5.3. Staff Nurses

Ward	33
Theatre	1
Outpatients/Accident and Emergency Dept.	1
	35

### ROLE PERCEPTION - QUESTIONNAIRE RESULTS

The three questions (questions 11, 12, 13) designed to gain information about role perception all required the same method of reply. Lists of elements of the job, skills and knowledge required for the job were given and course members were asked to indicate the importance of each in their present job by giving each element, skill and knowledge, one of five categorisations:-

- |                   |                |
|-------------------|----------------|
| 1. major          | very important |
| 2. major          | important      |
| 3. minor          | very important |
| 4. minor          | important      |
| 5. not applicable |                |

These categories were chosen so that unimportant elements in the job were excluded. The fifth category provided an opportunity for nurses to express a definite negative attitude concerning any item if they so wished.

#### Importance

Initially the importance attributed to each aspect of the job was demonstrated by weighting the answer thus:-

<u>Category</u>	<u>Weighting</u>
Major - very important	5
Major - important	4
Minor - very important	3
Minor - important	2
Not applicable	0

The weighted scores were added for all the respondents in respect of each aspect and the higher the score the more important that aspect of the role.

#### Relative importance

Respondents were asked to indicate the level of importance of different aspects of a job, but it was also important to be able to

determine the relative importance attributed to different aspects to see whether the most important aspects are catered for in current training programmes for example.

The relative importance attributed to each aspect of the job was demonstrated by expressing the weighted response for one aspect as a percentage of the aggregated weighted response for all aspects.

The following provides an illustrative example from question 11:-

- A. In respect of each element in the question, responses were weighted in the following way:-

Category	1	2	3	4	5
Weight	5	4	3	2	0

to produce a weighted response for that element thus:-

<u>Element</u>	<u>Response from hospital sisters</u>					<u>Total weighted response</u>
supervising of the work of own junior staff	category	1	2	3	4	5
	response	95	54	3	3	12
	weighted response	475	216	9	6	0
						706



B. The total weighted response for each element was then expressed as a percentage of the total weighted response for the question as a whole:-

<u>Element</u>	<u>Weighted response</u>	<u>Percentage of total weighted response</u>
supervising the work of own junior staff	706	8.3
planning and organising work of own staff	733	8.6
selecting and appointing staff	227	2.7
training and developing staff	683	8.0
assessing and counselling nursing staff	534	6.3
investigating complaints and untoward incidents	515	6.1
giving and receiving reports	665	7.8
ensuring health, safety and welfare of staff	571	6.7
acting as a consultant on nursing problems	483	5.7
disciplining staff	541	6.4
checking that work is carried out and the quality of service maintained	749	8.8
co-ordinating the work of own staff with that of non-nursing staff	535	6.3
liaison and co-operation with non-nursing staff	545	6.4
advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	412	4.9
multidisciplinary team work	488	5.7
other	105	1.3
	<hr/>	<hr/>
Total Weighted Response	8,492	100%
	<hr/> <hr/>	<hr/> <hr/>

RELATIVE IMPORTANCE OF JOB ELEMENTS (Question 11)

Nursing Officers

Table 6.1 indicates the importance given to elements of the job by nursing officers. Both hospital and community nursing officers indicate the same four elements as of greatest importance in their jobs although in different order and of different level of importance by comparison with other elements. The element with greatest difference in reply is 'multidisciplinary team work' with community staff giving 6.8% weighted reply and hospital staff 5.7%.

Sisters

Replies from sisters are displayed in Table 6.2 and show little agreement between those from hospital with those from community. Both the order of importance and percentage weighted replies differ. The greatest difference is in the element 'liaison and co-operation with non-nursing staff' with community staff giving 10.4% weighted reply and hospital staff 6.4%. The hospital sisters give greater importance to elements concerned with her role in a supervisory capacity over staff whereas community sisters, no doubt bearing out the inference in Table 3 that there are relatively few staff nurses employed in the community, give importance to elements involving co-operation with non-nursing staff and advice.

There are differences in the order of importance given by sisters compared with nursing officers but similarity in weighted percentage reply. Community sisters give a marginally higher weighted response to the element 'acting as a consultant on nursing problems' than do community nursing officers and the same response (6%) to 'co-ordinating the work of own staff with that of non-nursing staff'. Hospital sisters and nursing officers give the same weighted percentage response (5.7%) to 'multidisciplinary team work'. There is a 0.1% lower weighted response

TABLE 6 - (Question 11)

Relative importance of elements in the work of senior nursing staff  
(Response to each element expressed as a weighted percentage of total list)

	Community %	Hospital %
6.1. <u>Nursing Officers</u>		
Checking that work is carried out and the quality of service maintained	7.7	7.9
Training and developing staff	7.5	7.6
Acting as a consultant on nursing problems	7.3	7.5
Assessing and counselling nursing staff	7.0	7.2
Selecting and appointing staff	6.8	7.1
Multidisciplinary team work	6.8	6.8
Supervising the work of own junior staff	6.6	6.5
Ensuring health, safety, and welfare of staff	6.6	6.4
Investigating complaints and untoward incidents	6.4	6.3
Liaison and co-operation with non-nursing staff	6.3	6.3
Planning and organising work of own staff	6.1	6.0
Giving and receiving reports	6.0	5.8
Co-ordinating the work of own staff with that of non-nursing staff	6.0	5.7
Disciplining staff	5.8	5.4
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	4.9	4.3
Other elements	2.2	3.2

TABLE 6 - (Question 11) (Contd.)

Relative importance of elements in the work of Senior Nursing Staff  
(Response to each element expressed as a weighted percentage of total list)

	Community	Hospital
	%	%
6.2. <u>Sisters</u>		
Liaison and co-operation with non-nursing staff	10.4	8.8
Giving and receiving reports	9.9	8.6
Multidisciplinary team work	9.3	8.3
Acting as a consultant on nursing problems	7.8	8.0
Training and developing staff	7.2	7.8
Checking that work is carried out and the quality of service maintained	7.2	6.7
Planning and organising work of own staff	6.4	6.4
Co-ordinating the work of own staff with that of non-nursing staff	6.0	6.4
Supervising the work of own junior staff	5.7	6.3
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	5.7	6.3
Ensuring health, safety, and welfare of staff	5.2	6.1
Investigating complaints and untoward incidents	5.2	5.7
Assessing and counselling nursing staff	4.9	5.7
Selecting and appointing staff	3.6	4.9
Disciplining staff	3.1	2.7
Other elements	2.4	1.3

TABLE 6 - (Question 11) (Contd.)

Relative importance of elements in the work of senior nursing staff  
(Response to each element expressed as a weighted percentage of total list)

	%
<u>6.3. Hospital Staff Nurses</u>	
Supervising the work of own junior staff	8.3
Giving and receiving reports	8.3
Planning and organising work of own staff	8.2
Checking that work is carried out and the quality of service maintained	8.1
Training and developing staff	7.5
Ensuring health, safety, and welfare of staff	7.2
Liaison and co-operation with non-nursing staff	6.4
Disciplining staff	6.4
Investigating complaints and untoward incidents	6.3
Acting as a consultant on nursing problems	6.3
Co-ordinating the work of own staff with that of non-nursing staff	6.2
Multidisciplinary team work	6.1
Assessing and counselling nursing staff	5.9
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	4.9
Selecting and appointing staff	2.8
Other elements	1.1

from hospital sisters by comparison with hospital nursing officers to the element 'liaison and co-operation with non-nursing staff' and 0.1% higher weighted percentage response to the element 'training and developing staff' (8% from sisters, 7.9% from nursing officers).

#### Staff Nurses

The order of importance given by hospital staff nurses (Table 6.3) in elements of their job is similar to that of hospital sisters. Both lists contain the same six items at the top (but in differing order) and the same two at the bottom (with close similarity of percentage weighted response). The response on both lists to the element 'supervising the work of own junior staff' is 8.3%.

#### Comment

The responses to this question shows a wide variation in role perception between and in some cases within grades.

Variation between grades can be exemplified in the level of importance attributed to 'multidisciplinary team work' by hospital nursing officers (5.7%) and community sisters (9.3%).

Nurses within the same grade working within the same sector of the service showed a surprising range of response when rating the importance of individual elements in their job. Reference to Table 7 shows the spread of response to the element 'co-ordinating the work of own staff with that of non-nursing staff' from 19.6% stating 'not applicable' to 19.6% stating 'very important - major element'. Clearly training in this element would be seen by some hospital nursing officers as highly desirable and by others as irrelevant. Table 8 shows a similar variation of hospital sisters to the element 'investigating complaints and untoward incidents' from 19.8% stating 'important - minor element' to 19.8% stating 'very important - major element'.

TABLE 7 - (Question 11)

Replies from hospital nursing officers on the importance of 'co-ordinating the work of own staff with that of non-nursing staff'.

(n = 46)

	% replying
Major - very important	19.6
Major - important	28.3
Minor - very important	21.7
Minor - important	8.7
Not applicable	19.6
No response	2.1

TABLE 8 - (Question 11)

Replies from hospital sisters on the importance of 'investigating complaints and untoward incidents'

(n = 167)

	% replying
Major - very important	19.8
Major - important	29.9
Minor - very important	16.8
Minor - important	19.8
Not applicable	9.0
No response	4.7

RELATIVE DIFFICULTY OF JOB ELEMENTS (Question 17)

Respondents to the questionnaire were asked to indicate those elements of the job which they found difficult and the replies are analysed in Tables 9, 1-3.

Nursing Officers

Nursing Officers (Table 9.1) in hospital and community have six elements in common in the seven most difficult elements in their jobs. Both the absolute level, and the relative level, of difficulty varies for each type of nursing officer but the following elements appear to create difficulties for both groups:-

Disciplining staff  
 Selecting and appointing staff  
 Assessing and counselling staff  
 Checking that work is carried out and the quality of  
 service maintained  
 Co-ordinating the work of own staff with that of  
 non-nursing staff  
 Multidisciplinary team work

The percentage indicating difficulty is lower from hospital nursing officers although the figures may be distorted because of the small number of community nursing officers in the survey.

Both groups show the highest number of respondents indicating difficulty with an element of their job which was shown low in their list of importance i.e.:-

(a) staff - community nursing officers

element - 'disciplining staff'

difficulty stated by - 7 staff (43.7%)

weighted percentage of importance - 5.8% (14th out of  
list of 16)

(b) staff - hospital nursing officers

element - 'co-ordinating use of own staff with that of  
non-nursing staff'

difficulty noted by - 13 staff (28.3%)

weighted percentage of importance - 5.4% (14th out of  
list of 16)



TABLE 9 - (Question 17)

Elements in the work of senior nursing staff which are found most difficult  
 Number of replies indicating difficulty with each element (also expressed as a percentage of total number replying)

	Community		Hospital	
	No.	%	No.	%
9.1. <u>Nursing Officers</u>				
Disciplining staff	7	43.7	13	28.3
Selecting and appointing staff	6	37.5	10	21.7
Assessing and counselling staff	5	31.3	10	21.7
Investigating complaints and untoward incidents	4	25.0	9	19.6
Checking that work is carried out and the quality of service maintained	3	18.7	6	13.0
Co-ordinating the work of own staff with that of non-nursing staff	3	18.7	6	13.0
Multidisciplinary team work	2	12.5	6	13.0
Other	2	12.5	5	10.9
Training and developing staff	1	6.2	5	10.9
Giving and receiving reports	1	6.2	5	10.9
Acting as a consultant on nursing problems	1	6.2	4	8.7
Liaison and co-operation with non-nursing staff	1	6.2	4	8.7
Supervising the work of junior staff	0	0	3	6.5
Planning and organising work of own staff	0	0	2	4.3
Ensuring health, safety and welfare of staff	0	0	1	2.2
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	0	0	0	0
n =	16	100%	46	100%

TABLE 9 - (Question 17) (Contd.)

Elements in the work of senior nursing staff which are found most difficult  
 Number of replies indicating difficulty with each element (also expressed as a percentage of total number replying)

	Community		Hospital	
	No.	%	No.	%
9.2. Sisters				
Liaison and co-operation with non-nursing staff	26	18.7	43	25.7
Co-ordinating the work of own staff with that of non-nursing staff	18	12.9	40	24.0
Multidisciplinary team work	14	10.1	28	16.8
Disciplining staff	13	9.4	27	16.2
Investigating complaints and untoward incidents	11	7.9	27	16.2
Checking that work is carried out and the quality of service maintained	11	7.9	26	15.6
Assessing and counselling staff	8	5.8	23	13.8
Giving and receiving reports	8	5.8	22	13.2
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	6	4.3	17	10.9
Supervising the work of junior staff	5	3.6	15	9.0
Ensuring health, safety and welfare of staff	5	3.6	14	8.4
Other	5	3.6	8	4.8
Training and developing staff	4	2.9	7	4.2
Acting as a consultant on nursing problems	4	2.9	5	3.0
Planning and organising work of own staff	4	2.9	4	2.4
Selecting and appointing staff	3	2.2	2	1.2
	139	100%	167	100%
		n =		n =

TABLE 9 - (Question 17) (Contd.)

Elements in the work of senior nursing staff which are found most difficult  
 Number of replies indicating difficulty with each element (also expressed as a percentage of total number replying)

	No.	%
<b>9.3. Hospital Staff Nurses</b>		
Assessing and counselling staff	12	36.3
Disciplining staff	9	25.7
Selecting and appointing staff	7	20.0
Acting as a consultant on nursing problems	7	20.0
Investigating complaints and untoward incidents	5	14.3
Co-ordinating the work of own staff with that of non-nursing staff	5	14.3
Liaison and co-operation with non-nursing staff	5	14.3
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	4	11.4
Multidisciplinary team work	3	8.6
Giving and receiving reports	2	5.7
Ensuring health, safety and welfare of staff	2	5.7
Checking that work is carried out and the quality of service maintained	2	5.7
Training and developing staff	2	5.7
Supervising the work of junior staff	1	2.9
Planning and organising work of own staff	1	2.9
Other	1	2.9
	35	100%
	n	=

### Sisters

Table 9.2 gives the replies from sisters. Both groups find difficulty with the same three out of four elements at the top of each list:-

Disciplining staff  
Multidisciplinary team work  
Co-ordinating the work of own staff with that of  
non-nursing staff

A higher percentage of hospital sisters indicate that they experience difficulty with various job elements than do community sisters. Community sisters indicate difficulty with the element of the job they rated as of highest importance ('liaison and co-operation with non-nursing staff'). The elements of the job in which hospital sisters indicate they experience difficulty are those they had rated of lower importance.

There is more similarity in difficulties experienced by hospital sisters and nursing officers than there is in the grades of sister and nursing officer in the community. The hospital sisters and nursing officers both list the same three elements, as being difficult, among the top four on each list:-

Co-ordinating the work of own staff with that of  
non-nursing staff  
Disciplining staff  
Assessing and counselling staff

### Staff Nurses

Staff nurses show that they find those elements of their job difficult (Table 9.3) which they rated as of low importance (Table 6.3). The two elements found difficult by the highest number of respondents are the same as those at the top of the sisters list.

### Comment

In general, staff indicate that they experience difficulty with those elements of the job which they had indicated were of lesser importance. The one exception, community sisters, is referred to above.

The similarity between the response from each grade is in the difficulty experienced with those elements where there is a need for good interpersonal relationships e.g. 'disciplining staff', 'assessing and counselling staff' and 'selecting and appointing staff'. One other element among the top four found difficult by all but community nursing officers and hospital staff nurses is 'co-ordinating the work of own staff with that of non-nursing staff'. Again this element is concerned with interpersonal relationships.

#### SKILLS REQUIRED IN THE JOB (Question 12)

The skills required in the job of senior nursing staff were listed and respondents asked to indicate the importance of each skill in the job. The response to each skill is expressed as a weighted percentage of the total list. The replies are detailed in Table 10, 1-3.

#### Nursing Officers

There is a similarity in the responses from both groups of nursing officers with the same three elements being shown among the four most important on both lists:-

Effective communications  
Developing good working relationships  
Leadership

Those skills are related to those elements of the job stated by both groups to be important (see Table 6.1).

#### Sisters

'Developing good working relationships' is at the top of the list of both groups of sisters (Table 10.2) and 'decision making' is also high on each list. 'Interviewing', 'appraisal and counselling' and 'public speaking' are low on both lists but the weighted percentage response differs. There is a marked difference in response to the skill 'utilisation of staff and their skills' (community 5.3% hospital 10.1%).

TABLE 10 - (Question 12)

Relative importance of skills required by senior nursing staff  
(Each expressed as a weighted percentage of the total list)

	Community %		Hospital %
10.1. <u>Nursing Officers</u>			
Effective communication	9.3	Effective communication	9.5
Utilisation of staff and their skills	9.0	Developing good working relationships	9.5
Developing good working relationships	8.8	Leadership	9.5
Leadership	8.6	Decision making	8.9
Decision making	8.6	Training techniques	8.6
Utilisation of material resources	8.5	Utilisation of staff and their skills	8.4
Analysing problems	8.4	Appraisal and counselling	8.3
Training techniques	8.1	Analysing problems	8.2
Report writing	7.9	Utilisation of material resources	8.1
Interviewing	7.7	Interviewing	7.1
Appraisal and counselling	7.4	Report writing	6.8
Public speaking	6.0	Public speaking	5.8
Other	1.6	Other	1.3

TABLE 10 - (Question 12) (Contd.)

Relative importance of skills required by senior nursing staff  
(Each expressed as a weighted percentage of the total list)

	Community %		Hospital %
10.2. <u>Sisters</u>			
Developing good working relationships	11.3	Developing good working relationships	10.6
Effective communications	11.1	Decision making	10.5
Decision making	10.8	Leadership	10.3
Analysing problems	9.8	Utilisation of staff and their skills	10.1
Report writing	9.6	Effective communications	10.1
Utilisation of material resources	8.2	Training techniques	8.9
Training techniques	7.3	Report writing	8.8
Leadership	6.7	Utilisation of material resources	8.4
Public speaking	6.3	Analysing problems	7.7
Appraisal and counselling	6.0	Appraisal and counselling	6.8
Interviewing	6.0	Interviewing	3.7
Utilisation of staff and their skills	5.6	Public speaking	3.2
Other	1.2	Other	1.0

TABLE 10 - (Question 12) (Contd.)

Relative importance of skills required by senior nursing staff  
 (Each expressed as a weighted percentage of the total list)

	%
<u>10.3. Hospital staff nurses</u>	
Developing good working relationships	10.3
Report writing	10.1
Decision making	10.1
Effective communications	9.9
Leadership	9.8
Utilisation of staff and their skills	9.1
Training techniques	8.8
Analysing problems	8.4
Utilisation of material resources	7.8
Appraisal and counselling	6.1
Public speaking	4.6
Interviewing	3.2
Other	1.9



Both groups indicate as of importance those skills which would be used in the elements of the job stated to be important (Table 6.2). Three out of four skills at the top of the hospital sisters' list are the same as those at the top of the hospital nursing officers' list. Both groups of sisters show the same three skills among the bottom four on the list.

#### Staff Nurses

Staff nurses' replies (Table 10.3) are similar to those of sisters with the same two elements among the top three on their list and the same three elements at the bottom.

#### Comment

The detailed response shows a similarity in skills required by each grade but this is not supported in response to a specific question about the skills required by nursing staff. 25% of community nursing officers strongly disagreed with the statement "the management skills necessary to a nursing officer to carry out duties in that grade are the same as those necessary to a first line manager". Only 5% of community sisters disagreed with the statement. The detailed response from each grade is contained in Table 11.

TABLE 11 - (Question 26)

Percentage response to the statement  
"The management skills necessary to a nursing officer  
to carry out duties in that grade are the same as those  
necessary to a first line  
manager"

	Nursing Officer		Sister		Staff nurse
	Community	Hospital	Community	Hospital	(Hospital only)
	%	%	%	%	%
Strongly agree 1	12.5	10.9	24.5	12.6	20.0
2	12.5	19.6	25.9	24.0	14.3
3	18.7	15.2	18.7	23.4	17.1
4	25.0	39.1	17.3	24.0	20.0
Strongly disagree 5	25.0	10.9	5.0	11.4	20.0
No response	6.3	4.3	8.6	4.6	8.6
	n=16	n=46	n=139	n=167	n=35

#### KNOWLEDGE REQUIRED TO DO THE JOB

The importance of items of knowledge in the job of senior nursing staff is indicated in Table 12, 1-3 as stated by each grade of respondent.

#### Nursing Officers

Nursing officers from both hospital and community (Table 12.1) show the same three out of four items at the top of each list:-

Professional i.e. clinical knowledge  
 Legal and professional responsibilities of the nurse  
 Communication theory

The same three items appear at the bottom of each list - all related to management services:-

Statistics  
 Financial management in the National Health Service  
 Work study

TABLE 12 - (Question 13)

Knowledge required by senior nursing staff  
(Each item expressed as a percentage of total list)

	Community %	Hospital %
12.1. <u>Nursing Officers</u>		
Professional (i.e. clinical) knowledge	9.4	10.2
Organisational structure and working relationships within your employing authority	9.4	9.6
Legal and professional responsibilities of the nurse	9.3	9.2
Communications theory	9.2	8.9
Organisation of the National Health Service	8.9	8.7
Whitley Council Conditions of Service	8.5	8.7
Group behaviour	8.4	8.4
Industrial relations	8.0	8.3
Behaviour patterns	7.8	8.1
Statistics	7.6	6.8
Financial management in the National Health Service	7.3	6.3
Work study	6.4	6.1
Other	0	2.8

TABLE 12 - (Question 13) (Contd.)

Knowledge required by senior nursing staff  
(Each item expressed as a percentage of total list)

	Community %		Hospital %
12.2. <u>Sisters</u>			
Professional (i.e. clinical) knowledge	11.7	Professional (i.e. clinical) knowledge	14.0
Legal and professional responsibilities of the nurse	10.5	Legal and professional responsibilities of the nurse	12.5
Organisational structure and working relationships within your employing authority	10.0	Communications theory	9.2
Communications theory	9.7	Organisational structure and working relationships within your employing authority	9.2
Behaviour patterns	8.8	Whitley Council Conditions of Service	8.6
Organisation of the National Health Service	8.8	Behaviour patterns	8.4
Whitley Council Conditions of Service	8.5	Group behaviour	7.4
Group behaviour	7.7	Organisation of the National Health Service	7.1
Statistics	7.0	Work study	6.5
Work study	5.9	Industrial relations	5.9
Financial management in the National Health Service	5.7	Financial management in the National Health Service	5.5
Industrial relations	5.0	Statistics	4.9
Other	0.6	Other	0.4

TABLE 12 - (Question 13) (Contd.)

Knowledge required by senior nursing staff  
(Each item expressed as a percentage of total list)

	%
<u>12.3. Hospital Staff Nurses</u>	
Professional (i.e. clinical) knowledge	13.0
Legal and professional responsibilities of the nurse	12.6
Organisational structure and working relationships within your employing authority	10.2
Communications theory	10.0
Behaviour patterns	8.7
Whitley Council Conditions of Service	8.5
Organisation of the National Health Service	7.4
Group behaviour	6.9
Work study	6.7
Industrial relations	5.5
Statistics	5.3
Financial management in the National Health Service	5.2
Other	0

Sisters

The reply from sisters (Table 12.2) is very similar to that of nursing officers and both groups of sisters show similar replies.

Staff Nurses

Staff nurses (Table 12.3) also follow the pattern of sisters and nursing officers.

Comment

After noting the difference in elements of the job considered important and similarity of skills required for the job it is interesting to note that all groups consider that they require the same knowledge. This may indicate that those are items of knowledge essential to all within the nursing profession and should be included in basic nurse training.

ROLE HOLDERS' PERCEPTION OF THE JOB

The view which role holders have of their job can be assessed by reference to Tables 6, 10 and 12.

Nursing Officers

The replies from nursing officers indicate an emphasis on their consultancy role and personnel aspects of their job. They give low importance to contact with non-nursing staff. Community nursing officers rate of higher importance than do their hospital colleagues contact with others through effective communication and developing good working relationships.

Sisters

Sisters show more of a supervisory role than the other two grades with greater concentration on the working situation (checking, planning and organising work). There is more difference in response between hospital and community sisters than the two groups within nursing officer grade. The difference may be caused by the fact that community

sisters have very few junior staff to supervise (by comparison with hospital sisters) and recognise their interdependence with medical and non-nursing colleagues.

### Hospital Staff Nurses

The response from this group is similar to that from hospital sisters but with more emphasis on supervising and reporting than on planning and checking work.

### Comment

Within the nursing organisation there is a hierarchical structure and it could therefore be expected that the managerial content of each job would rise with rank.

Comparison between the importance of elements in the jobs of hospital nursing officers and hospital staff nurses shows the same four elements among the top six on each list:-

Training and developing staff  
 Checking that work is carried out and the quality of  
 service maintained  
 Planning and organising work of own staff  
 Ensuring health, safety and welfare of staff

but the weighted percentage responses are different. Both groups (hospital nursing officers and hospital staff nurses) have the same two skills among the first five on their lists of importance in the jobs. There is 0.4% difference in the response to 'effective communication'. On the lists showing importance of knowledge in the job both hospital nursing officers and hospital staff nurses show the same five out of six items as of highest importance, the first two are the same but weighted percentages differ. The difference in managerial job content between these two grades is less marked than had been expected by the researcher but is more noticeable in skills required in the job than in either elements of the job or of knowledge required. This indicates a need to develop skills on promotion between grades of the

hierarchy and that new skills are not introduced but given greater importance.

The Salmon Report<sup>27</sup> was clear about the role of staff in nursing management grades but Lathlean's<sup>28</sup> research showed a wide range of role perception in each grade which has also been found in this work. This result leaves a number of questions unanswered because it is not known whether individuals do perceive their role differently or whether roles are in fact very different. To answer such questions would require a detailed study of roles in a number of nursing organisations and would be of value in assessing training needs also in organisational understanding.

'Effective communications' and 'developing good working relationships' are shown as important skills by all grades. This implies that interactive training and training of teams could be of value.

The elements of the job which hospital staff nurses found most difficult are the same as those found most difficult by hospital sisters and both groups of nursing officers (Table 13). As the majority of nursing officers (Table 14) had previously attended a management training course training does not seem *prima facie* to have been effective in the past.



TABLE 13 - (Question 17)

Difficulty with specific job elements

Number and percentage of respondents finding difficulty with specific elements

	Nursing Officers				Sisters				Staff nurses	
	Community		Hospital		Community		Hospital		Hospital	
	No.	%	No.	%	No.	%	No.	%	No.	%
Assessing and counselling staff	5	31.3	10	21.7	8	5.8	40	24.0	12	34.3
Disciplining staff	7	43.7	10	21.7	13	9.4	43	25.7	9	25.7
Selecting and appointing staff	6	37.5	9	19.6	3	2.2	27	16.2	7	20.0

n =           16                   46                   139                   167                   35

TABLE 14 - (Question 5)

Percentage of staff who had previously attended a management course

	YES %	NO %
Community nursing officers	68.7	31.3
Hospital nursing officers	89.1	10.9
Community sisters	4.3	95.7
Hospital sisters	9.8	90.2
Hospital staff nurses	0	100.0

(B) ROLE HOLDERS' PERCEPTION OF TRAINING NEEDS

The literature surveyed in Chapter 2 included many findings that management courses were either unrelated to the needs of those attending, or inadequately designed to meet the particular needs of those attending them. To some extent, of course, the problem was with those who select nurses to attend courses.

The first part of this chapter has shown that even within grades there is a wide spread of individual perception of a given job even though the weighted responses indicates general agreement of the key elements of each grade's job.

Equally, whilst broad based membership of a particular course has an undoubted broadening effect the respective perceptions of community and hospital sisters of their job may well lead one or other group to be less than satisfied with the training they receive.

It was to shed light on this area that the questionnaire (as explained in detail earlier) sought to ascertain respondents' perception of their own training needs.

In particular the questionnaire sought to distinguish training needs in terms of skills and in terms of knowledge.

PERCEIVED NEEDS FOR TRAINING IN SKILLS (Question 18)

A list of skills required in the job of senior nurse managers was given and respondents were asked to indicate those in which they required further training. The replies are contained in Table 15, 1-3.

Nursing Officers

For both hospital and community nursing officers the greatest need for training is in:

TABLE 15 - (Question 18)

Skills in which further training is required  
(Number and percentage of replies indicating training need in each skill)

	Community		Hospital	
	No.	%	No.	%
<b>15.1. <u>Nursing Officers</u></b>				
Interviewing	12	75.0	28	60.9
Appraisal and counselling	11	68.7	26	56.5
Public speaking	9	56.2	25	54.3
Analysing problems	7	43.7	15	32.6
Report writing	4	25.0	13	28.3
Leadership	4	25.0	12	26.1
Decision making	4	25.0	8	17.4
Training techniques	4	25.0	7	15.2
Effective communications	4	25.0	5	10.9
Developing good relationships	3	18.7	5	10.9
Utilisation of staff and their skills	2	12.5	4	8.7
Utilisation of material resources	2	12.5	4	8.7
Other	0	0	1	2.2
	16	100%	46	100%
	n =		n =	

TABLE 15 - (Question 18) (Contd.)

Skills in which further training is required  
(Number and percentage of replies indicating training need in each skill)

	Community		Hospital	
	No.	%	No.	%
<u>15.2. Sisters</u>				
Public speaking	96	69.1	104	62.3
Interviewing	54	38.8	88	52.7
Appraisal and counselling	50	36.0	87	52.1
Training techniques	40	28.8	56	33.5
Analysing problems	39	28.1	54	32.3
Leadership	38	27.3	41	24.6
Effective communications	29	20.9	31	18.6
Utilisation of staff and their skills	26	18.7	19	11.4
Utilisation of material resources	20	14.4	19	11.4
Report writing	20	14.4	17	10.2
Decision making	18	12.9	15	9.0
Developing good relationships	11	7.9	12	7.2
Other	1	0.7	3	1.8
n =	139	100%	167	100%

TABLE 15 - (Question 18) (Contd.)

Skills in which further training is required  
(Number and percentage of replies indicating training need in each skill)

	No.	%
<u>15.3. Hospital Staff Nurses</u>		
Interviewing	21	60.0
Public speaking	20	59.1
Appraisal and counselling	16	45.7
Training techniques	13	37.1
Effective communications	12	34.3
Analysing problems	11	31.4
Leadership	6	17.1
Utilisation of material resources	5	14.3
Decision making	4	11.4
Developing good relationships	4	11.4
Utilisation of staff and their skills	3	8.6
Report writing	1	2.9
Other	0	0
	35	100%
	n =	

Interviewing  
Appraisal and counselling  
Public speaking

despite the fact that both these groups have previously shown that they did not consider any of these skills to be very important in their jobs.

The reverse was also true. The skills which were of major importance in the job:

Developing good working relationships  
Utilisation of staff and their skills

were low on the list of training needs.

### Sisters

Replies from sisters are displayed in Table 15.2. Both groups of sisters indicate they require training in the same three skills as did nursing officers but the percentage of sisters in each group indicating training need differs:-

TABLE 16 - (Question 13)

Percentage of sisters indicating training needs in specific skills

	Community sisters	Hospital sisters
Public speaking	69.1%	52.1%
Interviewing	38.8%	62.3%
Appraisal and counselling	36.0%	52.7%

These items were at the bottom of the list of skills considered important in their job by both groups of sisters.

The skill of 'developing good working relationships' is at the bottom of the list of training required by community sisters and second bottom on the list from hospital sisters. Both groups indicated that this was the most important skill required in their job (Table 10.2).

### Hospital Staff Nurses

The response from staff nurses (Table 15.3) is similar to the response from sisters and nursing officers. Staff nurses indicate training is required by the highest percentage in the same three skills as stated by the other two grades, and had shown those three skills to be of least importance in their job (Table 10.3).

### Comment

It is disturbing to note that the three grades consider they need training in the same skills. It could have been expected that replies would differ because the majority of nursing officers had previously attended a management training course (Table 14).

Public speaking is not included in any of the job descriptions in the Salmon Report but as staff nurses, ward sisters and nursing officers have become more involved in statutory and post-basic training the need for this skill must have become more apparent to them.

The response from each grade appears to recognise the need for training in this skill.

TABLE 17 - (Question 13)

Number and percentage of respondents in each group  
indicating need for training in public speaking

Grade	No.	%
Community nursing officers	9	56.2
Hospital nursing officers	28	60.9
Community sisters	96	69.1
Hospital sisters	87	52.1
Hospital staff nurses	20	57.1

The discussion about 'interviewing' during the pilot study of the questionnaire has already been noted. All job descriptions in the Salmon Report for the grades under consideration include either selecting or appointing staff or communication with relatives and patients. Staff nurses and sisters will regularly interview (talk with) patients newly admitted to hospital and to their relatives.

Community nursing staff use interviewing skills very frequently because most of their work is in a situation in which they are in a 'one to one' relationship with patients/clients. Table 18 shows the response from each group to need for training in this specific skill.

TABLE 18 - (Question 18)

Number and percentage of respondents indicating need for training in interviewing skill

Grade	No.	Percentage
Community nursing officers	12	75.0
Hospital nursing officers	25	54.3
Community sisters	54	38.3
Hospital sisters	104	62.3
Hospital staff nurses	21	60.0

Appraisal and counselling was rated low on the list of important elements of the job other than by nursing officers and also low on the list of skills required. Job descriptions for all grades include counselling of staff and great emphasis has been placed on this skill since the publication in 1970 by the DHSS<sup>29</sup> of a system of staff appraisal for hospital nursing staff and the training necessary before the introduction of the system.



The response from each group showing the need for training in the skill of appraisal and counselling is indicated in Table 19.

TABLE 19 - (Question 11)

Number and percentage of respondents indicating need for training in skill of appraisal and counselling

Grade	No.	Percentage
Community nursing officers	11	68.7
Hospital nursing officers	26	56.5
Community sisters	50	36.0
Hospital sisters	88	52.7
Hospital staff nurses	16	45.7

Comment

A major finding, which is consistent in each grade, is that respondents to the questionnaire consider that they need training in those skills which they considered to be of least importance in their job.

The questionnaire method of data collection does not give opportunity for further enquiry into specific results and therefore the reason for this expressed view of respondents remains unknown.

It does, however, leave a number of questions unanswered. Do the respondents wish to gain skills in order to expand their role? Is there a lack of recognition on the part of respondents of the inter-relationship of skills, and of skills and knowledge? For example skill in analysing problems is necessary to apply knowledge of financial management in the National Health Service, also to apply knowledge of work study and statistics.

PERCEIVED NEED OF KNOWLEDGE REQUIRED

New knowledge or additional knowledge stated to be required is detailed in Table 20, 1-3.

Nursing Officers

Both groups of nursing officer include a need for more knowledge of 'industrial relations' which is not ranked of high importance in their job (see Table 12.1). Other than that item the replies from the two groups differ in order of greatest need for knowledge. 52.2% of hospital nursing officers require more (or additional) knowledge of 'legal and professional responsibilities of the nurse' but only 37.5% of community nursing officers state that need. Both groups appear to have less need for knowledge of the organisation within which they work and for professional knowledge.

Sisters

Sisters from both community and hospital state a need to gain knowledge in the same four subjects (Table 20.2):

Legal and professional responsibilities of the nurse  
 Organisation and relationships within your employing  
 authority  
 Organisation of the National Health Service  
 Professional (i.e. clinical) knowledge

These are all subjects which were considered of importance in the job (see Table 12.2). Items in which there is a lesser indication of need to increase knowledge are those rated of low importance in the job.

Hospital staff nurses

Three of the four items at the top of the staff nurses' list (Table 20.3) are the same as those at the top of the list of knowledge required in the job i.e.:

Legal and professional responsibilities of the nurse  
 Organisation and relationships within your employing  
 authority  
 Communications theory

TABLE 20 - (Question 22)

Subjects in which it is considered necessary to acquire more knowledge  
 Number and percentage of replies indicating a need for more knowledge of each subject

	Community		Hospital	
	No.	%	No.	%
20.1. <u>Nursing Officers</u>				
Industrial relations	13	81.2	26	56.5
Financial management in the National Health Service	12	75.0	24	52.2
Work study	10	62.5	22	47.8
Behaviour patterns	9	56.2	21	45.7
Communications theory	9	56.2	19	41.3
Statistics	8	50.0	19	41.3
Whitley Council Conditions of Service	6	37.5	18	39.1
Legal and professional responsibilities of the nurse	6	37.5	18	39.1
Group behaviour	5	31.3	17	37.0
Organisation and relationships within your employing authority	5	31.3	16	34.8
Professional (i.e. clinical) knowledge	4	25.0	15	32.6
Organisation of the National Health Service	3	18.7	12	28.3
Other	0	0	2	4.3
n =	16	100%	46	100%

TABLE 20 - (Question 22) (Contd.)

Subjects in which it is considered necessary to acquire more knowledge  
 Number and percentage of replies indicating a need for more knowledge of each subject

	Community		Hospital	
	No.	%	No.	%
20.2. <u>Sisters</u>				
Legal and professional responsibilities of the nurse	83	59.7	106	63.5
Organisation and relationships within your employing authority	57	41.0	74	44.3
Organisation of the National Health Service	52	37.4	71	42.5
Professional (i.e. clinical) knowledge	49	35.3	68	40.7
Industrial relations	45	32.4	58	34.7
Financial management in the National Health Service	45	32.4	55	32.9
Communications theory	45	32.4	52	31.1
Work study	44	31.7	49	29.3
Behaviour patterns	44	31.7	47	28.1
Whitley Council Conditions of Service	42	30.2	46	27.5
Group behaviour	38	27.3	44	26.3
Statistics	22	15.8	24	14.4
Other	0	0	1	0.6
n =	139	100%	167	100%

TABLE 20 - (Question 22) (Contd.)

Subjects in which it is considered necessary to acquire more knowledge  
Number and percentage of replies indicating a need for more knowledge of each subject

	No.	%
20.3. <u>Hospital staff nurses</u>		
Legal and professional responsibilities of the nurse	20	57.1
Organisation of the National Health Service	20	57.1
Organisation and relationships within your employing authority	16	45.7
Communications theory	15	42.9
Financial management in the National Health Service	14	40.0
Whitley Council Conditions of Service	12	34.3
Industrial relations	11	31.4
Work study	11	31.4
Professional (i.e. clinical) knowledge	11	31.4
Statistics	9	25.7
Group behaviour	6	17.1
Behaviour patterns	6	17.1
Other	0	0
n =	35	100%

Comment

The nursing officer high ranking of the need for further knowledge about 'financial management in the National Health Service' is probably because this grade are often involved in budgetary control. There is a great interest in management services such as 'statistics' and 'work study', perhaps as an indication of the managerial role of the nursing officer whilst background information about the National Health Service one presumes is already known to staff of this grade.

Sisters wish to acquire more knowledge in clinical work although by comparison with staff nurses and nursing officers they are considered to be experts in the particular sphere in which they are working. It may be for this reason that they see the need to continue to increase their expertise by updating their clinical knowledge. Their pattern of response shows an interest in their wider spheres of responsibility within the organisation.

MANAGERIAL JOB CONTENT

Two questions were included in the precourse questionnaire to attempt to elicit the attitude of the three grades to 'management' and to note if there was an indication of what they regarded as 'management' by looking at the answers in the light of their reply to questions on elements of the job and skills and knowledge required to carry it out.

Table 21 gives responses to question 16.

TABLE 21 - (Question 16)

Percentage agreement with statement 'my present job does not require management skills'

	Nursing Officers		Sisters		Staff Nurse	
	Community	Hospital	Community	Hospital	(Hospital only)	
	%	%	%	%	%	
Strongly agree	1	12.5	10.9	12.9	9.9	11.4
	2	12.5	13.0	22.3	10.2	20.0
	3	0	2.2	21.6	17.4	17.1
	4	31.3	15.2	14.4	19.2	14.3
Strongly disagree	5	43.7	56.5	21.6	41.9	24.3
No response		0	2.2	7.2	2.4	2.9
		n=16	n=46	n=139	n=167	n=35

The spread of response across the five point scale raises a number of problems. Within each group of staff there is diversity of view on the need for management skills in the job and this will create training problems in that staff will not recognise the same need for training in management skills. The responses suggest the varying views held by nursing staff about their role as previously found by Lathleen<sup>30</sup> and this difference of view is more noticeable in the response from community sisters and hospital staff nurses. In the light of this response training 'on the job' would be difficult because of lack of unanimity across the groups (as well as within them) on their needs.

Question 19 sought to provide a cross check on the previous question by calling for a response, on a five point scale, of agreement with the statement 'management is a major part of my present job' (see Table 22).

TABLE 22 - (Question 19)

Percentage agreement with statement 'management is a major part of my present job'

	Nursing Officers		Sisters		Staff Nurse	
	Community	Hospital	Community	Hospital	(Hospital only)	
	%	%	%	%	%	
Strongly agree	1	43.7	37.0	12.2	33.5	8.6
	2	43.7	32.6	16.5	28.7	37.1
	3	12.6	15.2	29.5	21.6	28.6
	4	0	6.5	22.4	10.2	8.5
Strongly disagree	5	0	2.2	16.5	3.0	14.3
No response		0	6.5	2.9	3.0	2.9
		n=16	n=46	n=139	n=167	n=35

There is a difference in response to question 19 (Table 22) and question 16 (Table 21). 12.5% of community nursing officers strongly agreed that their job does not require management skills but no respondent in that group shows disagreement with the statement 'management is a major part of my present job'. This leads the researcher to question the validity of questionnaire obtained data. There may be a misunderstanding of the questions by respondents, or perhaps a desire to state what is presumed by respondents, to be 'the right answer'. This method (by questionnaire) of obtaining data does not allow a researcher to question respondents about replies and therefore the researcher's assumption may also be incorrect if questions were misunderstood.

The difference in reply between nursing officers requires consideration of differences between the two roles which is outside the scope of the present study. Nursing officers in the community are responsible for co-ordinating and controlling the work of their subordinate staff who work either within multidisciplinary teams or with one or two of



their peer group. The nursing officer has little opportunity for clinical contact. Within the hospital the nursing officer may be regarded as a clinical specialist and be required to give advice on clinical nursing problems. However, despite the differences, the replies to importance of elements of the job show very little difference between the two groups to 'acting as consultant on nursing problems' (community 7.3%, hospital 7.5%).

#### ATTITUDES TO MANAGEMENT TRAINING

Because there had been criticism of management training courses it was thought desirable to consider attitudes to management training and a series of questions were asked for that purpose.

The way in which each grade viewed management training is shown in Table 23.

TABLE 23 - (Question 23)

Percentage of replies to question  
'Is management training relevant to your present job'

	Nursing Officer		Sister		Staff Nurse
	Community	Hospital	Community	Hospital	(Hospital only)
	%	%	%	%	%
Yes	100	89.1	61.2	85.7	77.1
No	0	0	35.3	10.6	17.2
No response	0	10.9	3.5	3.7	5.7
	n=16	n=46	n=139	n=167	n=35

The replies reflect those discussed in response to Table 22. The difference in response by sisters in community and hospital supports the view that their roles are different managerially.

Three questions were asked to note any possible effect from colleagues who had attended management courses. The replies are in the following Tables 24-26.

TABLE 24 - (Question 24)

Percentage of response to statement 'Colleagues who have attended management courses are more efficient than those who have not'

	Nursing Officer		Sister		Staff Nurse	
	Community	Hospital	Community	Hospital	(Hospital only)	
Strongly agree	%	%	%	%	%	
1	6.1	10.9	3.6	4.8	8.6	
2	31.3	17.4	21.6	16.2	8.6	
3	31.3	37.0	30.2	40.0	40.0	
4	31.3	17.4	14.4	19.8	11.4	
Strongly disagree	5	0	13.0	22.3	17.4	22.8
No response	0	4.3	7.9	1.8	8.6	
	n=16	n=46	n=139	n=167	n=35	

TABLE 25 - (Question 9)

Percentage of response to statement 'All my colleagues who have attended management courses found it relevant to their work and learned something'

	Nursing Officer		Sister		Staff Nurse	
	Community	Hospital	Community	Hospital	(Hospital only)	
Strongly agree	%	%	%	%	%	
1	6.2	6.5	10.8	1.8	14.2	
2	56.2	30.4	27.3	26.3	34.3	
3	37.5	52.2	41.0	47.3	34.3	
4	0	8.7	12.2	18.6	14.3	
Strongly disagree	5	0	2.2	4.4	3.6	2.9
No response	0	0	4.3	2.4	0	
	n=16	n=46	n=139	n=167	n=35	

TABLE 26 - (Question 15)

Percentage of response to statement 'Staff who have attended management courses are promoted more quickly than those who have not attended'

	Nursing Officer		Sister		Staff Nurse
	Community	Hospital	Community	Hospital	(Hospital only)
	%	%	%	%	%
Strongly agree	0	6.5	7.9	4.2	14.3
1	37.5	21.7	22.3	15.6	14.3
2	19.7	39.1	23.7	29.3	25.7
3	25.0	15.2	15.1	23.4	17.1
4	18.7	15.2	23.0	24.6	22.9
Strongly disagree	0	2.2	7.9	3.0	5.7
5					
No response					
	n=16	n=46	n=139	n=167	n=35

The result in the three tables show a wide spread of response across the full range of replies both between the different grades of staff and within each grade. Table 26 shows the difference of view on promotion prospects after course attendance. In the light of Table 25 a worrying picture is presented in Table 24 in that the majority of respondents indicated their colleagues benefited from course attendance but their efficiency had not improved. People who have been on courses are not seen as more efficient than those who have not.

Experience of working with colleagues who have been on courses is as mixed as are the perceptions of job content. The complete spread of response in reply to the question about 'promotion' indicates the need for the organisation to think through its attitude towards management courses and the consequence of such courses. It should be known whether or not an organisation sees management training as a prerequisite to appointment to a management position and, if so, the reason should be stated. Conversely if management training is not required before

promotion both this and the purpose of management training should be stated.

SUMMARY OF RESULTS OBTAINED FROM DATA ANALYSIS

The main points arising from the data analysed in this chapter were:

- (a) The relative importance of elements within the job vary both between grades and within grades. There is similarity in replies from both groups of nursing officers and between hospital sisters and hospital staff nurses. One element that all but community sisters list among the top four important elements in their job is 'checking that work is carried out and quality of service maintained'.
- (b) Other than community sisters all grades indicate that they experience difficulty with those elements of the job rated as of lesser importance and those elements are concerned with inter-personal relationships.
- (c) All groups of staff include 'developing good working relationships' and 'decision making' among the five skills most important in their job.
- (d) The skills indicated as most important are related to the elements of the job rated as important.
- (e) Training is required in skills rated as of lowest importance in the job. All groups stated a need for further training in the following three skills:

Interviewing  
Appraisal and counselling  
Public speaking

- (f) The same items of knowledge are stated to be required in the job of each grade of staff. The following three items were included among the top four in the list of each group of staff:

Professional (i.e. clinical) knowledge  
Legal and professional responsibilities of the nurse  
Communication theory

and all but hospital nursing officers stated the need for knowledge of 'organisational structures and working relationships within your employing authority'.

- (g) Over 50% of respondents in all groups but community nursing officers stated a need for additional knowledge of 'legal and professional responsibilities of the nurse'.

This information sets the background for the analysis of replies to questions about benefit gained from attendance at a management course and the extent to which course members found their work improved as a result of course attendance. The replies are analysed in Chapter 4.

## CHAPTER 4

### ASSESSMENT OF MANAGEMENT TRAINING PROGRAMMES

It is clear from the previous chapter that whilst individual role holder's perception of a given role varies widely there is a general consensus within a given grade of the kinds of training that are needed.

Management training, however, may do more than satisfy a particular training need, it may change to some degree the perspective with which a role holder views aspects of his/her role. By extending knowledge both of specific roles within an organisation, and of that organisation, training may change views of items previously considered important. For this reason it was decided to focus on the skills used by each grade and attempt to identify changes in the relative importance accorded to each skill. If such changes in perception do take place there would need to be close co-operation between the organisation and course tutors in order that the latter group could have a clear understanding of organisational views of specific roles. If this did not happen conflict could arise when staff return from a course and attempt to apply their acquired or increased knowledge and skills in order to change or expand their role as a result of course teaching. An organisation unresponsive to such ideas would inhibit any further interest from staff in future course attendance and create uncertainty and anxiety among course tutors.

The data analysed in Chapter 3 shows anomalies and it was of interest to explore attitudes to management training programmes to discover whether these assisted in understanding the anomalies. It was expected that the results would show why staff wished to undertake management training and the benefits they hoped to gain. The results were also expected to indicate a seeking, by staff, for a clear under-

standing of their role within the organisation and a desire to equip themselves with the skills and knowledge necessary to carry out that role. Given the anomalies it was anticipated that there would be a lack of clarity in the responses.

Before embarking on validation of the management training course within the research programme it was found helpful to consider results of the validation of other management training programmes for nurses in order that one could then compare results between both different types of courses and different patterns of training. From the review of literature it was expected that it would be possible to obtain an acceptable method of evaluating or validating a course.

Since roles develop over time training often needs to be a continuous process. Usually training is given to meet a predetermined need or purpose so present training forms the basis of a future training programme.<sup>31</sup> It was hoped, therefore, that this research might also throw some light on possible future directions for the training of nurse managers.

#### RESULTS OF VALIDATION OF MANAGEMENT TRAINING PROGRAMMES FOR NURSES

Since the publication of the Salmon Report with its advice about management training programme content, studies of effectiveness of training, and research into content of programmes, their relevance to the working situation, and results in terms of application of new or increased skills and knowledge, have been numerous.

Handy<sup>32</sup> stressed the necessity for students to be committed to training, and the need to reduce the distance between what a student is taught and what he needs to know. The importance of learning how to learn was also stated. It was suggested that relevance of learning to the work situation could be improved if students attending a course were involved in its design and management and, thereby, become more

committed to it.<sup>33</sup> Lathlean<sup>34</sup> suggested a job analysis as a useful technique for improving management training, but found a 'surprising' lack of consensus about the usefulness of various parts of specific middle management courses.

The present author does not find Lathlean's results as surprising as Lathlean did. It is clear from the results described in Chapter 3 that the role of middle managers is perceived very differently both by individuals in ostensibly the 'same' job as well as by individuals in ostensibly 'very' different jobs. The expectations which course members brought to courses seemed to depend upon whether they had asked to attend the course or had been requested to do so. This background also affected the degree of commitment to the course.

Lathlean found that training needed relating not only to the individual but also to the organisation in order that its relevance could be obvious to course members. The importance of the involvement of the organisation in commissioning courses lies in the need to encourage attenders to apply their learning in the work situation. When the pattern of work within the organisation restricts freedom of action of managers this should be recognised on courses and the role of the individual within that organisation clarified both for the benefit of the working situation and for training purposes. Davies<sup>35</sup> found that techniques and principles were taught to members of first line management courses who did not have the ability to use them in the work situation which increased their frustration on return to work and their irritation about the course.

As a result of a research project which involved consideration of first line management courses Aarons<sup>36</sup> concluded that little benefit was gained from such courses. One of the major objectives of the course was to change attitudes but when course members returned to an organisation which was inflexible, they were unable to apply their learning to



the work situation.

Programmes of organisational development in contrast to those of management development of the individual were reported to be more successful. The Sydney Hospital, Australia appointed management consultants to advise on problems created by shortage of finance. Their approach to the problem was through nursing staff, finding out what they wanted from the system, working with them in defining problem areas and producing solutions. Because staff were committed and involved many organisational changes took place without the usual trauma. The problem of transferring learning was overcome not only because learning took place in the working situation but also because the complete working group were involved together with a learning situation.<sup>37,38,39</sup> A similar experience occurred with the introduction of a management system designed to improve standards of care but which had the benefit of providing a means of management development.<sup>40</sup> The system of management audit developed in the nursing organisation of the Doncaster Group of Hospitals was seen by members to be effective in both ways and its development among other professions was requested.

McLemore and Hill<sup>41</sup> carried out research into the effectiveness of the workshop method of training for a management skills programme for nursing staff. Reaction to the programme was determined through regularity of attendance at the workshop session, satisfaction with the training programme and improved knowledge and information. Improvement in work performance (post-training programme) was based on both self and superior appraisal. The results indicated course members considered their job performance had improved but the change in overall work performance was poor. It was concluded that the workshop method of training may be over-rated.

If the purpose of a training programme is to improve work performance the knowledge and skills gained should be readily applicable

in the working situation. Vandenput<sup>42</sup> found that on return to work there were problems in transferring training into activity and that the organisation inhibited rather than facilitated the transfer of skills and knowledge. Within the organisational environment the major factor either facilitating or inhibiting transfer of training was in the 'relations' category. 59 out of 62 interviewees reported relationships within the organisation as an inhibiting factor whilst 29 mentioned that category as a facilitating factor. Vandenput concluded from this that 'human relations play a very important role in the transfer of training'. He also reported that groups are more often perceived as inhibitors than individuals (respectively by 50% as against 25% of the subjects) but that groups are also mentioned more often as facilitators than are individuals. This finding is of interest to the Health Service with the new emphasis being placed on 'team work'. The role of the group (or team) would appear to be a greater influence (for good or ill) than are individuals. One of the conclusions drawn by Vandenput was the integration of training and experience into the life of the organisation would be greatly helped by organisational development sessions on completion of training but he emphasised the great benefits accruing from 'in company' training which would eliminate the problem of transfer of knowledge gained during training.

#### EVALUATE OR VALIDATE?

March<sup>43</sup> differentiates between evaluation and validation of a training programme, the former being concerned with overall cost benefit and the latter with achievement of predetermined objectives. The problems in determining cost effectiveness in measurable terms may require a control group and an assessment of the extent to which improvements are due to factors outside the training programme. Ayres<sup>44</sup> reported the result of a "think tank" which produced four conceptual frameworks for

evaluation and validation of training courses. Of these, the 'two level concept' can be compared with March and is based on the view that evaluation should be the concern of the line manager and validation the concern of the training practitioner. The problem of distinguishing between the effect of the training course and other circumstances remains and the solutions suggested are either to use a control group or the subjective judgement of the manager.

Considering the two authors together suggest the following differentiation:-

Evaluation is the responsibility of the managers who assess the overall cost benefit of the programme

Validation is the responsibility of training practitioners who assess the extent to which the programme enables predetermined objectives to be achieved.

Since the main thrust of the researcher's interest was in determining the perceived relevance and usefulness of current training in the eyes of current role holders it was clear that validation and not evaluation was the more appropriate process.

For this reason the assessment of training programmes was carried out as a validation process.

### THE VALIDATION PROCESS

The means whereby those nursing staff within the Northern Region who were about to attend a management course during the academic year 1974-75 were surveyed in order to examine job perceptions has already been described (Chapter 3). The same questionnaire was used to find out attitudes toward management training, the anticipated benefits of the course, and the importance of course objectives to the differing grades of staff.

Some of the questions dealing with attitudes to training were analysed in Chapter 3, and the others are considered here. Question 8 was concerned to discover respondents' feelings about the process of management training which they were about to undergo.

#### FEELINGS ABOUT COURSES (Question 8)

This question was designed to obtain a clearer understanding of respondents' feelings by offering six statements to which respondents could relate their own feelings. To prevent any sense of constraint there was both encouragement and space for respondents to express their feelings in their own words if they so wished and they were given the opportunity to choose up to three sentences, if necessary, to represent the 'composite' of their then current feelings.

Tables 27, 1-5 provide an analysis of the replies.

It will be noted there are only slight differences in feelings towards the course between the groups of staff. All except sisters (community) give high place to the value of the course to the present job. The high response given by all groups to the sentence 'the course will be useful to me in the future' is a reflection of the replies (discussed in Chapter 3) showing that all grades considered they needed further training in skills considered to be of least importance in their present jobs; an expression of hope that training will prove beneficial to future jobs. It is not surprising to note that staff nurses give lowest place to the fact that colleagues have attended a course because (as previously explained) few staff nurses had attended this type of course.

TABLE 27 - (Question 8)

Sentences which most nearly expressed feelings  
prior to course attendance

<u>27.1. Community Nursing Officers</u>	<u>No. respond- ing</u>
I expect to find that the course will help me to do my job more effectively	16
The course will be useful to me in the future	13
I feel under an obligation to my employing authority who are paying me whilst I attend the course	9
Many of my colleagues have attended management courses so I think I should	1
Other	1
I think it will be a waste of time	0
I am looking forward to being away from work	0

n=16

<u>27.2. Hospital Nursing Officers</u>	<u>No. respond- ing</u>
I expect to find that the course will help me to do my job more effectively	37
The course will be useful to me in the future	30
I feel under an obligation to my employing authority who are paying me whilst I attend the course	14
I am looking forward to being away from work	6
Many of my colleagues have attended management courses so I think I should	3
I think it will be a waste of time	1

n=43

TABLE 27 - (Question 8) (Contd.)

Sentences which most nearly expressed feelings  
prior to course attendance

	<u>No. res- ponding</u>
<u>27.3. Community Sisters</u>	
The course will be useful to me in the future	105
I expect to find that the course will help me to do my job more effectively	92
I feel under an obligation to my employing authority who are paying me whilst I attend the course	38
Many of my colleagues have attended management courses so I think I should	21
I am looking forward to being away from work	11
I think it will be a waste of time	4
Other	1

n=139

	<u>No. res- ponding</u>
<u>27.4. Hospital Sisters</u>	
I expect to find that the course will help me to do my job more effectively	120
The course will be useful to me in the future	119
I feel under an obligation to my employing authority who are paying me whilst I attend the course	46
Many of my colleagues have attended management courses so I think I should	36
I am looking forward to being away from work	16
I think it will be a waste of time	3
Other	1

n=167

TABLE 27-- (Question 8) (Contd.)

Sentences which most nearly expressed feelings  
prior to course attendance

<u>27.5. Hospital Staff Nurses</u>	<u>No. res- ponding</u>
I expect to find that the course will help me to do my job more effectively	26
The course will be useful to me in the future	26
I feel under an obligation to my employing authority who are paying me whilst I attend the course	9
I am looking forward to being away from work	3
I think it will be a waste of time	3
Many of my colleagues have attended management courses so I think I should	2
Other	2

#### FORM OF MANAGEMENT TRAINING

It was previously noted that the course members included in the survey had not had the benefit of an introduction to management during basic nurse training which was only included in that syllabus from 1974. In view of that change questions were asked to find out whether staff would prefer to receive management training 'on the job' and their view on the inclusion of management training during basic nurse training. Table 28 gives replies to the statement 'management training should be given 'on the job''.

The majority of hospital staff nurses and hospital sisters show a preference for 'on the job' training but within each group in all grades there is a diversity of view. The role of the hospital staff nurse and hospital sister is undertaken as a member of a working group/team and it would be possible for other members of that group/team to advise them

TABLE 28 - (Question 20)

Percentage replying to statement 'Management training should be given 'on the job' in preference to courses away from the working situation

	Nursing Officers		Sisters		Staff Nurses
	Community	Hospital	Community	Hospital	(Hospital only)
	%	%	%	%	%
Strongly agree	1 6.2	8.7	10.8	18.6	31.4
	2 18.7	8.7	11.5	25.7	17.2
	3 31.3	26.0	21.6	22.8	11.4
	4 31.3	19.6	23.7	18.6	14.3
Strongly disagree	5 12.5	28.3	28.1	10.8	20.0
No response	0	8.7	4.3	3.5	5.7
	n=16	n=43	n=139	n=167	n=35

'on the job'. The community sister works within a team but in carrying out responsibility in giving direct patient care is usually alone, therefore it is probably unrealistic to expect 'on the job' training in that situation although it could be given within the group/team situation. The nursing officer role has a greater conceptual element which could be met 'off the job' when more time can be given (than in the working situation) to discussion and analysis of problems.

The majority of respondents from each group (Table 29) indicate that they agree that management training should commence during basic nurse training but staff nurses show a greater percentage disagreeing with the statement than from any other group. It may be that the emphasis during basic nurse training on development of clinical skills and knowledge and their present role with a large clinical component is the reason for this attitude. Senior staff are perhaps more able from their longer experience, to see opportunities during basic nurse training which could be used to introduce management training. Staff



nurses may see management training as a 'one off' exercise whereas it can be integrated into basic training as advised by the General Nursing Council (referred to in Chapter 2).

TABLE 29 - (Question 21)

Percentage replying to statement 'Management training should commence during basic nurse training'

	Nursing Officers		Sisters		Staff Nurses	
	Community	Hospital	Community	Hospital	(Hospital only)	
	%	%	%	%	%	
Strongly agree	1	25.0	34.8	39.6	39.5	37.1
	2	43.7	47.8	25.2	26.3	8.6
	3	25.0	8.8	16.5	13.2	14.3
	4	6.3	0	6.5	12.6	20.0
Strongly disagree	5	0	4.3	9.4	6.6	17.1
No response		0	4.3	2.8	1.8	2.9
		n=16	n=43	n=139	n=167	n=35

#### MEMBERSHIP OF MANAGEMENT COURSES

Question 7 in the questionnaire asked respondents to indicate whether, after reading the course programme, they thought only nurses should attend that type of course. The purpose of the question was to discover whether staff considered those with whom they worked most closely should be included in the same type of training. It was hoped the replies would indicate that non-nursing staff were considered to have the same training needs as nurses. Table 30 indicates that the majority in all grades are of the view that training should be multi-

disciplinary with hospital nursing officers giving a unanimous response. Table 31 indicates the other disciplines who it was thought should share training with nurses. Nursing officers give a higher percentage of replies. The replies include those staff with whom each grade works most closely e.g. community staff give highest response to social workers and hospital staff to administrators.

TABLE 30 - (Question 7)

Percentage replying only nursing staff should attend the training programme

	%
Nursing Officers - community	12.5
Nursing Officers - hospital	0
Sisters - community	10.8
Sisters - hospital	13.8
Staff nurses (hospital only)	17.1

TABLE 31 - (Question 7)

Percentage of replies indicating other disciplines who should share training programme with nurses

	Nursing Officers		Sisters		Staff Nurses
	Community	Hospital	Community	Hospital	(Hospital only)
	%	%	%	%	%
Paramedical workers	43.7	78.3	37.4	50.9	34.3
Doctors	56.2	67.4	46.0	31.1	31.4
Social workers	87.5	65.2	65.5	47.3	62.9
Administrators	62.5	80.4	54.7	63.5	62.9
Civil Servants	31.3	30.4	19.4	16.2	22.9
Local Government Officers	37.5	45.7	36.0	21.0	28.6
Other	0	6.5	2.2	4.2	5.7
	n=16	n=46	n=139	n=167	n=35

COMPARISON OF PRE-COURSE EXPECTATION AND POST-COURSE ASSESSMENT

After analysing replies to the pre-course questionnaire about attitudes to management training the next step taken was to compare pre-course expectations with post-course assessments. For this purpose similar questions were asked in a post-course questionnaire to assess the extent to which training meets pre-course expectations in order to give a basis for improving future training programmes.

The same group of staff who had received the pre-course questionnaire was sent another questionnaire (Appendix 2) three months after completion of the course.

Tables 32 and 33 give an analysis of the distribution and return of the questionnaire.

TABLE 32

Distribution and return of post-course questionnaires

	First Line	Middle Management	Management Appreciation
Number of nurses attending course	430	122	157
Number of post-course questionnaires distributed	350	82	139
Number of post-course questionnaires returned	164	55	80

TABLE 33

Analysis of post-course questionnaires returned - by grade  
and type of course

	Staff Nurse	Sister		Nursing Officer		Senior Nursing Officer	Other	Total
	(Hospital only)	Community	Hospital	Community	Hospital	(Hospital only)		
First line	16	55	90	-	3	0	0	164
Middle Management	0	-	9	15	28	2	1	55
Management Appreciation	3	51	22	-	4	0	0	80
Total	19	106	121	15	35	2	1	299

The shortage of questionnaires distributed post-course by comparison with the pre-course figure is due to the fact that some course members could not be contacted because they had changed either their home addresses and/or job. The lower return rate may be accounted for by the fact that it was returned by post and there was no incentive (by comparison with the pre-course questionnaire) to return it.

#### DEVELOPMENT OF THE POST-COURSE QUESTIONNAIRE

The post-course questionnaire was designed at the same time as the pre-course questionnaire to try to ensure compatibility of data. (See Appendix 2, page 232) for a copy of the questionnaire).

#### Background information (Questions 1-4)

This set of questions sought the same background information about each respondent as did questions 1-4 in the first questionnaire.

### Objective achievement

Question 5 was designed to discover which objectives of management training were felt by the respondents to have been attempted on the course which he/she had attended and the extent to which they had been achieved.

### Results of training (Questions 6-8)

These three questions (similar to questions 11-13 and 17, 18 and 22 in the first questionnaire) were designed to give information from respondents of the extent to which they found specific elements of their job easier, or had acquired new or increased skill and knowledge as a result of attending a course. Thus it was also hoped to assess the extent to which their perceived training needs had been met. Question 6 additionally sought to find out if respondents assessment of the importance of specific skills in their job had altered after course attendance.

### Benefits of course attendance

Question 9 was designed to find the extent to which respondents had benefited in stated possible benefits, from course attendance and was similar to question 28 on the first questionnaire.

### Self evaluation (Questions 10-11)

These two questions were to allow respondents the opportunity of self evaluation of improvement in work performance as a result of course attendance.

### Formal organisation evaluation (Questions 12-13)

It was hoped that replies to these questions would allow comparison with pre-course expectations of formal evaluation and also to assess the extent to which informal evaluation had been noted.

### Question 14

The purpose of question 14 was to ascertain the factors prohibiting transference of course - acquired skills and knowledge to the working situation.

Question 15

The influence of colleagues, who had attended management courses, on respondents was noted from questions 9, 15 and 24 in the first questionnaire and question 15 in the second questionnaire was designed to see if there would be a positive or negative encouragement from respondents to colleagues who had not attended such a course.

QUESTIONNAIRE ANALYSIS

In those questions where a five point scale of relative assessment was used (questions 5, 6, 8, 9, 14) a similar method of analysis was used as in dealing with the pre-course questionnaire but with marginally different weighting. The following example was drawn from the analysis in response to question 8.

A. In respect of each item in the question, responses were weighted in the following way:

	A great deal					None
Category	1	2	3	4	5	
Weighting	5	4	3	2	1	

to produce a weighted response to that item:-

<u>Item of knowledge</u>	<u>Response from hospital sisters attending first line course</u>					<u>Total weighted response</u>	
Organisation of the National Health Service	Category	1	2	3	4	5	
	Response	20	31	17	12	10	
	Weighted response	100	124	51	24	10	309

B. The total weighted response for each item of knowledge was then expressed as a percentage of the total weighted response for the question as a whole:-

<u>Item of knowledge</u>	<u>Weighted response</u>	<u>Percentage of total weighted response</u>
Organisation of the National Health Service	309	9.1
Industrial relations	303	8.9
Legal and professional responsibilities of the nurse	290	8.5
Work study	295	8.7
Financial management in the National Health Service	272	8.0
Group behaviour	311	9.2
Whitley Council Conditions of Service	230	6.8
Organisations and relationships within your employing authority	282	8.3
Professional (i.e. clinical) knowledge	178	5.2
Behaviour pattern	256	7.5
Communication	321	9.5
Statistics	238	7.0
Any other	106	3.3
	<hr/>	<hr/>
Total weighted response	3,391	100%
	<hr/>	<hr/>

#### BENEFITS GAINED FROM COURSE ATTENDANCE

The analysis of the responses obtained in respect of Question 9 are displayed in Table 34, 1-5, together with response to a similar question in the pre-course questionnaire (question 28).

#### Nursing Officers

Pre-course both groups of nursing officers listed the importance of benefits which could be gained from course attendance in a similar manner (see Table 34, 1 and 2) but with a higher level of importance being ascribed by hospital nursing officers to the item:

'an insight into the means of improving your ability'.

Nursing Officers in both groups show the major benefit gained from attending a middle management course to be 'a greater understanding of your own strengths and weaknesses' rated third in importance by those from the community and fourth by hospital nursing officers pre-course.

### Sisters

Community and hospital sisters pre-course placed the same benefit (Table 34, 3 and 4) of highest importance but community sisters gave a higher percentage response to 'an insight into the means of improving your ability' and 'a greater understanding of your own strengths and weaknesses' than do hospital colleagues.

Both groups of sisters from both types of course gained the same major benefit 'a greater understanding of management in theory and practice' which was ranked of highest importance in pre-course lists.

### Hospital Staff Nurses

This group showed benefit in respect of the two items (Table 34.5) which they place of highest importance pre-course:-

An insight into the means of improving your ability  
Knowledge to help you do your job more effectively

### Comment

Staff nurses and sisters rated of higher importance pre-course the benefit of 'a greater understanding of management in theory and in practice', than did nursing officers. Staff nurses rate of higher importance than any other group the benefit of 'a greater understanding of your own job'. For all groups the benefit rated of least importance was 'a greater understanding of the National Health Service'.

It appears that nursing officers benefit less in the items they consider important than do the other two groups.



TABLE 34 - (Question 28 pre-course)  
(Question 9 post-course)

Benefits gained from attending a management course  
(Replies expressed as percentage of total weighted response)

	Pre-course importance  %	Post-course replies Middle Management Courses  %
<u>34.1. Community Nursing Officers</u>		
The acquisition of the skills necessary to effective management	15.2	14.3
Knowledge to help you do your work more effectively	15.2	14.5
A greater understanding of your own strengths and weaknesses	15.0	14.8
An insight into the means of improving your ability	15.0	14.8
A greater understanding of your own job	13.8	13.3
A greater understanding of management in theory and in practice	13.6	15.0
A greater understanding of the National Health Service	10.0	9.5
Other	2.0	3.8

	Pre-course importance  %	Post-course replies Middle Management Courses  %
<u>34.2. Hospital Nursing Officers</u>		
An insight into the means of improving your ability	15.6	14.0
The acquisition of the skills necessary to effective management	15.4	14.2
Knowledge to help you do your work more effectively	15.2	13.7
A greater understanding of your own strengths and weaknesses	14.9	14.8
A greater understanding of management in theory and in practice	13.7	14.8
A greater understanding of your own job	12.8	12.3
A greater understanding of the National Health Service	11.0	11.9
Other	1.5	4.3

TABLE 34 (Contd.) - (Question 28 pre-course)  
(Question 9 post-course)

Benefits gained from attending a management course  
 (Replies expressed as percentage of total weighted response)

	Pre-course importance	Post-course replies	
		First line management	Management appreciation
<u>34.3. Community Sisters</u>	%	%	%
A greater understanding of management in theory and practice	15.8	16.4	15.3
An insight into the means of improving your ability	15.7	13.6	13.9
A greater understanding of your own strengths and weaknesses	14.5	13.5	13.7
Knowledge to help you do your work more effectively	14.3	12.0	12.7
The acquisition of the skills necessary to effective management	13.6	14.3	14.3
A greater understanding of your own job	13.1	11.3	11.4
A greater understanding of the National Health Service	12.2	14.4	14.4
Other	0.7	4.4	4.2

TABLE 34 (Contd.) - (Question 28 pre-course)  
(Question 9 post-course)

Benefits gained from attending a management course  
 (Replies expressed as percentage of total weighted response)

	Pre-course importance	Post-course replies	
		First line management	Management appreciation
<u>34.4. Hospital Sisters</u>	%	%	%
A greater understanding of management in theory and in practice	15.6	15.6	15.1
Knowledge to help you do your work more effectively	15.1	13.7	11.8
An insight into the means of improving your ability	15.0	13.9	13.7
The acquisition of the skills necessary to effective management	14.3	13.9	12.8
A greater understanding of your own strengths and weaknesses	14.0	13.9	13.9
A greater understanding of your own job	13.9	11.9	13.2
A greater understanding of the National Health Service	11.0	12.9	14.9
Other	1.1	4.3	4.6

TABLE 34 (Contd.) - (Question 28 pre-course)  
(Question 9 post-course)

Benefits gained from attending a management course  
(Replies expressed as percentage of total weighted response)

	Pre-course importance	Post-course replies First line management
<u>34.5. Hospital Staff Nurses</u>	%	%
An insight into the means of improving your ability	15.5	15.6
Knowledge to help you do your work more effectively	15.4	14.0
A greater understanding of management in theory and in practice	15.2	13.7
A greater understanding of your own job	14.4	11.9
A greater understanding of your own strengths and weaknesses	14.4	13.7
The acquisition of the skills necessary to effective management	12.6	14.0
A greater understanding of the National Health Service	12.1	12.9
Other	0.3	6.2

#### OBJECTIVES OF MANAGEMENT TRAINING

All but one of the items in question 5 in the second questionnaire were the same as those included in question 10 in the pre-course questionnaire. An additional objective ('to give course members a greater understanding of their own job') was added to the post-course list as it was anticipated that the course would have given members a new insight into their role.

The result of the analysis of the responses to question 5 are shown in Table 35, 1-5, together with replies to a similar question in the pre-course questionnaire (question 10).

TABLE 35 - (Question 10 pre-course)(Question 5 post-course)

Importance of objectives of management training

Pre-course rating  
 Post-course assessment of achievement of objectives  
 (Replies expressed as a percentage of the total weighted responses)

	Pre-course %	Post-course middle management %
<b>35.1. <u>Community Nursing Officers</u></b>		
To give course members a greater understanding of their own strengths and weaknesses	15.3	12.4
To give course members an insight into the means of improving their ability	15.3	12.6
To enable course members to acquire the skills necessary to effective management	15.1	12.2
To give course members a greater understanding of their own job	15.1	12.0
To give a greater understanding of management in theory and in practice	14.7	13.0
To pass on the knowledge necessary for staff to do their work more effectively	12.8	11.8
To give a greater understanding of the National Health Service	10.6	9.3
To develop abilities likely to be required in future jobs	-	11.0
Other	1.1	5.7

TABLE 35 (Contd.) - (Question 10 pre-course)(Question 5 post-course)Importance of objectives of management training

Post-course assessment of achievement of objectives  
(Replies expressed as a percentage of the total weighted responses)

	Pre- course %	Post-course middle management %
<b>35.2. <u>Hospital Nursing Officers</u></b>		
To enable course members to acquire the skills necessary to effective management	15.9	11.9
To give course members an insight into the means of improving their ability	15.2	13.0
To give a greater understanding of management in theory and in practice	15.0	12.5
To give course members a greater understanding of their own strengths and weaknesses	14.0	12.8
To give course members a greater understanding of their own job	13.2	11.4
To pass on the knowledge necessary for staff to do their work more effectively	13.1	11.9
To develop abilities likely to be required in future jobs	-	10.8
To give a greater understanding of the National Health Service	10.9	11.2
Other	5.5	4.5

TABLE 35 (Contd.) - (Question 10 pre-course)(Question 5 post-course)Importance of objectives of management training

Post-course assessment of achievement of objectives  
(Replies expressed as a percentage of the total weighted responses)

	Pre-course	Post-course	
		First line	Management appreciation
<u>35.3. Community Sisters</u>	%	%	%
To give a greater understanding of management in theory and in practice	16.0	13.3	13.4
To enable course members to acquire the skills necessary to effective management	15.0	12.0	11.3
To give course members an insight into the means of improving their ability	14.6	11.9	12.0
To give course members a greater understanding of their own strengths and weaknesses	13.2	12.1	12.4
To give a greater understanding of the National Health Service	13.2	12.2	12.7
To give course members a greater understanding of their own job	13.0	10.1	10.8
To pass on the knowledge necessary for staff to do their work more effectively	12.9	11.3	11.5
To develop abilities likely to be required in future jobs	-	11.2	11.5
Other	5.3	5.9	6.6

TABLE 35 (Contd.) - (Question 10 pre-course)(Question 5 post-course)

Importance of objectives of management training

Post-course assessment of achievement of objectives  
(Replies expressed as a percentage of the total weighted responses)

	Pre- course	Post-course	
		First line	Management appreciation
<u>35.4. Hospital Sisters</u>	%	%	%
To give a greater understanding of management in theory and in practice	15.5	12.5	12.7
To give course members an insight into the means of improving their ability	15.2	12.5	12.3
To enable course members to acquire the skills necessary to effective management	15.1	12.0	11.1
To pass on the knowledge necessary for staff to do their work more effectively	14.4	11.9	12.0
To give course members a greater understanding of their own job	14.3	11.7	10.0
To give course members a greater understanding of their own strengths and weaknesses	13.4	12.2	12.6
To give a greater understanding of the National Health Service	11.1	11.0	12.9
To develop abilities likely to be required in future jobs	-	11.7	11.4
Other	1.1	4.5	4.2



TABLE 35 (Contd.) - (Question 10 pre-course)(Question 5 post-course)

Importance of objectives of management training  
 Post-course assessment of achievement of objectives  
 (Replies expressed as a percentage of the total weighted responses)

	Pre-course	Post course First line
<u>35.5. Hospital Staff Nurses</u>	%	%
To give course members an insight into the means of improving their ability	15.4	11.8
To give a greater understanding of management in theory and in practice	14.7	12.2
To give course members a greater understanding of their own job	14.3	12.2
To pass on the knowledge necessary for staff to do their work more effectively	14.1	12.6
To enable course members to acquire the skills necessary to effective management	14.0	12.2
To give course members a greater understanding of their own strengths and weaknesses	13.0	11.8
To give a greater understanding of the National Health Service	12.4	10.7
To develop abilities likely to be required in future jobs	-	10.4
Other	2.0	5.7

### Nursing Officers

The importance of objectives to the two groups of nursing officers is different with those from hospital giving high importance to 'enable members to acquire the skills necessary to effective management' whilst community nursing officers place this lower in their list with 0.8% less attached to the response.

The post-course assessment by nursing officers of the extent to which objectives were achieved shows both groups consider the same three objectives as having been achieved. The level of achievement matches to a greater degree the objectives agreed pre-course by those

working in the community than by those in hospital.

### Sisters

Both groups of sisters give a high rating of importance to the same three objectives although there is a difference in percentages. Community sisters attending both types of course indicate a similar pattern of achievement of three objectives with the objective rated of highest importance pre-course being achieved to a greater extent than others. Hospital sisters showed both courses achieved the most important objective.

### Staff Nurses

The staff nurses place most importance on the same two as those at the top of the sisters' list ('to give a greater understanding of management in theory and in practice' and 'to give course members an insight into the means of improving their ability').

Staff nurses showed the objectives rated from second to fifth in their list were achieved to a greater extent than that rated of highest importance.

### Comments

The results indicate the objectives agreed as important by community nursing officers are met by middle management courses more nearly than for any other group. Objectives agreed by hospital sisters are achieved more nearly by the first line than by management appreciation courses. The objective 'to give a greater understanding of management in theory and in practice' is ranked as the highest achievement on four courses and second on two others. 'To give course members a greater understanding of their own strengths and weaknesses' is the objective showing second highest level of achievement being ranked among the top three from six out of seven sets of replies.

After considering generalised assessments of the courses consideration was given to improvement in elements of the job and in

the skills and knowledge required to do the job.

#### ELEMENTS OF THE JOB FOUND EASIER AFTER COURSE (Question 7)

The same list of elements of the job of senior nursing staff given pre-course was given post-course and staff asked to indicate those elements found to be easier as a result of attending the course. Table 36, 1-5 contains the results.

#### Nursing Officers

The two groups of nursing officers found different results from attendance at the same type of course but the same percentage of community and hospital nursing officers found 'investigating complaints and untoward incidents' easier after the course.

Many respondents found things easier after the course which they had not rated as difficult before the attended the course.

Conversely hospital nursing officers had expressed difficulty in respect of three elements ('disciplining staff', 'co-ordinating work of own staff with that of non-nursing staff', 'supervising the work of junior staff') pre-course and less than 50% found them easier after having attended the course.

Comparison with the importance of elements of the job stated pre-course (Table 6.1) shows that 60.0% of community nursing officers found their most important element of their job easier (i.e. 'checking that work is carried out and the quality of service maintained') whilst only 32.1% of hospital nursing officers found their stated most important element easier (i.e. 'training and developing staff').

Overall community nursing officers benefit by finding easier the more important elements of their job and those previously found difficult than do hospital nursing officers.

TABLE 36 - (Question 7)

Elements of present job found to be easier as a result  
of attending the course

	Number replying	%
<u>36.1. Community Nursing Officers</u>		
Liaison and co-operation with non-nursing staff	10	66.7
Checking that work is carried out and the quality of service maintained	9	60.0
Selecting and appointing staff	8	53.3
Assessing and counselling staff	8	53.3
Multidisciplinary team work	8	53.3
Training and developing staff	7	46.7
Investigating complaints and untoward incidents	7	46.7
Co-ordinating the work of own staff with that of non-nursing staff	7	46.7
Planning and organising work of own staff	6	40.0
Disciplining staff	6	40.0
Supervising the work of junior staff	5	33.3
Acting as a consultant on nursing problems	5	33.3
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	4	26.7
Giving and receiving reports	3	20.0
Other	2	13.3
n =	15	100%

TABLE 36 (Contd.) - (Question 7)

Elements of present job found to be easier as a result  
of attending the course

	Number replying	%
<b>36.2. <u>Hospital Nursing Officers</u></b>		
Assessing and counselling staff	20	71.4
Selecting and appointing staff	14	50.0
Investigating complaints and untoward incidents	13	46.4
Disciplining staff	13	46.4
Multidisciplinary team work	11	39.3
Liaison and co-operation with non-nursing staff	10	35.7
Planning and organising work of own staff	9	32.1
Ensuring health, safety and welfare of staff	9	32.1
Co-ordinating the work of own staff with that of non-nursing staff	9	32.1
Acting as a consultant on nursing problems	8	28.6
Checking that work is carried out and the quality of service maintained	6	21.4
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	5	17.9
Supervising the work of junior staff	3	10.7
Giving and receiving reports	3	10.7
Other	0	0
n =	28	100%

TABLE 36 (Contd.) - (Question 7)

Elements of present job found to be easier as a result  
of attending the course

	First line management		Management appreciation	
	Number replying	%	Number replying	%
<b>36.3. <u>Community Sisters</u></b>				
Liaison and co-operation with non-nursing staff	27	49.1	26	57.0
Multidisciplinary team work	21	38.2	19	32.3
Giving and receiving reports	16	29.1	12	23.5
Checking that work is carried out and the quality of service maintained	15	27.3	10	19.6
Co-ordinating the work of own staff with that of non-nursing staff	15	27.3	12	23.5
Planning and organising work of own staff	14	25.5	9	17.6
Acting as a consultant on nursing problems	13	23.6	8	15.7
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	13	23.6	9	17.6
Assessing and counselling staff	10	18.2	3	5.9
Investigating complaints and untoward incidents	10	18.2	4	7.8
Training and developing staff	9	16.4	8	15.7
Supervising the work of junior staff	7	12.7	6	11.8
Ensuring health, safety and welfare of staff	4	7.3	3	5.9
Selecting and appointing staff	2	3.6	0	0
Disciplining staff	2	3.6	2	3.9
Other	1	1.8	1	2.0
n =	55	100%	51	100%

TABLE 36 (Contd.) - (Question 7)

Elements of present job found to be easier as a result  
of attending the course

	First line management		Management appreciation	
	Number replying	%	Number replying	%
<b>36.4. Hospital Sisters</b>				
Planning and organising work of own staff	48	53.3	11	50.0
Assessing and counselling staff	47	52.2	8	36.4
Disciplining staff	43	47.8	6	27.3
Liaison and co-operation with non-nursing staff	41	45.6	9	40.9
Checking that work is carried out and the quality of service maintained	38	42.2	7	31.8
Co-ordinating the work of own staff with that of non-nursing staff	37	41.1	7	31.8
Investigating complaints and untoward incidents	31	34.4	7	31.8
Giving and receiving reports	30	33.3	8	36.4
Multidisciplinary team work	29	32.2	7	31.8
Supervising the work of junior staff	29	32.2	6	27.3
Acting as a consultant on nursing problems	29	32.2	4	18.2
Training and developing staff	29	32.2	7	31.8
Ensuring health, safety and welfare of staff	28	31.8	3	13.6
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	24	26.7	5	22.7
Selecting and appointing staff	8	8.9	1	6.5
Other	5	5.6	0	0
n =	90	100%	22	100%

TABLE 36 (Contd.) - (Question 7)

Elements of present job found to be easier as a result  
of attending the course

	Number replying	%
<u>36.5. Hospital Staff Nurses</u>		
Checking that work is carried out and the quality of service maintained	11	68.7
Supervising the work of junior staff	9	56.2
Planning and organising work of own staff	9	56.2
Investigating complaints and untoward incidents	8	50.0
Ensuring health, safety and welfare of staff	8	50.0
Liaison and co-operation with non-nursing staff	8	50.0
Giving and receiving reports	7	43.7
Disciplining staff	7	43.7
Co-ordinating the work of own staff with that of non-nursing staff	7	43.7
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	7	43.7
Assessing and counselling staff	5	31.3
Multidisciplinary team work	4	25.0
Acting as a consultant on nursing problems	3	18.7
Selecting and appointing staff	2	12.5
Training and developing staff	2	12.5
Other	1	6.2
n =	16	100%



### Sisters

The percentage of hospital sisters from both types of course finding elements of the job easier were higher than for community sisters. Community sisters find similar elements easier after both types of course but there are greater differences between hospital sisters e.g. 52.2% of hospital sisters find 'assessing and counselling' easier after a first line course compared with 36.4% from a management appreciation course.

A higher percentage of hospital sisters found all elements easier post-course than had difficulty pre-course but a lower percentage of community sisters found two elements easier post-course than had difficulty pre-course (i.e. 'co-ordinating the work of own staff with that of non-nursing staff' and 'investigating complaints and untoward incidents').

The three most important elements stated pre-course by hospital sisters (Table 6.2) are found easier post-course by 31.8% to 53.3% of respondents. A similar comparison for community sisters is 29.1% to 51.0%.

Hospital sisters benefit more than community sisters by help both with difficult elements and those ranked as important.

### Staff nurses

Staff nurses indicate that a smaller number find four elements of their job easier than had difficulty pre-course and they were the four elements which the highest number of staff nurses found difficult. Two elements found difficult by only one staff nurse (2.9%) pre-course (see Table 9.3) were found easier by 56.2% of staff nurses post-course.

Of the four elements considered of highest importance pre-course three were found easier by a higher percentage of staff (56.2 to 68.7%).

The benefit gained by staff nurses is in finding easier elements considered of importance but little benefit is gained in the elements found difficult.

### SKILLS REQUIRED AND SKILLS GAINED (Question 6)

Two questions in the post-course questionnaire related to skills required in the job.

Respondents were asked in question 6A to rate the importance of each skill from a list of skills in their job and to state the extent to which they had improved. The purpose of this question was to find out if the course had changed perception of the importance of skills in their job. Question 6B was asked in order to see if the course had met perceived needs.

Table 37, 1-5 contains the results from both questions.

### CHANGE IN PERCEPTION OF SKILLS REQUIRED

#### Nursing Officers

Both groups of nursing officers (Table 37, 1-2) list the same four skills at the top of their list of importance as they did pre-course (Table 10.1) with change in the order of these items. At the bottom of the list community nursing officers post-course show a variation from their pre-course list with 'training techniques' and 'utilisation of material resources' being placed higher than they were pre-course. Hospital nursing officers place higher on the list post-course the skill of 'interviewing' than they did pre-course.

#### Sisters

The same three skills placed at the top of the importance list by community sisters pre-course (Table 10.2) are at the top of the list post-course after a first line course but in different order, but there is a change (i.e. 'decision making' ranked fifth post-course, third pre-course) after a management appreciation course (Table 37.3). Hospital sisters place the same five skills at the top of their list post-course (Table 37.4) after attending a first line course as they did pre-course but the order is changed. After attendance at a management appreciation

TABLE 37 - (Question 6)

Skills required by senior nursing staff  
(pre-course assessment) and skills gained from course attendance

(Replies to each item expressed as weighted percentage of total list)

	Import- ance	Improve- ment
	(% of total list)	(% of total list)
<u>37.1. Community Nursing Officers (Middle Management)</u>		
Effective communications	8.9	9.0
Developing good working relationships	8.9	7.4
Utilisation of staff and their skills	8.9	8.6
Leadership	8.5	8.4
Report writing	8.3	7.2
Decision making	8.2	8.3
Analysing problems	8.2	8.6
Interviewing	8.1	9.1
Appraisal and counselling	8.1	7.6
Utilisation of material resources	7.9	8.1
Training techniques	6.8	6.7
Public speaking	6.3	6.5
Other	3.0	4.6

TABLE 37 (Contd.) - (Question 6)

Skills required by senior nursing staff  
(pre-course assessment) and skills gained from course attendance  
 (Replies to each item expressed as weighted percentage of total list)

	Import- ance	Improve- ment
	(% of total list)	(% of total list)
<u>37.2. Hospital Nursing Officers (Middle Management)</u>		
Leadership	8.9	8.6
Decision making	8.8	8.4
Effective communications	8.8	8.3
Developing good working relationships	8.7	8.4
Appraisal and counselling	8.6	8.3
Utilisation of staff and their skills	8.5	8.3
Training techniques	8.4	7.6
Interviewing	8.2	9.1
Analysing problems	8.0	8.4
Utilisation of material resources	7.9	7.5
Report writing	7.0	7.1
Public speaking	5.7	6.3
Other	2.5	3.6

TABLE 37 (Contd.) - (Question 6)

Skills required by senior nursing staff  
(pre-course assessment) and skills gained from course attendance

(Replies to each item expressed as weighted percentage of total list)

	First line management		Management appreciation	
	Import- ance	Improve- ment	Import- ance	Improve- ment
	(% of total list)	(% of total list)	(% of total list)	(% of total list)
<b>37.3. <u>Community Sisters</u></b>				
Effective communications	10.3	10.5	10.1	9.8
Developing good working relationships	9.7	9.0	9.6	9.5
Decision making	9.3	8.4	9.1	8.5
Report writing	9.2	7.6	9.2	7.1
Analysing problems	9.2	9.1	8.9	10.0
Utilisation of material resources	8.0	7.7	7.3	7.8
Public speaking	7.3	6.9	6.9	5.9
Interviewing	7.2	8.4	7.2	7.8
Appraisal and counselling	7.2	7.6	7.7	8.1
Leadership	6.9	7.3	7.3	7.8
Utilisation of staff and their skills	6.7	7.1	6.7	7.4
Training techniques	6.7	7.0	7.2	6.9
Other	2.4	3.4	2.2	3.4

TABLE 37 (Contd.) - (Question 6)

Skills required by senior nursing staff  
(pre-course assessment) and skills gained from course attendance

	First line management		Management appreciation	
	Importance	Improvement	Importance	Improvement
	(% of total list)	(% of total list)	(% of total list)	(% of total list)
<u>37.4. Hospital Sisters</u>				
Decision making	9.5	9.0	9.8	10.2
Leadership	9.4	8.9	9.3	8.5
Effective communications	9.1	8.9	9.3	9.2
Developing good working relationships	8.9	8.6	9.2	8.7
Utilisation of staff and their skills	8.8	8.5	9.3	9.8
Report writing	8.5	7.2	9.3	7.3
Training techniques	8.4	7.1	8.4	7.0
Analysing problems	8.0	8.6	7.9	7.7
Utilisation of material resources	7.8	7.7	8.2	8.1
Appraisal and counselling	7.8	8.4	6.2	7.7
Interviewing	6.0	7.4	5.4	6.6
Public speaking	5.7	6.8	5.7	5.6
Other	5.2	3.1	2.1	3.5

TABLE 37 (Contd.) - (Question 6)

Skills required by senior nursing staff  
(pre-course assessment) and skills gained from course attendance

	Import- ance	Improve- ment
	(% of total list)	(% of total list)
<u>37.5. Hospital Staff Nurses (First Line)</u>		
Decision making	9.6	9.6
Effective communication	9.6	10.2
Developing good working relationships	9.6	10.1
Leadership	9.2	8.6
Utilisation of staff and their skills	9.2	7.7
Report writing	8.9	8.4
Analysing problems	8.3	7.4
Utilisation of material resources	8.0	8.1
Training techniques	7.3	6.5
Public speaking	6.1	7.6
Appraisal and counselling	6.0	7.0
Interviewing	5.4	5.7
Other	2.9	3.2

course 'developing good working relationships' is placed sixth (it was placed fifth pre-course).

### Staff Nurses

The main change in the list from staff nurses pre-course (Table 37.5) is that the skill of 'report writing' is sixth on the list after being placed second in the list of importance pre-course.

## IMPROVEMENT IN SKILLS (Table 37)

### Nursing Officers

Community nursing officers show highest relative percentage improvement (9.1%) in 'interviewing' which was the skill found difficult by the highest number (75%) of community nursing officers pre-course. They also show a high level of improvement (9.0%) in 'effective communication' which was rated of highest importance both pre- and post-course although only 25% stated they required further training in this skill. Two other skills in which more than 50% of community nursing officers stated training needs showed a lower level of improvement with 7.6% (weighted percentage) stated for 'appraisal and counselling' and 6.5% for 'public speaking'.

The highest percentage of improvement (9.1%) stated by hospital nursing officers is in 'interviewing' in which 54.3% stated pre-course they required further training. Next highest percentage improvement was in the skill ranked first in importance in the post-course list (i.e. 'leadership').

### Sisters

The skill in which the largest number of community sisters (69.1%) stated they required further training was shown to have the lowest level of improvement ('public speaking') from both courses. Highest



percentage of improvement are in skills in which less than 30% of staff stated a need for further training but these skills were rated at the top of the importance list pre- and post-course.

Skills in which more than 50.0% of hospital sisters stated they required training show a low percentage of improvement after both courses. Most improvement is shown in those skills rated high in importance but in which less than 25% of staff had indicated a need for training.

#### Staff Nurses

The highest percentage of improvement is shown by staff nurses in the skills rated as important both pre- and post-course but in which less than 35% of staff stated training needs, e.g. 34.3% of staff stated a training need in 'effective communication' which was fifth on the list in which training needs were stated. The percentage of improvement in that skill was highest in the list of improvement at 10.2%.

#### Comment

Changes in perception of importance of any item within a job is a form of learning showing a different insight into job role. Attendance at training courses resulted in little change in the order of the list of the importance of skills other than the replies from hospital sisters.

Improvement is shown in those skills which were stated to be important but the lowest improvement is shown for those skills in which staff stated a need for training pre-course. It appears that training is concerned to meet the needs of the job rather than the needs of the individual who has to do the job.

#### INCREASE IN KNOWLEDGE

Question 8 in the post-course questionnaire related to knowledge perceived to have increased as a result of course attendance in order to ascertain if perceived needs were being met and to relate knowledge gained to the importance of that knowledge to the job. Table 38, 1-5

give the replies with each item expressed as a weighted percentage response to the total list.

### Nursing Officers

Community nursing officers benefited (Table 38.1) by increasing knowledge of two items stated by 81.2% and 75.0% of respondents to be required (i.e. 'industrial relations' and 'financial management in the National Health Service' respectively). These two items were in the lower half of the list of importance of knowledge required in the job (Table 12.1). First on their list of importance of knowledge required in the job was 'organisational structure and working relationship within your employing authority' and this was eighth on the list of knowledge gained (7.8%).

There was a need for knowledge of 'financial management' stated by 75% of community nursing officers and that item was third on the list of knowledge gained (9.8%).

The item rated second in the importance list of knowledge by hospital nursing officers, 'legal and professional responsibilities of the nurse', is rated the second highest item of knowledge gained (9.2%). That item was also stated by 52.2% of hospital nursing officers to be the second highest on the list of knowledge required. 'Industrial relations' was ninth on the importance list (7.9%) but first in knowledge required (56.5%) and is the second highest item of knowledge gained (9.2%).

Both groups of nursing officers show a similar pattern of knowledge gained but percentage increases vary. The main difference is in the item 'Legal and professional responsibilities of the nurse' with hospital nursing officers showing a weighted percentage response of 9.2% and community staff 7.4%.

TABLE 38 - (Question 8)

Knowledge acquired or increased as a result of attending  
the course

Each item expressed as a weighted percentage of total list

	Weighted % of total list
<u>38.1. Community Nursing Officers (Middle Management)</u>	
Group behaviour	10.4
Industrial relations	10.0
Financial management in the National Health Service	9.8
Behaviour patterns	9.4
Communications theory	9.4
Statistics	8.0
Work study	7.8
Organisation and relationship within your employing authority	7.8
Legal and professional responsibilities of the nurse	7.4
Organisation of the National Health Service	6.8
Whitley Council conditions of service	6.2
Professional (i.e. clinical) knowledge	6.1
Other	2.9

TABLE 38 (Contd.) - (Question 8)Knowledge acquired or increased as a result of attending the course

Each item expressed as a weighted percentage of total list

	Weighted % of total list
<u>38.2. Hospital Nursing Officers (Middle Management)</u>	
Financial management in the National Health Service	9.4
Legal and professional responsibilities of the nurse	9.2
Industrial relations	9.1
Group behaviour	8.9
Work study	8.7
Communications theory	8.6
Behaviour patterns	8.2
Organisation of National Health Service	8.1
Organisation and relationships within your employing authority	7.7
Statistics	7.2
Whitley Council conditions of service	6.4
Professional (i.e. clinical) knowledge	4.8
Other	3.7

TABLE 38 (Contd.) - (Question 8)

Knowledge acquired or increased as a result of attending the course

Each item expressed as a weighted percentage of total list

	First line	Management appreciation
	Weighted % of total list	Weighted % of total list
<b>38.3. <u>Community Sisters</u></b>		
Group behaviour	9.3	8.5
Industrial relations	9.2	9.2
Communication theory	9.2	9.2
Legal and professional responsibilities of the nurse	8.9	9.2
Organisation of the National Health Service	8.5	9.2
Work study	8.4	8.5
Financial management in the National Health Service	8.4	9.1
Behaviour patterns	8.2	7.4
Organisation and relationships within your employing authority	8.0	8.2
Whitley Council conditions of service	7.2	6.5
Statistics	6.4	7.1
Professional (i.e. clinical) knowledge	5.3	5.1
Other	3.0	2.7

TABLE 38 (Contd.) - (Question 8)

Knowledge acquired or increased as a result of attending the course

Each item expressed as a weighted percentage of total list

	First line	Management appreciation
	Weighted % of total list	Weighted % of total list
<b>38.4. <u>Hospital Sisters</u></b>		
Communication theory	9.5	9.9
Group behaviour	9.2	8.8
Organisation of the National Health Service	9.1	9.6
Industrial relations	8.9	8.2
Work study	8.7	8.8
Legal and professional responsibilities of the nurse	8.5	9.2
Organisation and relationships within your employing authority	8.3	8.7
Financial management in the National Health Service	8.0	8.7
Behaviour patterns	7.5	7.1
Statistics	7.0	6.7
Whitley Council conditions of service	6.8	7.1
Professional (i.e. clinical) knowledge	5.2	4.3
Other	3.1	2.9

TABLE 38 (Contd.) - (Question 8)

Knowledge acquired or increased as a result of attending the course

Each item expressed as a weighted percentage of total list

	First line
	Weighted % of total list
38.5. <u>Hospital Staff Nurses</u>	
Communications theory	9.9
Work study	8.5
Group behaviour	8.5
Behaviour patterns	8.5
Industrial relations	8.2
Financial management in the National Health Service	8.2
Whitley Council conditions of service	8.1
Organisation and relationships within your employing authority	8.1
Organisation of the National Health Service	7.9
Legal and professional responsibilities of the nurse	7.9
Statistics	7.6
Professional (i.e. clinical) knowledge	5.2
Other	3.1

### Sisters

Community sisters rated 'legal and professional responsibilities' second highest (9.8%) on the list of knowledge important to the job (Table 38.3) and it was first on the list of knowledge gained by staff attending a management appreciation course (9.2%) and fourth (8.9%) after a first line course. That item was first on the list of knowledge required (by 59.7% of staff). 'Industrial relations' was bottom on the list of importance (5.6%) but was second on the list of knowledge gained after a first line course and first after a management appreciation course (both groups stating 9.2% weighted response). It was fifth on the list of knowledge required (by 32.4%).

The management appreciation course met the needs of community sisters in terms of knowledge required more nearly than did the first line course. There are differences in knowledge gained e.g. 'organisation and relationship within your employing authority' was third on the list of importance (9.4%) and stated to be required by 41% of staff (second on list) but it was ninth on list of knowledge gained after a first line course (8%) and eighth (8.2%) after a management appreciation course.

Hospital sisters show gain in similar knowledge (Table 38.4) to that of community colleagues in the order of gain but there is a difference in percentage e.g. 'organisation of the National Health Service' ranked third (9.1%) after hospital sisters had attended a first line course, sixth after community sisters had attended the same course (8.5%) first (9.2%) after community sisters had attended a management appreciation course and second (9.6%) after hospital colleagues had attended the same course. Items considered of importance are not those in which most knowledge has been gained e.g. 'legal and professional responsibilities of the nurse' ranked second in importance (11.4%) and first on the list of knowledge required (by 11.9% of staff) was sixth on the list of



knowledge gained after a first line course (8.5%) and third on the list (9.2%) after a management appreciation course.

The management appreciation course met the perceived knowledge needs to a greater extent than did the first line course.

#### Staff Nurses

Staff nurses stated 'organisation and relationships within your employing authority' as third on the list of importance (9.5%) and third on the list of knowledge required (by 9.3% of staff). This item was seventh on the list of knowledge gained (8.1%) (Table 37.5). 'Legal and professional responsibilities of the nurse' was second on the list of importance (11.4%) and first on the list of knowledge required (by 57.1% of staff) but tenth on the list of knowledge gained (7.9%).

Staff nurses benefit neither in receiving knowledge important to their job nor in knowledge which they consider they need.

#### Comments

The results vary between staff attending similar courses e.g. 'industrial relations' after a first line course rated second in the list of knowledge gained by community sisters, fourth by hospital sisters and fifth by staff nurses with the following percentages being stated 9.2%, 8.9% and 8.2%.

The varied results indicate the difficulties of attempting to provide training for staff from different background who perceived both their job and their needs differently. The apparent inability for nurses to benefit either by gaining knowledge important to their job or in those items in which they had stated a need must produce staff dissatisfied with the course when they return to the working situation.

IMPROVEMENT IN WORK

Pre-course (pre-course questionnaire, Appendix A, Question 25) respondents were asked to indicate when they expected to know whether they had benefited from attendance at the course. With the exception of hospital nursing officers, the highest number of whom expected to know 6 months after course completion, all other groups showed the highest number expecting to know after one month (detailed results are shown in Appendix 3).

The post-course questionnaire was distributed three months after course completion and therefore it was expected that the majority of respondents would be able to assess the extent to which they had benefited from course attendance. Questions 10 and 11 (in the post-course questionnaire) were designed for that purpose.

The highest percentage of community sisters who had attended a first line course, responded by stating their work had not improved. Hospital staff nurses who had attended a first line course were divided between replies 'yes' and 'no' and 'too early to say'. Of hospital sisters who had attended a management appreciation course 36.4% stated their work had improved but the same percentage indicated it was 'too early to say'. In other groups the highest percentage indicated that their work had improved as a result of course attendance. (Detailed results in Appendix 4).

Those who had indicated an improvement in their work were asked to rate the level of improvement on a five point scale. The replies from each group showed the highest percentage of staff responding on the mid point of the scale (13.7% to 27.3%). (Detailed results in Appendix 5).

### FORMAL AND INFORMAL EVALUATION

Responses to question 14 (detailed in Appendix 6) in the pre-course questionnaire showed that the majority of nurses attending courses anticipated a formal evaluation of the improvements in their job which had resulted from course attendance.

The only exception to this general view was that of community sisters. In their case 48.2% did not expect a formal evaluation to be carried out. This difference of expectation is not surprising given the lack of involvement of community nursing officers in the work of community sisters.

Responses to question 12 in the post-course questionnaire on this topic showed that the majority of staff in all groups had not had an evaluation. The largest group who had were hospital staff nurses (12.5%). The majority of all other groups had not been informed whether an evaluation would be carried out. (Detailed responses are in Appendix 7).

No community nursing officers had had a formal evaluation and 93.3% had not been informed if one was to be carried out. However in response to question 13 20% indicate that their immediate superior had commented on the improvement in their work after course attendance. That was the highest response from any group about immediate superiors making informal comment (details in Appendix 8). Community nursing officers also show a high response to the same question (question 13) about immediate subordinates (40%) commenting on improvement in work. The response from all other grades about comments from colleagues is below 11%.

It appears that there is little enthusiasm within the organisation to evaluate the result of course attendance. Expectations of formal evaluation were not fulfilled and informal comment is also absent.

## CONCLUSIONS

Comments have been made throughout the chapter about the extent to which the courses improve performance in those items of the job considered important and meet perceived training needs. Benefits which could be obtained from courses are not always achieved and neither are objectives. However, those objectives which are achieved are achieved by the majority of courses and are the objectives rated of highest importance by course attenders.

Response to specific parts of the course which deal with elements of the job, skills and knowledge are also varied. Staff attending similar courses do not state similar levels of improvement and there is a mixture of results relating to items of importance to the job and those in which training is required. The impression given by results is of wide variation in benefit to staff for whom the course is intended and disagreement about the purpose of the course.

## REPLIES FROM TUTORIAL STAFF

Course tutors had co-operated in the collection of pre-course questionnaires and expressed interest in the exercise. They agreed to co-operate by providing information about courses, the extent to which they were briefed by the body sponsoring the course, and the changes in the course programmes. The response to the questionnaire (Appendix 9) was disappointing and, despite verbal and written requests, replies about management appreciation courses were not forthcoming although the colleges involved were the same as those for first line and middle management. Details of the response to the questionnaire are in Appendix 10.

## OBJECTIVES OF TRAINING COURSES

Tutors were asked to respond to the same eight statements about the objectives of management training as were course members. (Details are contained in Appendix 11).

### First line courses

The objective ranked of highest importance by tutors in respect of first line courses ('to enable students to acquire the skills necessary to effective management') is ranked second by both groups of community sisters, third by hospital sisters and fifth by staff nurses. The tutors' second ranked objective ('to give a greater understanding of management in theory and practice') is ranked first by both groups of sisters and second by staff nurses and in post-course replies this objective is stated to be highest in the list of objectives achieved by the two groups of sisters who attended first line courses and third by staff nurses.

### Middle management courses

Middle management course tutors state as their main objective 'to give a greater understanding of management in theory and in practice' but this is fifth in the list from community nursing officers and third in the list from hospital nursing officers. The former group indicate that this objective was achieved to a higher degree than others but hospital nursing officers place it third in their list of objectives achieved. Tutors and both groups of nursing officers agree on the second objective ('to give students an insight into the means of improving their ability') and the third objective of tutors is first in the list from community nursing officers and fourth from their hospital colleagues - ('to give students a greater understanding of their own strengths and weaknesses').

### Management appreciation courses

Objectives rated first by tutors to management appreciation courses ('to give students a greater understanding of their own job' and 'to give

students a greater understanding of their own strengths and weaknesses') are neither agreed as important nor shown to be achieved to a high degree by course members.

ELEMENTS OF WORK IN WHICH IMPROVEMENT IS EXPECTED (Results detailed in Appendix 12).

First line courses

Elements which all tutors responding from first line courses expected course members to find easier were found easier in respect of two items by more than 50% of hospital sisters (i.e. 'planning and organising work' and 'assessing and counselling staff').

Middle management courses

The tutors' assessment of elements of the work in which it was expected those attending middle management courses would show improvement gave four elements in which all tutors responding expected improvement. Of those, two were stated to have been achieved by more than 50% of nursing officers from both groups (i.e. 'selecting and appointing staff' and 'assessing and counselling staff') and one ('checking that work is carried out and the quality of service maintained') found easier by 60% of community nursing staff.

Management appreciation courses

There was one element (i.e. 'liaison and co-operation with non-nursing staff') found easier by more than 50% of community sisters attending management appreciation courses. Tutors to this course had expected course members to find all elements easier as a result of course attendance.

### BRIEFING OF COURSE TUTORS

Briefing on content of management courses is provided to colleges by staff of the Regional Education and Training Office and course tutors were asked how well they were briefed (Appendix 13). Their replies indicated that briefing was less than satisfactory.

Comment from the Regional Education and Training Officer revealed that his staff visit the various management courses regularly and are always available to discuss problems and answer queries but these seldom refer to course content, more to course organisation and membership.

### EVALUATION OF COURSES

All course tutors stated that there is an evaluation of course content at the end of each course, but the manner in which the evaluation is carried out, and the use that is made of the data obtained seems to vary widely.

#### First line courses

Practice varied very considerably apart from one common, basic ingredient, namely, all courses carry out at least a verbal evaluation with all course members together in one group. Written evaluations are carried out by some centres; one centre requires a written evaluation of each topic covered, three centres call for a written evaluation of the course overall at the end of the course, and one seeks an evaluation at an unspecified time after the course.

Inconsistency in evaluation process is matched by inconsistency in dealing with the data, only two courses send it to regional training staff and in respect of only one course does the head of department receive the information produced.

#### Middle management courses

The position is in general similar to that outlined above although there were specific differences. For example, three courses require

written evaluation of each topic and the heads of department see evaluation results.

#### Management appreciation courses

The position was identical to that for middle management courses.

#### Summary

If evaluation of course content is to be used for other than feedback to course teachers on their perceived performance it can clearly give guidance on the need for either changes in, or shifts in time allocated to parts of the course content.

Changes in course content are never initiated by the head of department but are made by the course tutors or regional training staff.

Course tutors agreed to inform the researcher of changes in course content during the year under consideration but no changes were notified in respect of any of the courses researched.

Clearly these findings, together with the relative absence of formal evaluation by the employer leave considerable scope for improvements which will be discussed in Chapter 7.

The test of training is the extent to which knowledge gained is actually transferred to the working situation.

#### TRANSFER OF KNOWLEDGE

Because of the importance of this topic question 14 in the post-course questionnaire was designed to discover the precise nature of any inhibiting factors which were perceived to be preventing transfer of knowledge into improved performance. Replies are detailed in Table 39.



TABLE 39 - (Question 14)

Factors inhibiting transfer of skills acquired  
and knowledge gained to working situations

	Weighted percentage response
<u>39.1. Community Nursing Officers (Middle Management)</u>	
Shortage of manpower	21.4
Shortage of finance	20.0
Lack of responsibility to implement change	20.0
Lack of support from senior staff	14.8
Difficulty in relating what was taught to the working situation	13.3
Lack of support from non-nursing staff	10.5

	Weighted percentage response
<u>39.2. Hospital Nursing Officers (Middle Management)</u>	
Shortage of manpower	23.6
Shortage of finance	21.1
Difficulty in relating what was taught to working situation	15.7
Lack of responsibility to implement change	14.7
Lack of support from senior staff	14.0
Lack of support from non-nursing staff	10.9

TABLE 39 (Contd.) - (Question 14)

Factors inhibiting transfer of skills acquired  
and knowledge gained to working situations

	First line	Management appreciation
	Weighted percentage response	Weighted percentage response
<b>39.3. <u>Community Sisters</u></b>		
Difficulty in relating what was taught to the working situation	23.1	21.0
Lack of responsibility to implement change	20.4	20.4
Shortage of manpower	17.2	17.1
Shortage of finance	16.5	14.9
Lack of support from senior nursing staff	13.0	15.1
Lack of support from non-nursing staff	9.8	11.4

	First line	Management appreciation
	Weighted percentage response	Weighted percentage response
<b>39.4. <u>Hospital Sisters</u></b>		
Shortage of manpower	22.2	25.7
Difficulty in relating what was taught to the working situation	18.2	17.9
Shortage of finance	17.9	13.8
Lack of responsibility to implement changes	16.7	17.5
Lack of support from senior nursing staff	14.1	12.7
Lack of support from non-nursing staff	11.0	12.3

TABLE 39 (Contd.) - (Question 14)

Factors inhibiting transfer of skills acquired  
and knowledge gained to working situations

	Weighted percentage response
<u>39.5. Hospital Staff Nurses (First Line)</u>	
Shortage of manpower	19.8
Shortage of finance	17.8
Lack of responsibility to implement change	16.9
Difficulty in relating what was taught to the working situation	16.5
Lack of support from senior nursing staff	16.1
Lack of support from non-nursing staff	12.8

There is agreement from all but community sisters that the major factor inhibiting transference of skills acquired and knowledge gained from the course to the working situation is shortage of manpower and all but community sisters and hospital sisters also consider shortage of finance to be a major problem.

20.4% of community sisters and 20% of community nursing officers suggest a lack of responsibility to implement change and community sisters (23.1%) also state difficulty in relating what was taught to the working situation. 18.2% of hospital sisters also had difficulty in relating what was taught to the working situation.

The results indicate a lack of co-ordination between course tutors and the organisation. Tutorial staff should have an awareness of areas of difficulty within the organisation and assist staff in problem solving in those areas. The indication from community sisters of lack of relevance of teaching to the working situation supports the view of lack of co-ordination and would lead to disenchantment with the training programme which could affect colleagues who may attend future courses.

Despite the difficulties in using newly acquired knowledge and skills a large majority of staff indicate that they would commend a management training course to their colleagues. (Details are given in Appendix 14).

### CONCLUSIONS

All the management training programmes which were validated were aimed at the management development of the individual, none were linked to organisational development. It is presumed that the purpose in developing the individual is to increase their skills and knowledge in order to improve their job performance. If this is a correct assumption the training organisation should be aware of the skills and knowledge required within those organisations for which they give management training and the extent to which each grade is able and encouraged to apply new or increased knowledge and skills. To improve the ability of staff by training and then create frustration by constraints inhibiting application of new or improved ability can not be expected to improve interest either in management training or improving job performance. Senior officers appear to be uninterested in the result of course attendance by their staff - a discouraging situation into which to attempt to transfer training results.

To overcome the revealed difficulties the organisation seconding staff to training courses should encourage participation of senior staff in the management development of their juniors through joint responsibility with course tutors for pre-course briefing. Timing and method of a post-course evaluation exercise in the working situation should be known prior to course commencement and assistance should be given to staff returning from courses to apply new knowledge and skills in the nursing situation. Clearer definition of management training needs based on skills required in specific roles would lead to agreed course

objectives between the seconding organisation and course tutors. This would aid selection of course members according to their needs, either to improve their present job performance or prepare them for a new role. Appointment within a specific grade does not mean that training needs of that individual are similar to all others in that grade.

## CHAPTER FIVE

### EFFECTIVENESS WITHIN THE NURSING ORGANISATION

When the questionnaires were developed the majority of the questions which were included referred to 'parts' of a respondent's job such as elements within it, skill used, knowledge required in a fairly closed system way as though the parts of the job were distinct entities. Since management is concerned as much with co-ordinating the parts of a job as it is with the individual items a number of questions were asked which made specific reference to management as such (e.g. questions 19 and 23 in pre-course questionnaire).

In Chapter 3B it was shown that in response to question 19 (Table 22) the majority of nursing officers (both community and hospital) and hospital sisters regarded management as a major part of their job. The word management was not defined but the response indicates that it is recognised within the nursing organisation and one can therefore clearly consider the elements stated to be 'important within a job' as part of management. Co-ordinating individual elements within a job may be studied in a range of ways. It can be considered conceptually as in the distinction between efficiency and effectiveness or practically as in the difference between planned and unplanned activity.

The conclusions from the analysis of the questionnaire were clear:

1. The amount of knowledge and skills transferred from course learning to the working situation were small mainly due to inhibiting factors within the organisation.
2. The course tutor and course members frequently had a different understanding of the working situation.

3. The courses were concerned with development of the individual in a single discipline but not with team nursing nor co-ordinating parts of that single discipline.
4. None of the courses evaluated had considered multidisciplinary team management which was concurrently being encouraged in the reorganised health service. Team work may be presumed to require team learning.
5. Bringing together (as part of a management function) items of a job may require both training on the job and evaluation of training results on the job. It was noted in Chapter 4 that staff nurses and hospital sisters support the need for management training on the job.
6. Post-course evaluation was the exception and was not carried out as anticipated pre-course.

Whilst such a validation exercise, as discussed in Chapter 4, may improve the efficiency of training through better briefing of the course tutor, greater co-operation and co-ordination between course tutors and the working situation, the effectiveness of training should be based on models derived from an understanding of the criteria by which the effectiveness of a nurse manager should be judged.

The next direction of the research programme was to discover whether general management literature distinguished clearly between efficiency and effectiveness and, if it did, to relate the distinction to the roles of nurse managers (i.e. sisters and nursing officers) to see if it was relevant to their roles. If the distinction was found to be relevant the next consideration would have to be whether new patterns of training and evaluation seemed to flow from it.

The purpose of establishing a management structure for the hospital nursing service, based on the recommendations of the Salmon Report, was to increase the efficiency and effectiveness of the nursing organisation through the application of management and use of managerial skills.

It is apparent that there is a need to distinguish between efficiency and effectiveness, (because the words are so often used together), and to establish how both are applicable to the nursing role.

Cochrane<sup>45</sup> highlights the difference between the words by relating examples of inefficient use of effective therapies in health care and the considerable use of ineffective ones. Effectiveness can be taken to mean producing an effect, accomplishing a result, and efficiency as the achievement of a defined standard. An organisation may thus be efficient but ineffective - it may achieve defined goals but unless these goals are related to timetables and market trends the desired result may not be achieved. Conversely an organisation may be effective in producing results but inefficient in means of production. Efficiency may therefore be a contributory feature - to effectiveness. Whether it is a necessary feature or only a desirable one is dependent upon the end result which can be illustrated by example.

#### EFFICIENCY AND EFFECTIVENESS IN A NURSING SITUATION

The main goal of a hospital nursing service is to provide an effective standard of nursing care i.e. the type of nursing care of a defined standard which is required by the individual patient to improve the state of health or provide comfort or prevent deterioration.

Standards of efficiency are clearly defined in clinical nursing situations i.e. situations in which the patient is receiving direct care, through agreed written procedures e.g. a surgical dressing carried out using an aseptic technique. These procedures could be carried out efficiently but would be ineffective if carried out on the wrong patient, or on the right patient at the wrong time. This leads to further defining of the words, that efficiency is concerned with an agreed system within the nursing organisation and effectiveness with a co-ordination of those systems. Within nursing, if efficiency is



concerned with definable tasks carried out to agreed standards following agreed procedures, it is related to clinical work and effectiveness to the delivery of that 'efficient' care. Delivery of care includes making decisions about what needs to be done when and by whom and ensuring that both material and human resources are available.

Basic (statutory) nurse training is directed to gaining knowledge of and skills in clinical nursing although throughout the training period elements of management are introduced into the training syllabus. Clinical nursing care is given by nurses in training and junior grades of qualified staff<sup>46, 47</sup> and the measurement of their work would be in terms of efficiency. Delivery of care is the responsibility of the nurse in charge of a clinical section (i.e. the ward sister or deputy) and that job has both a clinical and a managerial content, clinical knowledge being required to make decisions about delivery of care and prevention. Nursing grades above sister in the hierarchical organisation have very little clinical content in their work and are concerned to facilitate the delivery of nursing care by providing the resources for a larger sphere of work than are sisters. The more senior the post held the longer the time spent on planning for the delivery of health care.

The type and standard of care required are concerned with efficiency and the delivery of that care at the correct time with effectiveness. The delivery of care is a management task, management of resources of skilled manpower and the utilisation of resources. Efficiency can be considered within nursing as a means to an end, the end being effectiveness.

#### EFFECTIVENESS IN A NURSING ORGANISATION

In terms of health care effectiveness is of more importance than efficiency. Accurate attention to detailed care of the wrong type, to

the wrong patient or at the wrong time would render that efficient care ineffective. The fact that efficiency and effectiveness are not mutually exclusive terms nor are they always compatible is emphasised by Poulin<sup>48</sup> who warns against depending on efficiency as a measure of nursing care in favour of using effectiveness of performance of those providing the care. Rhenman<sup>49</sup> differentiates between short and long term effectiveness stating that the former is dependent upon a production system and structure of production control whilst the latter requires a development system but he considers it impossible to determine whether a hospital organisation has achieved maximum effectiveness. His definition of effectiveness is:-

$$\frac{\text{Sum total of needs satisfied through the hospital's activities}}{\text{Sum total of economic and personnel contributions made in the hospital}}$$

Short-term effectiveness (as defined by Rhenman) can be equated with the functions of a sister who has responsibilities related to a production system i.e. giving direct nursing care and for production control i.e. the delivery of a defined standard of care at the right time to the right patient. A nursing officer is concerned (as are more senior grades) with a development system i.e. providing the means whereby the delivery of nursing care can take place by co-ordinating manpower and participating in the supply of the necessary trained manpower at the required time. Rhenman's definition is related to the ratio of input i.e. systems (economic and personnel contributions) to outputs i.e. achievement of goals (needs satisfied).

The identification of effectiveness within a nursing organisation opens up the possibility of measuring effectiveness. Literature on the subject of organisational effectiveness indicates the two main methods as relating to either the goals of the organisation or system within the organisation.

It has already been suggested that achievement of goals is related to output which in terms of nursing (and hospital) organisations is the satisfying of patient needs. This is following from Rhenman's definition but satisfying patient needs may not be the same as achieving the goal of a hospital organisation. Concerning the care of geriatric patients it may be the goal of the hospital to provide the patient with the type of care which will improve the standard of mental and physical health in order to rehabilitate the patient to return to an independent life within the community. The needs of the patient may be for care, comfort and understanding with a desire to remain in that state within the security of the hospital. This conflict of organisational goal and patient need requires a resolution which will produce an outcome satisfying both. The arbitration necessary should produce an agreed goal which will satisfy patient need and an alteration to Rhenman's equation of effectiveness to read 'agreed needs satisfied'.

Goal definition within a hospital nursing organisation requires first a definition of the tasks within that organisation. As well as providing an effective standard of nursing care the nursing organisation is also concerned to provide adequate training for members of staff and acceptable levels of care for staff in the organisation and for each of those tasks there should be goals. But nursing is not an isolated service - it is part of a total organisation and contributes to the major goal which is the provision of an acceptable standard of health care, incorporating prevention, treatment, care and cure, to members of the public. The goals of the nursing organisation contribute to the goals of the total organisation but individual nurse managers will be concerned with multigoals dependent upon their role in various parts of the organisation.

Etzioni<sup>50</sup> suggests that multipurpose organisations serve each goal separately and together more effectively and efficiently than similar

single purpose organisations. In these instances it should be possible to identify the multi goals of the organisations (although Etzioni does not suggest that all goals must be achieved for effectiveness). Within the hospital organisation a single goal is not possible nor is a single goal possible within any component part of the organisation and in seeking to achieve one goal within the nursing organisation e.g. provision of an acceptable standard of health care, staff will be seeking to achieve other goals e.g. the provision of an acceptable standard of nurse training. This will contribute to the first goal in that standards for nurse training in specific clinical procedures should lead to efficiency in care given. Another goal of the nursing organisation is to provide an acceptable level of care for the staff and achievement of this goal should lead to a happy, healthier staff undertaking training and giving care.

The other approach to measuring organisational effectiveness is the systems approach. Churchman's<sup>51</sup> approach is to look at each component part of the organisation in terms of the role it plays in the larger organisation. This raises the problem of who is to look at each component, a member of the staff of that section or someone from outside of it? The pattern of management audit introduced into the Doncaster Hospitals (see Chapter 4) may be a useful method to use in this respect. Staff using the services of another discipline assessed whether or not their needs were met by the service provided. The nursing organisation can be divided into clinical, managerial and training sections and these can be further sub-divided. Within the three main divisions there are defined organisational patterns and Churchman states that each component should be considered when thinking of measuring a system e.g. its activities, goals and performance measures. This approach would be applicable to the nursing organisation but is a little unreal unless one relates the results of each system, for as already explained, the

organisation is inter- and intra-dependent within the hospital organisation.

Whilst it is possible to identify systems within the nursing organisation and identify their purpose, organisation and contribution to the total organisation also to identify goals within the total organisation and its sub-systems either approach requires a means of assessing the extent to which effectiveness is achieved. Price<sup>52</sup> described the 'goal approach' as the 'traditional way' to study managerial effectiveness and his critique of authors on the subject is followed by criticism of the 'system resource' approach to effectiveness concluding that the work of Georgeopoulos and Mann has much to commend it to further study. This study<sup>53</sup> suggests a method for measuring organisational effectiveness by using the assessment of those knowledgeable and competent to make judgements.

Georgeopoulos and Matejiko<sup>54</sup> examined data over six problem areas in a sample of hospitals and concluded that it is possible to assess the overall effectiveness of a hospital by the extent to which it successfully handles basic problems. Their work involved the evaluation of the organisation by specific groups within it.

This method of assessing effectiveness by using the assessment of colleagues in the organisation has also been used by Gruenfeld and Kassum<sup>55</sup> who tested the hypothesis of relationships between supervisory behaviour and criteria of organisational effectiveness as perceived by nurses in a paediatric hospital. They considered the criteria for organisational effectiveness to be satisfaction with supervision, patient care and organisational co-ordination, a mixture of goals and system approach.

Thus the survey of literature on the subject and study of the hospital nursing organisation suggests the possibility of using staff within the nursing organisation to assess its effectiveness, using

their professional knowledge, expertise and experience.

#### EFFECTIVENESS OF INDIVIDUAL MANAGERS

There is difficulty in describing organisational effectiveness without comment on the contribution made towards it by the individual managers whose role and responsibilities are an integral part of the organisation. Farahat's<sup>56</sup> work clearly shows that managers knowing and understanding the goals to be achieved and given the responsibility to make the necessary decisions, are likely to be more committed to perform effectively. The goal approach to effectiveness necessitates conveying knowledge of goals of the organisation to managers and gaining their commitment to them. One method of doing this, which proved successful was of giving subordinate managers goals (objectives) which were linked to the goals of their senior officer and which were subgoals of the organisational goal.<sup>57</sup>

Argyris<sup>58</sup> recognised the importance of this commitment to organisational achievement by individual managers and also examined the relationship between individuals within the organisation, leadership styles and organisational effectiveness. The importance of the individual is further indicated by the observation that low morale and mistrust are threats to organisational effectiveness. Leadership styles have an effect on the achievement of organisational effectiveness by virtue of their impact on the individual within the organisation. Inherent in Mott's<sup>59</sup> definition of organisational effectiveness (the ability of an organisation to mobilise centres of power for action) is the need for effective leadership. He considers that the way in which organisational characteristics are related to organisational effectiveness are determined by the degree of structured roles, tasks and relationships among roles and groups, and that managers can increase effectiveness by creating and maintaining situations in which people

can work. Managers are therefore facilitated by improving the environment in which work can satisfactorily be carried out. Within the nursing organisation the dual goals of providing effective nursing care and care for the staff within the organisation should together enable effectiveness to be achieved.

The responsibilities attached to jobs in a hierarchical structure are usually crucial to goal achievements of the organisation but Conway<sup>60</sup> considers that individual managers frequently make roles for themselves in addition to their assigned duties. A role holder who perceives their job exactly as stated in the job description will feel a sense of security, and the smooth running of an organisation is dependent upon conformity to agreed channels of communication and patterns of work. However individuals differ in their perception of roles and the capacity to perceive alternative patterns of role behaviour and make choices will be of assistance in a complex organisation where flexibility of role behaviour may be required to meet changing and unanticipated situations. This relates to Mott's<sup>61</sup> concept of the role of the manager as adaptive and Thames's<sup>62</sup> view that effective members of management teams were flexible and varied their role according to need.

As with organisational effectiveness so managerial effectiveness has been linked to outputs. Reddin<sup>63</sup> suggests that as all managerial positions are created for a purpose, they can be stated in measurable output terms, emphasising that managerial effectiveness is not what a manager does but what he achieves. This view is similar to that expressed by Katz<sup>64</sup> who considers the important question when considering a manager's ability is 'what can he accomplish?' The skills required of a manager vary depending upon his position in the hierarchy with human skills becoming of lesser importance higher in the structure and conceptual skills of greater importance. Argyris<sup>65</sup> also indicates the differing levels of skills required by the varying levels within the

structure and shows the result of leadership styles on effectiveness. He found that leaders who maintain aloofness tend to be more effective under stress than those who maintain permissiveness. The skills of leadership defined by four writers were considered by Mott<sup>66</sup> who found a definite correlation between leadership and effectiveness and that the varying theories of the writers could be used to predict effectiveness - a useful aid when forming a working team.

In a limited survey conducted by White<sup>67</sup> he began by suggesting that the major objective of a hospital is to provide quality patient care and that although a primary role in that accomplishment is played by a nurse of even greater importance is the role of the nurse in a supervisory position because effective management is necessary for effective patient care. He did not define effectiveness or ineffective nurse managers but asked nurses to use criteria which they believed to be important. The outstanding features of the survey were the high standards set by the subordinates of effective managers. The same subordinates also showed a greater degree of co-operation and high level of communication.

In response to a questionnaire on leadership<sup>68</sup> it was revealed that the weakest managers perceived by nurses are those defined as autocratic. Effective managers were considered to be open and participative. This style of management calls for a high degree of communicative ability.

Current research into standards of nursing care in this country are concerned with specific items of care and McFarlane who pioneered this work is of the view that as the unique function of the nurse is to give nursing care, the excellence of nursing management can only be judged by the standard of nursing care which it enables.<sup>69</sup> This shows a need for nurse managers to exercise greater control over standards of care than is normal practice in a profession where a qualified



person is usually accepted as professionally competent, and in some instances (e.g. midwifery) as an independent practitioner, but it also recognises the nurse manager's responsibility for the delivery of care.

#### SKILLS REQUIRED BY NURSE MANAGERS

Comment has been made of the skill of leadership and skills required by managers and communicative skill was found by Lathlean<sup>70</sup> to be a major ingredient in job descriptions for various (specialist) middle managers in a nursing organisation.

A nurse manager has to relate to staff of other disciplines (as well as within her own) so the need for this skill is obvious. The skill of effective communications and knowledge of communications theory were placed high on the list of skills and knowledge required in the job of nurse managers in response to questions in the pre-course questionnaire. Ability to work with others requires adaptability and flexibility and Katz<sup>71</sup> considered this as the principal criteria of skilfulness - effective action under varying conditions. His division of skills can be readily applied to nurse managers. Their technical skill will have been developed during basic nurse training and will relate to the clinical situation in which direct patient care is given. Human skill according to Katz is the ability to work effectively as a group member and build co-operative effort within a team. In a nursing situation this requires skills of leadership and supervision. The former are required whether the team being led is unidisciplinary or multidisciplinary. Supervision presumes competence in the work being supervised and a high degree of technical knowledge about that work. Conceptual skill is the ability to see the enterprise as a whole. In the nursing situation conceptual skill is required within every team whether it be uni- or multi-disciplinary because work is required to be integrated or co-ordinated into either another part of, or into the total organisation.

### COMMENTARY

Efficiency can be related to clinical nursing (i.e. the administration of direct patient care) which is concerned with defined procedures. For each procedure the 'goal' will be the completion of the task in accordance with the agreed procedure, and the skills necessary to the completion of these tasks are taught during basic nurse training.

The co-ordination of the work of those delivering health care is necessary and many disciplines together interact to produce the effective delivery of that care. The systems approach can be seen to relate to the management of the effective delivery of health care through co-ordination of systems within the total organisation. Training to improve the level of effectiveness would be beneficial if given on a multi-disciplinary basis allowing consideration of the part each discipline (i.e. system) plays within the total organisation and relating the individual systems to organisational goals.

### EFFECTIVE NURSE MANAGERS

In the light of the conclusion that for nursing staff effectiveness is concerned with management tasks i.e. the delivery of health care carried out within a multi-disciplinary framework the researcher tried to develop, from experience and reading, a basis from which judgements about effectiveness could be made, by considering the skills and attributes required by nurse managers. Williams<sup>72</sup> concluded that 'if reliable and measurable criteria of hospital or departmental effectiveness could be found these would be of great benefit in the management training field'. His study of management training programmes at Cardiff Royal Infirmary described attempts to give nursing staff a greater understanding of this environment in order to increase effectiveness

in managerial tasks but ends by pointing to the need for more research in (among other suggestions) ways of measuring non-clinical effectiveness of ward and departmental teams.

In order to do such research it is obviously necessary to achieve greater understanding of the roles of members within such teams.

Although a member of the nursing organisation, and as such involved in the achievement of goals of that organisation, the nurse is also a member of a number of multi-disciplinary groups the goals of which may differ from, but be related to, those of the nursing organisation.

Figure 4 shows the different groups to which a ward sister may belong and her level in the hierarchy in the three nursing organisations can be compared with her leadership role in the multi-disciplinary groups.

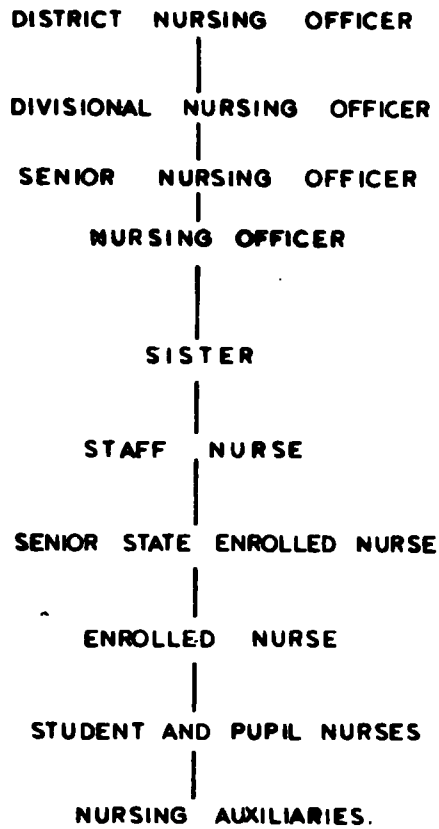
The role of every member of the nursing staff is partially defined in a job description but this seldom indicates goals (or objectives) nor defines roles within the varying teams of which nursing staff are members. A measurement of effectiveness may be difficult when the role being considered varies within the team in accordance with the demands of the task to be performed. This statement is more applicable to a sister who has a clinical as well as a managerial role to fulfil.

The following example indicates the variation in the ward sister role:

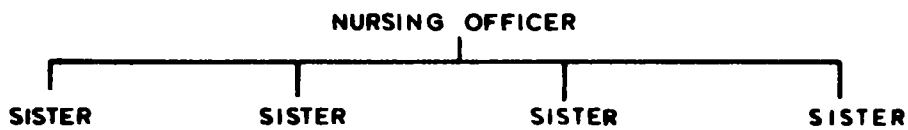
A clinically skilled sister may personally give nursing care on specific occasions but generally will delegate this responsibility to staff in her ward team although the giving of care may be the opportunity for teaching. The sister may be consulted by junior medical staff about nursing care required for a patient but she may also be directed by senior medical staff to give nursing care which they prescribe. Organisation of ward routine is the responsibility of the sister but it may be altered

GROUPS TO WHICH A WARD SISTER MAY BELONG

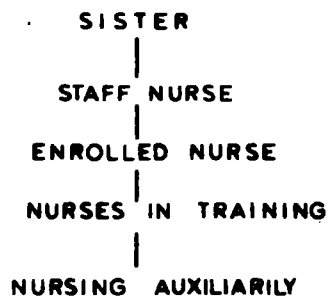
a) HIERARCHICAL NURSING ORGANISATION



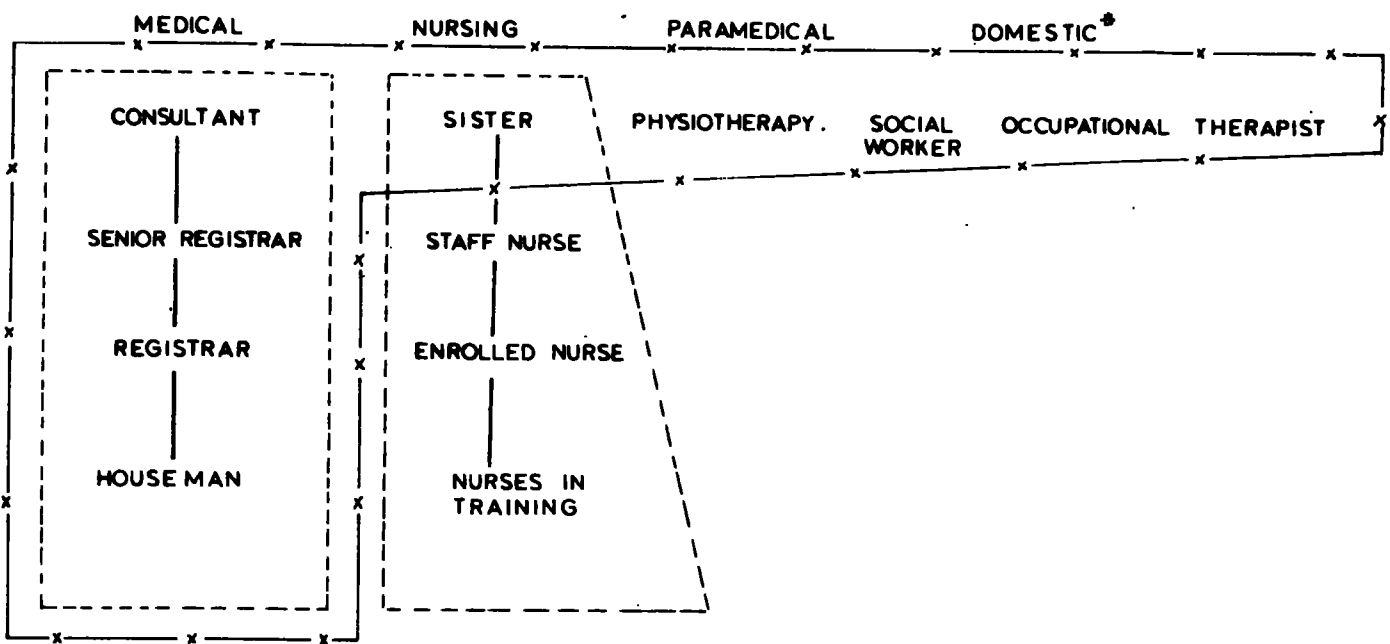
b) NURSING UNIT.



c) WARD NURSING TEAM

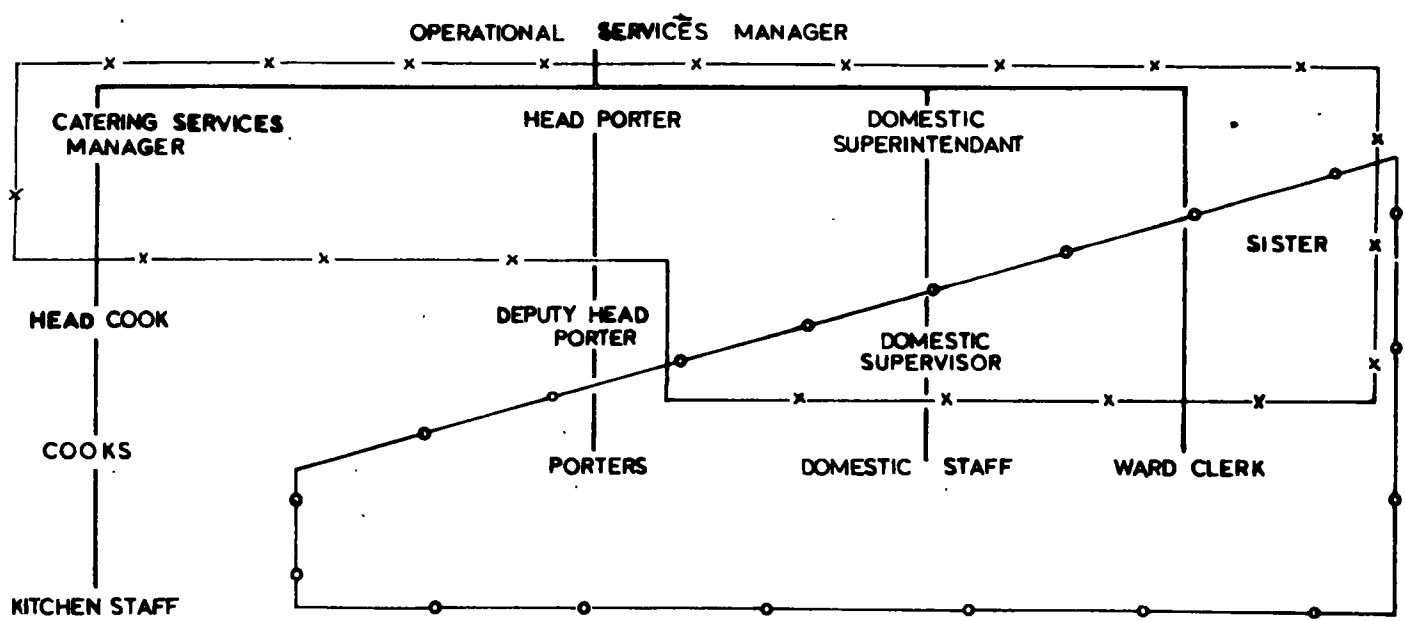


MULTIDISCIPLINARY WARD TEAM INVOLVED IN PATIENT CARE



SEPARATE TEAMS WITHIN TOTAL TEAM  
 STAFF USUALLY INVOLVED IN CONSULTATION ON PATIENT CARE  
 \* OCCASIONALLY INVOLVED IN HOSPITALS FOR MENTALLY ILL AND MENTALLY HANDICAPPED.

MULTIDISCIPLINARY TEAM PROVIDING HOTEL SERVICES TO PATIENTS.



STAFF HAVING DIRECT CONTACT WITH PATIENTS ———○———  
 STAFF CONSULTED ON LEVEL OF SERVICE ———x———

by the demands of medical or paramedical staff or senior nursing staff in order that they can carry out their responsibilities within the ward situation.

Because of changing tasks and roles it is necessary to define effectiveness in each situation and consider whether the resulting definitions can be summarised to produce an overall definition applicable to the grade being considered. Will the sum of effectiveness in each situation indicate the total level of overall effectiveness?

Since different parts of the job were seen by the nurses themselves as very different in importance some kind of weighting might be called for in assessing overall effectiveness.

As already stated, the working groups to which each grade belongs change according to the task being carried out, but these groups and the tasks they do together can be observed. As there is no formal recognition within the hospital organisation of working groups as specific entities it is doubtful whether the members of them are aware that it is a distinct entity and consequently will not recognise itself as having a defined task to perform. It is most unlikely that such a group would meet to agree the specific role of each member.

#### EFFECTIVENESS - A GROUP JUDGEMENT

Although a working group may not be identified specifically within the total organisation the members will be aware of their interdependence and will have expectations of colleagues in the group. In a cohesive group which has greater independence from the main organisation (e.g. in an intensive care unit) the expectations which individual members have of colleagues will probably show more similarity than in a group which lacks such a clear identity. Members in the former group will have consciously assigned roles to each other, or assumed roles which are accepted by others, whereas members of informal groups will experience

greater ambiguity in their role.

Thames<sup>73</sup> has suggested that creative individuals are often unwilling to slot into narrow roles envisaged for them by others and may wish to make contributions in areas where their advice is not needed. This supports the need for discussion on the expectations of members of a group of each other in order to avoid conflict.

The introduction of the appraisal system for nursing staff<sup>74</sup> should have helped to overcome this problem in the hierarchical team through the opportunity which it gives for discussion of the expectations which staff have of each other. Management audit provides the opportunity for discussion of expectations but the introduction of nursing audit in Doncaster<sup>75</sup> did not give the opportunity for involvement of other disciplines in discussions about their (i.e. other disciplines) expectations of the nursing staff.

Thames<sup>76</sup> also noted that experienced team members who were identified as effective had an observed tendency to fit into different roles in different teams - they were able to perceive needs and were personally flexible.

Conflict may arise if the roles assumed by members of the group differ from the role expected of them within the total organisation. This may be unimportant in terms of achieving organisational goals if the group achieves its own goals and they are part of the total organisational goals. Given the necessity for 'team work' there is a possibility that a hierarchically organised profession will frequently create conflict of identity for its members.

Example - A Nursing Officer in charge of a unit consisting of a number of wards will be expected, within the nursing profession, to be a clinical specialist advising ward nursing staff on nursing care and also to manage the nursing organisation of the unit. The sisters on the unit may all be experts in their clinical speciality and be recognised

as such by junior nursing staff and medical staff. In this situation sisters will not look to the nursing officer for clinical guidance but they may expect that person to co-ordinate their work and carry out many administrative functions. The role expected of the nursing officer by sisters may therefore conflict with the expectations of the total nursing organisation, but it may be the role which is most effective in that specific unit.

However if the nursing officer does not accept the role expected of her there may be conflict within the unit the consequences of which can be more serious than conflict in the total nursing organisation. Within the nursing unit the conflict may be manifest in a lack of co-operation between sister and nursing officer. This could result in the nursing officer's inability to co-ordinate the work of the sections within the unit to the detriment of good patient care because of inability to make best use of resources of manpower and materials.

This situation would hinder goal achievement within the nursing unit which would affect the achievement of the goals of the total organisation.

If a member of a working group is unable to identify the expectations which other members have of them it would indicate a lack of group identity for which each member of the group would have some responsibility. An individual's perception of their own role must take into account the expectations of others and if these expectations are in conflict with the individual's perception there will be a need for those involved to clarify the situation.



The researcher suggests that, if it is accepted that senior nursing staff are required to work within groups and that identifiable working groups are essential to achieve the goals of the organisation then a specified group, as a group or as individual members consulted individually to obtain a total picture, should be able to judge the effectiveness of individual members. Effectiveness of individuals can be judged by the extent to which they fulfil the role expected of them. This view is strengthened by the finding<sup>77</sup> that if a therapist providing therapy to a patient is unacceptable to a consultant, neither the consultant nor therapist are in a workable situation. Although the consultant has no structural authority over the therapist he can exercise influence over those treating a patient in his care.

It has been shown (Figure 4) that senior nursing staff belong to a number of working groups and that their position in terms of seniority may vary in each group. This demands of the individual flexibility and adaptability to assume the role assigned to them. It would be possible to ask a group to assess the effectiveness of an individual member but the resultant generalisation would not assist in improving the level of effectiveness because it is unlikely any one is totally effective in every situation, nor the reverse. For the purposes of counselling the individual, also to identify deficiencies within a group, there is benefit in assessing effectiveness in individual areas. These areas of judgement can be decided by the group based on their expectations of the individual. The results of this exercise would also indicate the extent of group cohesiveness.

#### ASSESSING EFFECTIVENESS OF SENIOR HOSPITAL NURSING STAFF

To establish the effectiveness of senior hospital nursing staff it will first be necessary to identify the working groups to which they belong and then to ask the group to identify the expectations which they

have of the individual and to make judgements in each of these cases.

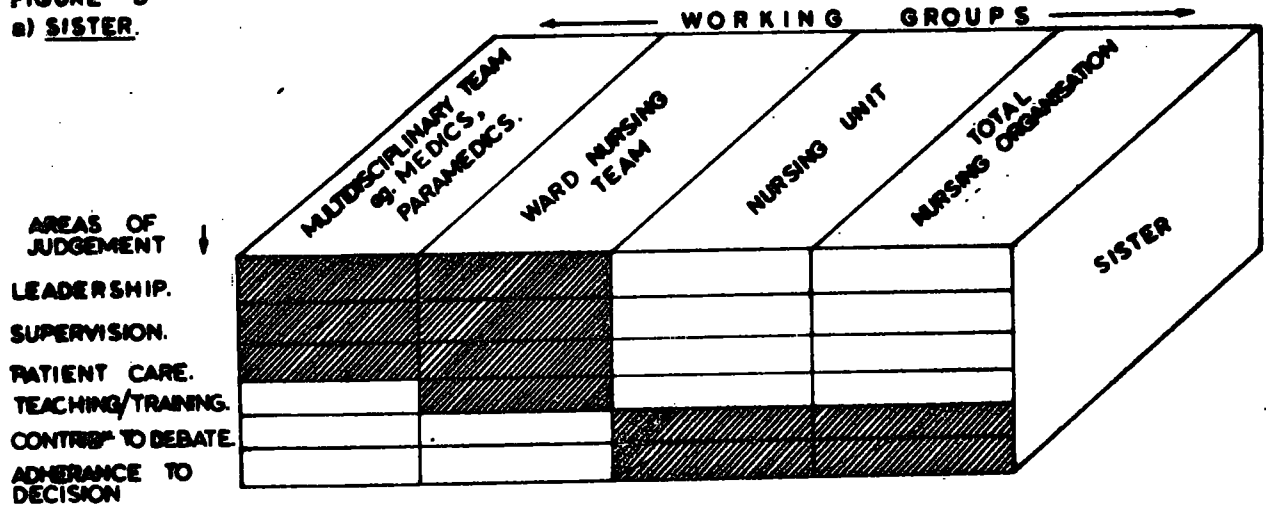
Using this basis models were prepared by the researcher on the basis of experience and reading, for staff in sister, nursing officer and senior nursing officer grade (Figure 5) to indicate the working groups to which they each belonged and the principal areas in which their colleagues could make judgements of effectiveness. The areas of judgement relate to elements of the role which that specific member of staff would be expected to fulfil within a team and can be related to the list of elements identified through job descriptions and advice on management training (see Chapter 3). The role of the senior nursing officer was considered in this exercise as a means of identifying the additional training which may be required by a nursing officer for promotion to that role.

It is suggested by the researcher that effectiveness of the individual could be judged by asking each member of a working group to indicate on a rating scale the level of effectiveness of the individual. The result would indicate not only the effectiveness of an individual within each group but effectiveness in each area of judgement. The purpose of assessing effectiveness in senior nursing staff would be to identify weakness in performance in order to provide counselling and training to effect improvements. This system could also be used to identify the performance of working groups and highlight inadequacies in relationships as well as performance.

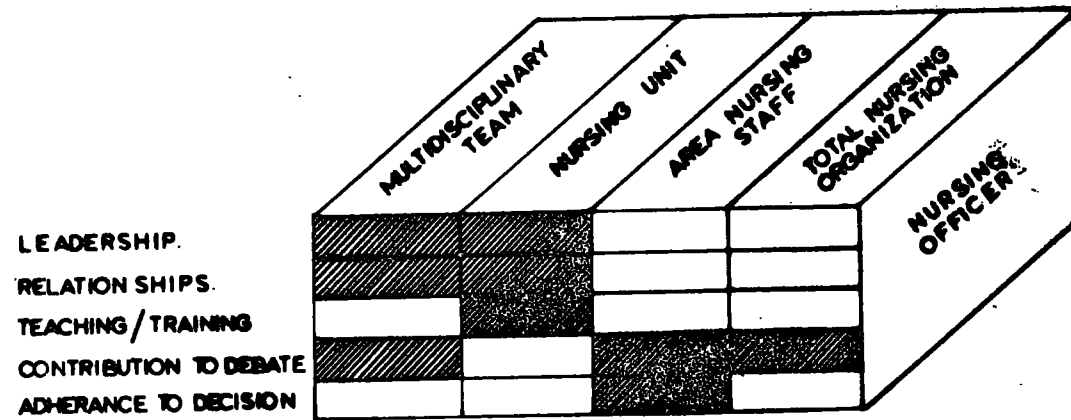
If this concept of effectiveness of senior hospital nursing staff as a 'work group judgement' is acceptable, thought should be given to the job descriptions of senior nursing staff. At present their role is defined within the total hierarchical nursing organisation but it may be more appropriate to emphasise the role within working groups, only one of which would be the total nursing organisation.

# SENIOR NURSING STAFF WORKING GROUPS AND PROBABLE AREAS FOR JUDGEMENT OF EFFECTIVENESS.

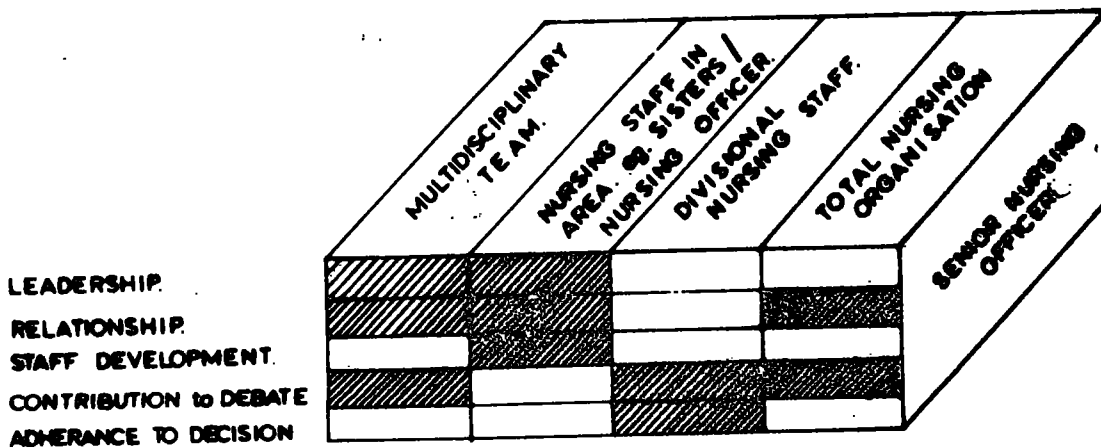
**FIGURE 5**  
**a) SISTER.**



**b) NURSING OFFICER**



**c) SENIOR NURSING OFFICER.**



The examples which have been given are of nurses in line management position but the system could be applied to those holding 'staff' positions. Nurses in 'staff' positions perform roles which have to meet the expectations of a wide range of medical and para-medical personnel and therefore the working groups to which those in 'staff' positions belong may be less easily identifiable.

Using the judgement of individual members of working groups to evaluate performance of each other has been tested by two groups. Rosen and Abraham<sup>78</sup> used a critical incident technique by which performance of staff nurses could be judged and found that the ratings for staff nurse and supervisory nurses were closer than those of supervisory nurse and medical residents. One 'spin off' claimed for this exercise was that it increased understanding of the grade under review by others which may explain ratings of medical residents lacking compatibility with others - their understanding of the role of a staff nurse could not be expected to be as accurate as that of a supervisory nurse who has passed through the grade. A behavioural expectation scale was developed by head nurses for use by their grade and that of supervisory nurses in assessing registered nurses.<sup>79</sup> It was found that the two supervisory groups did not have the same opportunity to assess registered nurses, one having much closer contact with registered nurses than the other. Agreement between the two samples was best for human relations skill and poorest for conscientiousness and observational ability - again a reflection of opportunity on which to make judgements. Aarons<sup>80</sup> considered that the matching of expectations between superior and subordinate was essential to the organisation - 'our criteria of effectiveness can be considered as the extent to which the trainee performs in accordance with the expectations of the superior and the extent to which her expectations match those of the superior - the ward sister's performance in accordance with her own expectations as

well as those of the matron'.

Although this statement is of a narrower situation than the team framework it reflects the expectation between two persons in such a team as shown in Figure 4a. He found that where there was a mismatch of expectations the subordinate was more likely to move to another job.

### ASSESSING TRAINING NEEDS

The same method of assessing effectiveness can be used to assess training needs. In making judgements of effectiveness of the individual within the group, or the total group judging the effectiveness of its performance areas of deficiency will be highlighted.

The deficiency could be in a specific element of the job, or relate to lack of skill or knowledge. It could however be due to a lack of co-ordination and co-operation within the group and these two types of deficiency would require different patterns of training.

The possibilities for providing training are varied. There may be an individual within the group who could train another 'on the job'. This would be of benefit if the deficiency area related to a specified job element, skill or item of knowledge. It might be possible for the group to rearrange its working pattern to provide the experience which one individual requires.

If the assessed deficiency is related to lack of co-ordination and co-operation within the group the whole group could discuss whether training to improve work should be carried out on the job or away from the working situation. Training 'on the job' could be given by an outside observer/consultant. This would give opportunity for continuous assessment of training and advice and for corrective action to be taken. Alternatively the group may prefer training off the job where discussion could be unhindered by pressure of work.

### DISCUSSION WITH ROLE HOLDERS ON ASSESSING EFFECTIVENESS

On the basis of the models prepared by the researcher an informal but guided discussion was held at separate meetings in two hospitals with one member of staff from each of the three managerial grades of nursing staff under consideration (sister, nursing officer and senior nursing officer).

An exploration of the research into criteria of effectiveness was given and questions were asked by the researcher of the way in which each person judged their own effectiveness. All stated that the two main indicators by which they made this judgement were their own level of confidence in carrying out the role and the reaction of colleagues (junior, senior and peer group) to them. If they were approached for help and advice and included in discussion (especially informal discussion) they presumed their opinion was valued and this raised their level of confidence. Confidence came from knowing they were acceptable to colleagues and from a knowledge of their own ability which had increased by training and experience. Emphasis was placed, by all involved in discussion on the need to develop good working relationships and to have confidence in the ability of other team members.

The discussion was broadened by the researcher to invite consideration of the criteria used to judge the effectiveness of colleagues. Both groups interviewed agreed that in sister grade managerial effectiveness could not be separated from clinical competence and that judgements were made on the reaction of colleagues to a specific person. It was said that judgement of effectiveness for that grade were often made on the reaction of nurses in training. If it was said that a ward sister was 'good' it usually indicated that she was considered to have a high standard of patient care, a good relationship with staff and to be a capable teacher. Judgements of sisters, both by their peer groups

and senior officer, were also made on the reaction of consultant medical staff to them.

For staff in nursing officer grade effectiveness judgements were made by junior staff on the basis of her approachability, willingness to help in the ward situation and to answer queries. Some in the peer group made judgement on the basis of reaction of another nursing officer's junior staff. Senior nursing officers judged nursing officers on their initiative and preparedness to make difficult decisions.

Judgements of senior nursing officers were based by all groups on their willingness to listen to problems and give advice but not to interfere.

Members of both discussion groups agreed that their own judgements of effectiveness of colleagues were influenced by the judgements and reaction of others. Of peer groups it was said that their willingness to exchange ideas, to participate within a group were indicators of effectiveness. One virtue which was stressed by all was the ability to develop good working relationships.

Specific comments made in reply to the question 'How do you judge the effectiveness of colleagues in the same grade as yourself?' included the following:

Sister: 'If the ward is well organised, the sister knows what is happening and she spends time with her patients she is effective'.

'If you go into a ward you can see if it looks organised. Do the patients look cared for?'

'You judge by what you hear from students, are they given teaching, do they respect the sister, have they enjoyed working on the ward'.

Nursing Officer: 'I judge by what their subordinates think of them - as we spend 80% of our time on the ward it is advisable to take account of the level of acceptability'.

'When you visit the unit of another nursing officer you can judge, by the reaction of staff to you - do they respect the post or resent it'.

Senior

Nursing

Officer: 'You can judge by how often they contact their senior staff'.

Are they making decisions or passing the buck, do they pool and share ideas - you need to have an idea of what is going on in other Areas. Are they willing to help each other out?'

The quoted replies indicate that currently judgements of effectiveness are made subjectively, on professional judgement and based on the opinion of other colleagues.

Role holders taking part in discussion were asked whether a formalised method of assessing effectiveness would improve on the present situation. There was experience (through staff appraisal systems) of their own hierarchy making effectiveness judgements but the possibility of other disciplines, a peer group, and junior staff doing so was new to discussion group participants. This possibility was discussed and agreed that although at first the idea was not readily acceptable informal judgements are already made and frequently discussed. There was some doubt expressed about the advisability of formal recognition of working groups some preferring the informality which currently exists.

#### DISCUSSION WITH ROLE HOLDERS ABOUT ACCEPTABILITY OF WORKING GROUP 'MODELS'

Specific discussion about the prepared models began with consideration of the working groups to which each grade may belong. The working groups were recognised by discussion participants but there was a variation in the extent to which they had experienced a formal working group.

Participants stressed the importance of a ward team but there was no-one with experience of formalised meetings of such a group although all had knowledge or experience of the informal exchange of ideas and



interdependability of a ward team. It was agreed that the suggested areas in which judgements of effectiveness could be made were acceptable and that the working groups both as individuals and as a group could make such judgements.

The different component parts of the model for each grade were agreed by discussion participants to be reasonable and reflect their experience. The nursing officer and senior nursing officer members of each group stressed the importance of 'contribution to debate' within the peer group and 'adherence to decision' within the total nursing organisation.

#### THE 'EXPECTATIONS APPROACH'

The basis of the 'expectations approach'<sup>81</sup> is relevant to the discussion about working groups making effectiveness judgements. Machin stated 'each member of the group must be able -

- (i) to ascertain precisely what is expected of him and  
by whom
- (ii) to express clearly to others what he expects of  
them'

An exchange of expectations between members of working groups would assist in definition of areas in which judgements can be made and by whom. The view was expressed by the discussion group participants that judgements about work performance are already made within the hierarchical working group by senior officers and these are accepted because of the knowledge of senior staff within the same profession. To have judgements made by other professions and disciplines within a working group will require a recognition by the members of that group of the expectations which they have of each other. This could lead to an agreement about the areas in which judgement can be made about the extent to which agreed expectations are met.

Machin's work has shown that mutual role creation and performance

assessment can work in non-nursing situations where all members of the group are sufficiently confident of themselves and each other. To apply the expectations approach to a nursing situation would require recognition of the various working groups within the organisation and an acceptance by members of the groups of their interdependence.

#### SUMMARY

Consideration of literature on the subjects of efficiency and effectiveness and relating the views expressed to a nursing organisation showed that the two items (i.e. efficiency and effectiveness) were different and also relevant to the nursing organisation. Effectiveness in a nursing organisation means interaction of parts within a job or of people within a team whereas efficiency is related to the clinical (i.e. direct nursing care) situation.

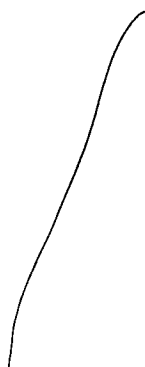
Levels of effectiveness within teams could be assessed by members of that team. Results of that assessment would indicate whether low levels of effectiveness were related to parts of work i.e. elements of a job, skills, knowledge, or to lack of co-ordination of work within the team. The training needs to improve levels of effectiveness would differ and could be met either 'on the job' or 'off the job' according to result of team discussion on the subject.

The differing grades of nursing staff are shown to belong to different working groups and indicate that non-nursing staff are involved in those groups.

The concept of a working group making effectiveness judgements was acceptable to the individuals (a total of six) with whom it was discussed but there were doubts about whether formal recognition of the present informal judgemental situation would be acceptable.

The concepts explored in this chapter are offered as a model for further development and as a step towards carrying out the research

called for by Williams<sup>(82)</sup> (see page 167) as being necessary to identify training requirements. The groups used in the models would be self-identifying as those people having expectations of each other through the use of Machin's methodology.



## CHAPTER 6

### FLEXIBILITY AS AN INDICATOR OF MANAGERIAL EFFECTIVENESS

It was considered that a model could be developed which might enable the conclusions of Chapter 5 to be used as a basis for identifying working groups for team training and also the appropriate skills which should be included in such training. The conclusions of Chapters 3, 4 and 5 led to the view that the model would be of most value when used by a specific group in terms of its actual needs.

A model was constructed by the researcher using the same three grades of nursing staff as in the previous exercise detailed in Chapter 5. The purpose of the model was to indicate the interaction between personnel and to note the skills used in the interactions.

The skills considered as of importance in their work by senior staff responding to questions about role perception (Chapter 3) were used in the model. Communicative skill was divided between two distinct parts, verbal and written, since this division seemed likely to be important in the team activity. The other skills used in developing the model were decision making, analysis of problems, utilisation of staff, utilisation of materials and training.

Two items included as elements of the job in questions about role perception (co-ordination and organisation of work) were used in the model because each requires the practice of an ability which can be taught. Control of work was added because it contains many of the other skills. Delegation, which had not been included in the questionnaire was considered of sufficient importance in a team work situation to warrant inclusion.

The two attributes included were those of motivation and initiative. The former, for the purpose of developing this model, is taken to mean inspiring others, giving them direction and the latter as taking a lead without being directed.

The list of personnel with whom nursing staff interact are those with whom they would be in contact frequently and regularly. Grouping porters, domestic and catering staff under the one heading of ancillary staff may distort the picture slightly (e.g. a ward sister would have more occasions of contact with domestic than catering staff and a theatre sister would have more contact with portering than domestic staff) but does not offset the principal aim of determining whether a useful model can be constructed. Interaction with staff under these two broad headings mentioned has been presumed to be interaction with all the varying types of staff so categorised.

Time precluded any kind of controlled test of the model but it was felt that applying it to a simulated situation might at least indicate the way in which its use was envisaged if controlled testing showed it to be relevant.

One of the key factors identified in the context of effectiveness was flexibility. After reviewing the work of eight authors Farahat<sup>83</sup> compared and contrasted their criteria of effectiveness and concluded that there was no one clearly accepted definition of organisational effectiveness. Three of the authors included the criteria of flexibility and one of these also used adaptability. Different jobs require different sorts of flexibility, for example a constantly changing situation requires the ability to adapt to a changing pace of work and a changed routine. Argyris<sup>84</sup> noted that stress i.e. the inability to cope with increase in workload, changing patterns of work and scarce resources add to organisational ineffectiveness.

Mott<sup>85</sup> described the role of a manager as adaptive and included in a definition of organisational effectiveness the ability to cope with emergencies. Rhenman<sup>86</sup> found charge nurses stressed the need to have authority to cope with emergency situations and Rutherford's<sup>87</sup> unusual experience of totally unpredictable situations showed the impossibility of predicting resource requirements in advance. Other than these references there appears to be no literature referring to the different skills (or different use of some skills) which may be required in an unanticipated situation.

#### FLEXIBILITY IN NURSING SITUATIONS

One of the clearest differences that can be drawn in a nursing situation is that between planned work and unanticipated emergencies.

A surgical ward can anticipate a higher level of nursing activity on those days when patients from that ward have surgical intervention. Acute medical and surgical wards can anticipate increases in workload on the agreed days on which they admit emergency patients. Some of the variables which produce a change in workload are the number of patients requiring care, the type of care required (e.g. emergency admissions are usually in the high dependency category on admission), the number of staff available to provide care and the quality of staff (i.e. trained or in varying stages of training). Whilst some changes can be predicted, the rate of change and size of change cannot be. The increase in activity created by these variables takes place against a background of routine work much of which must be carried out at specified times or within a specified period in order to provide the level of care prescribed to aid the patient's recovery.

Flexibility is capable of wide interpretation. In this chapter it has been chosen as an indicator of managerial effectiveness and is applied specifically to the ability to cope with an unanticipated

situation. It will be indicated by the way in which increased workload is carried out without detriment to necessary routine work.

The grade of sister is the one most concerned with giving direct patient care and the use of flexibility as an indicator of effectiveness is probably more relevant to that grade because increase in workload can only be accommodated if there is a complementary decrease in routine work by lowering the acceptable standard of care unless additional staff are made available. In nursing officer grade routine work can be delayed to allow concentration on an unanticipated increase in workload although the situation is more difficult to define for that grade. An informal discussion with a senior nursing officer and a nursing officer on unanticipated workload revealed the view that for staff in their grade the increase in workload is usually due to assisting immediate subordinates with their increased workload. The urgency of task completion diminishes and the time span within which completion must be accomplished increases in each level of the hierarchy.

#### INTERACTION OF SKILLS AND ATTRIBUTES IN ANTICIPATED AND UNANTICIPATED SITUATIONS

It was not known by the researcher whether an examination of anticipated and unanticipated situations would produce indicators by which to judge effectiveness but the review of literature stressing adaptive skills and flexibility suggested such a possibility. During the discussion with nursing staff outlined in the previous chapter emphasis was made of the need to develop good working relationships and all agreed that their work was carried out within recognisable working groups, many of which included staff from other disciplines (see Chapter 5). It was not known whether the number of contacts between staff within the various working groups increased or decreased in an unanticipated situation by comparison with an anticipated

situation or whether the skills required in the two situations differed.

An examination of the two different situations would show whether identifiable differences existed which could be used to indicate managerial effectiveness. Such an examination might also enable one to establish criteria for judgements to be made by staff within the working group about individual manager's effectiveness in the different situations and this knowledge would be of value in deciding training needs to improve the level of effectiveness for these differing types of situation.

#### DEVELOPING A FRAMEWORK

The possibility of devising a framework to examine both anticipated and unanticipated situations was considered by the researcher and the first step was to define the two situations. For the purpose of demonstrating the use of a theoretical model the following theoretical situation was used.

A female surgical ward to which both waiting list and emergency patients were admitted. The former admitted for surgery which was carried out on the same three days of each week and the latter being admitted through the accident and emergency department for the same two days of each week. The emergency patients comprised all female patients who came or were brought to the accident and emergency department on those specified days and who were diagnosed by a member of the medical staff in that department as requiring the medical care of a surgeon. The ward could anticipate increase in workload on the days on which patients from the ward underwent surgery and on those days on which emergency patients would be admitted. The number of



patients and the type of care they would require cannot be anticipated nor can the sudden sickness of members of the nursing staff - unanticipated situations creating increase in workload.

A theoretical model was constructed by the researcher using the same three grades of nursing staff i.e. senior nursing officer, nursing officer and sister, as in the previous exercise (Chapter 5) to indicate their interaction with personnel of various disciplines (see Figure 4). The purpose of the model was to test the interaction of skills and attributes of nursing staff with personnel within their working groups to see if the number of interactions varied between anticipated and unanticipated situations and to note if the skills used varied between the two situations.

Within both situations there would be interaction between staff of various disciplines and staff within the nursing discipline. Interaction is defined by the researcher - for the purpose of this exercise - as the contact between two persons within the context of the working organisation for the purpose of assisting either each other or one or the other in the fulfilment of that responsibility. Within each interaction staff would use skills and attributes. Both these words are used in the context of the definition in the Concise Oxford Dictionary i.e. skill - practise, ability

attribute - characteristic quality.

The theoretical framework would need to allow the examination of the interaction to note increases or decreases in the two situations. An analysis of the use made of particular skills and attributes during these interactions would indicate whether some were used more during one type of situation, or whether they were used only in one situation.

Having prepared a theoretical framework within which it may be possible to compare the interaction of skills and attributes by nursing

staff with various other staff the researcher thought through the examples of an anticipated and unanticipated situation already referred to. The situations were considered for a sister, a nursing officer and a senior nursing officer using past experience on which to make judgements.

As a result it was decided to take specific situations and then prepare for each grade of nurse manager a figure showing their interaction with other staff and the skills and attributes used in an anticipated (i.e. planned) and unanticipated situation. Figures 6(1-3) were prepared based on experience and discussion with a small, and in no sense representative group of nurses in the grades concerned.

In this exercise no attempt was made to quantify the degree of interaction between skills and personnel. The norm for recording interaction was a level of interaction which would be noticeable (to other staff) and effective.

The results in Figure 6 show the pattern of use of skills with those staff with whom each grade interacts in both types of situation. The purpose of using the theoretical framework to build a theoretical model was to test the practicability of the framework and to note whether the theoretical model produced results which would indicate that it may be of value to test the framework in a practical situation with the possibility of using the results to indicate both effectiveness and training needs.

The researcher intended the work on which Figure 6 is based to be no more than a case-study demonstration of the way in which the model might be used. The results proved even more interesting than had been expected and bear consideration whilst remembering the method of development.

The results on the theoretical model were analysed to note the different types of skills and attributes used in each situation.

INTERACTION OF SKILLS AND ATTRIBUTES  
WITH GROUPS OF STAFF.

SISTER.	COMMUNICATION		LEADERSHIP							SUPERVISION				
	VERBAL	WRITTEN	DECISION MAKING	INITIATIVE	MOTIVATION	CO-ORDINATION	DELEGATION	ANALYSIS OF PROBLEMS	PROBLEM SOLVING	UTILISATION OF STAFF	UTILISATION OF MATERIALS	ORGANISATION OF WORK.	CONTROL OF WORK	TRAINING
SENIOR NURSING STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
JUNIOR NURSING STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CONSULTANT MEDICAL STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
JUNIOR MEDICAL STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PARAMEDICAL STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ANCILLARY STAFF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ADMINISTRATIVE STAFF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PATIENTS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RELATIVES	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Skill & Attributes →

Personnel ↓

✓ ANTICIPATED SITUATIONS  
X UNANTICIPATED SITUATIONS

INTERACTION OF SKILLS AND ATTRIBUTES  
WITH GROUPS OF STAFF.

NURSING OFFICER	COMMUNICATION		LEADERSHIP							SUPERVISION				
	VERBAL	WRITTEN	DECISION MAKING	INITIATIVE	MOTIVATION	CO-ORDINATION	DELEGATION	ANALYSIS OF PROBLEMS	PROBLEM SOLVING	UTILISATION OF STAFF	UTILISATION OF MATERIALS	ORGANISATION OF WORK	CONTROL OF WORK	TRAINING
SENIOR NURSING STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
JUNIOR NURSING STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CONSULTANT MEDICAL STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
JUNIOR MEDICAL STAFF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PARAMEDICAL STAFF.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ANCILLARY STAFF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ADMINISTRATIVE STAFF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PATIENTS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RELATIVES	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Skill & Attributes →

Personnel →

✓ ANTICIPATED SITUATIONS  
X UNANTICIPATED SITUATIONS

INTERACTION OF SKILLS AND ATTRIBUTES  
WITH GROUPS OF STAFF.

Skill & Attributes →	COMMUNICATION		LEADERSHIP								SUPERVISION				
	VERBAL	WRITTEN	DECISION MAKING	INITIATIVE	MOTIVATION	CO-ORDINATION	DELEGATION	ANALYSIS OF PROBLEMS	PROBLEM SOLVING	UTILISATION OF STAFF	UTILISATION OF MATERIALS	ORGANISATION OF WORK	CONTROL OF WORK	TRAINING	
Personnel →															
SENIOR NURSING STAFF.	X	X	✓	X	✓	✓	X	X	✓	X	X	X	X		
JUNIOR NURSING STAFF.	X	✓	✓	✓	✓	✓	X	X	✓	X	✓	✓	✓		
CONSULTANT MEDICAL STAFF.	✓	✓	✓	X	X	X	X	X		X					
JUNIOR MEDICAL STAFF.	X		X												
PARAMEDICAL STAFF.															
ANCILLARY STAFF															
ADMINISTRATIVE STAFF	✓	✓	✓	X				✓				✓			
PATIENTS	X	X	X					X					X		
RELATIVES															

✓ ANTICIPATED SITUATIONS  
X UNANTICIPATED SITUATIONS

### COMPARISON OF TOTAL NUMBER OF INTERACTIONS

Figure 7 details the total number of interactions (shown in Figure 6) for each grade in the two different types of situation. This shows a decrease in interactions within a given type of situation as one progresses up the hierarchy in each situation but in all grades an increase in the number of interactions in unanticipated over anticipated situations. Nursing officers and senior nursing officers show interaction using skills in unanticipated situations which are not used in anticipated situations. In the former situation there is not time for planning and the use of 'correct' channels of communication. Also there is more involvement of senior staff in what is considered (under normal circumstances) the province of their subordinates.

#### Interaction of each grade with various personnel

The total number of interactions of each grade with various personnel indicates (Figure 7) an increase in unanticipated over anticipated situations. This occurs in each grade but is more significant in the two higher grades - the highest grade showing double the number of contacts in respect of two types of personnel.

#### Sister

The staff in sister grade show no change in number of contacts with five out of nine types of personnel. These are the people with whom a sister is constantly in contact and has responsibility for co-ordinating their activities which are directed at patients or patient care. The highest increase is in contact with senior nursing staff which is an indication that there is a greater need for support from and involvement of senior staff in what is considered (under normal circumstances) the province of their subordinates. The reason is that such a situation generally affects more than one section (i.e. the sphere of responsibility of a sister) and therefore affects the nursing officer who

**FIGURE 7**

Number of interactions of each grade with various personnel in specified situations  
(possible total with each - 28)

	Sister			Nursing Officer			Senior Nursing Officer		
	Anticipated	Unanticipated	Total	Anticipated	Unanticipated	Total	Anticipated	Unanticipated	Total
	Senior nursing staff	7	10	17	8	10	18	6	12
Junior nursing staff	14	14	28	10	12	22	10	11	21
Consultant medical staff	8	8	16	6	9	15	2	4	6
Junior medical staff	12	13	25	1	2	3	-	-	-
Paramedical staff	9	11	20	1	7	8	-	-	-
Ancillary staff	9	9	18	-	1	1	-	-	-
Administrative staff	6	7	13	8	9	17	6	8	14
Patients	11	11	22	1	5	6	-	-	-
Relatives	7	7	14	-	1	1	-	-	-
	83	90	173	35	56	91	24	35	59

co-ordinates all of the sections within a unit. Increase in workload may also lead to requests for additional staff. Paramedical staff (i.e. occupational and physiotherapists, radiographers) may work in a section and/or in their own department. An unanticipated situation usually requires them to carry out responsibilities such as giving care or carrying out investigations within the section and they would therefore have greater contact with a sister.

#### Nursing Officer

The figures in Figure 7 referring to the nursing officer are a reflection of that role not directly involved with patient care but responsible for co-ordinating and controlling the work of sisters. The low degree of contact with patients, relatives, junior medical staff and paramedical staff highlight that situation and support the position indicated in Chapters 2 and 3 of the managerial function of this grade.

#### Senior Nursing Officer

Senior nursing officers are further removed from the patient situation. Contact between this grade and their senior officers is less than in the lower grades as they are expected to accept greater responsibility, and reporting at this level is usually by exception - hence the 50% increase in contact in an unanticipated situation. The picture presented by the figures - of a member of staff having little contact with those in other disciplines - is not strictly accurate because the contact with administrative staff includes a greater variety of people than those with whom a sister would have contact.

#### Interaction of skills with various personnel (Figure 8)

Those who have contact with the highest number of personnel are seen to use a higher number of skills than others. The post of senior nursing officer is considered to be a managerial one, that of the sister a clinical post, but the use of managerial skills appears greater in the latter instance. It may be that the number of occasions



on which a skill is used and the effect of using that skill has a greater organisational impact in the more senior grade. Decisions made by sisters will have immediate effect whereas those made by senior nursing officers may not produce results for days or weeks but have greater consequences to the total organisation than do those of a sister. Five of the fourteen listed skills are used by sisters with all personnel listed and all skills are used. Neither of the other two grades use all skills with other personnel in the anticipated situation although both use all but one skill in the unanticipated situation. One feature in the figures for sister grade is the increase in interaction with personnel in the unanticipated situation caused by use of initiative. The same pattern shows for nursing officer and senior nursing officer but in these grades there is also an increase in the number of people affected by co-ordination, in the unanticipated situation, and by organisation of work.

#### Comparison of use of skills (Figure 8)

Communication is used more often by sister grade than the other two and it is noted that only in senior nursing officer grade is there a balance between written and verbal communication. At sister level the majority of communications are concerned with patient care whereas at more senior level they are concerned with administration.

Sisters are more involved in leadership than the more senior grades and this is consistent with their role in the multi-disciplinary work team. However this finding is in conflict with the level of importance attached by sister and nursing officers to the skill (as discussed in Chapter 3).

The use of supervisory skills occurs more often at sister level. The increase in use of these skills at more senior level is an indication of 'acting down' by the two grades in an unanticipated situation.

**FIGURE 8**

Number of interactions of skills with various personnel (possible total with each skill - 18)

	Sister		Nursing Officer		Senior Nursing Officer	
	Anticipated	Unanticipated	Anticipated	Unanticipated	Anticipated	Unanticipated
	Total	Total	Total	Total	Total	Total
Communication	9	9	7	9	3	4
	5	4	2	2	3	2
Leadership	9	9	4	5	3	4
	7	9	2	6	2	4
	5	5	1	1	1	1
	9	9	4	7	2	4
	1	2	2	1	2	2
	9	9	4	5	3	3
	9	9	4	5	3	3
Supervision	4	5	-	3	-	2
	3	5	-	1	-	1
	6	7	1	5	-	3
	6	7	3	6	2	2
	1	1	1	-	-	-
<b>Total</b>	<b>83</b>	<b>90</b>	<b>35</b>	<b>56</b>	<b>24</b>	<b>35</b>
		<b>173</b>	<b>91</b>	<b>91</b>	<b>59</b>	<b>59</b>

Sisters analyse problems and are involved in problem solving to a greater extent than the other two grades.

The difficulty in comparing the three grades is that the jobs are dissimilar because of the high clinical content at sister level, nevertheless managerial skills are required in that situation - perhaps more than at senior level. The difference between findings for nursing officer and senior nursing officer can be related to the clinical contact which the nursing officer role has.

#### Comparison of the managerial role of the three grades

The Figures indicated a much higher number of interactions by sister grade which shows the need to develop mutually acceptable working relationships. The only increase in contact with other personnel by nursing officers and senior nursing officers over sisters is with administrative staff but not as significant as the decrease in contact with other staff. No new managerial skills are introduced by higher grades and whilst there appears to be a decrease in use of skills it is most significant in use of supervisory skills. The role of the ward sister has often been likened to a supervisor's role and from Figure 8 it would appear to be so. If all managerial skills are considered, however, the role of the sister appears to be more managerially orientated than the higher grades of nurse manager. Promotion between these grades is dependent upon good performance in present grade and the results of this exercise seem to indicate that present performance should be a reliable guide because the skills required are the same, even though their importance in the three grades differs (see Chapter 3).

A frequent complaint made to the researcher by newly appointed nursing officers is of isolation and lack of contact with colleagues - the figures show this may be a fact. Although the researcher had some doubt about including patients and relatives in this exercise the

figures show that managerial skills are indeed required in these relationships. Interaction with patients and relatives is most marked for sister grade. If these interactions are omitted from the figures the result is not radically altered, but they do serve to emphasise the relative isolation of the senior grades from patients as well as colleagues.

#### INDICATORS OF MANAGERIAL EFFECTIVENESS

It was suggested that ability to cope with unanticipated increase in workload may be used as an indicator of managerial effectiveness. The findings show that in sister grade the difference in use of skills will be least noticeable. The skill noticeably more used is initiative but this is not only difficult to measure but also to define. Increase in contact is only of note with senior staff and it is doubtful if this would be a reliable indicator unless the purpose of the contact could be analysed e.g. a sister may contact a nursing officer when there is an unanticipated increase in workload in order to keep that officer fully informed of a situation which could have repercussions on other sections in the unit, or contact may be made to ask for help and support because of inability to cope with the situation.

At nursing officer level the significant difference in use of skills and attributes in the two situations is in use of initiative, co-ordination, organisation and control of work. Perhaps a superficial judgement of managerial effectiveness could be made on the evidence of involvement of this grade of staff when there is an unanticipated increase in workload; however involvement could also be called interfering and inability to delegate. The increase in contact with paramedical staff and patients may also be evidence of the latter view.

Increase in, or introduction of, use of supervisory skills at senior nursing officer level in the unanticipated situation is the marked difference which could perhaps be an indicator of effectiveness

but would be open to the same criticism as that suggested in the previous paragraph. Increase in contact with senior staff is marked because if a senior nursing officer identifies an unanticipated increase in workload within an area (i.e. her sphere of responsibility) and the situation cannot be contained in the area it would be of significance to the total organisation.

#### IMPLICATIONS FOR MANAGEMENT TRAINING

If interaction in use of skill with other personnel indicates the need for that ability then all figures show 'verbal communication' as being the most frequent skill used and indicates need for high level of ability and this is supported by evidence in Chapter 3. 'Decision making' and 'co-ordination' are used comparatively frequently in each grade followed by 'analysis of problems', 'problem solving' and 'initiative'. These skills are the most frequently used across the three grades; of lower use are 'organisation and control of work' for the two lower grades and 'written communication' for the highest grade (this latter was ranked eleventh in a list of twelve skills required by nursing officers - see Chapter 3).

Whilst there is similarity in use of skill it is not suggested that the same type of training is required for staff in the three grades although requests for further training in skills is the same for all grades (Chapter 3). The D.H.S.S. in defining objectives for three levels of management training state 'the same skill areas are repeated, in one form or another, in all three sets of objectives. This reflects the fact that, for the most part, more senior managers do not need to practise different skills from those of more junior managers, but need to exhibit the same skills in a different environment, or in a fresh form, or in a longer term context: generally speaking the circle of relationships broadens, and the time-span of decisions lengthens, with

increasing seniority'.<sup>88</sup>

The results discussed are based only on the experience of the researcher and therefore the limitation of the exercise is recognised but the results indicate differences between anticipated and unanticipated situations which could be explored in the practical situation either by noting the interaction of skills and attributes between staff in the two situations or by asking staff in various grades to make judgements in a similar way to the exercise carried out by the researcher.

#### DISCUSSION WITH ROLE HOLDERS

The results of this exercise were discussed in two separate meetings with a sister, a nursing officer and a senior nursing officer from two hospitals. The discussion was structured to cover views on anticipated and unanticipated situations, skills and training needed to cope with each situation. There was agreement on the definition of unanticipated situations but it was considered that this situation arose more frequently at sister level. It was thought that the most important attribute in an unanticipated situation was the display of confidence and that 'justifiable confidence' was the product of training and experience.

The following specific comments were made during the discussion:

Sister: 'Personality is as important as skill'.

'People's stress levels vary'.

'Some people demand quantity (staff) not quality'.

Nursing

Officer: 'When you want someone to undertake extra. work you pick people who are already over-worked because you know they can cope'.

'Staff who can cope are more adaptable - more willing to change routine'.

'You learn to cope through experience'.

Senior  
Nursing     'Some staff lack confidence'.  
Officer:

'Some people are unable to change - they do not want to - prefer set routine - have a negative attitude'.

'It is not a question of skill - it is personality'.

Specific emphasis was placed by discussion by participants on the need for team work in an unanticipated situation and the need to have confidence in the ability of other members of the working group. The reason for this statement is the need for immediate action and ready response to requests for help, often with very little explanation given because of time constraints. Very often the hierarchy within the nursing organisation becomes irrelevant in an unanticipated situation by reason of the skills and expertise of more junior members of staff e.g. a nursing officer will often undertake routine tasks in order to enable a sister to carry out more specialised tasks.

Discussion ranged around the problem of training staff to deal with the unexpected and it was suggested that personality is an important factor as it was recognised by all that some staff 'can never cope' and that 'what is an emergency situation to one person is routine to another'. This was exemplified - 'when asking staff to take on additional work it is usually those who are overworked who are given it to do because it is known they can cope'. It was suggested that some staff prefer routine work because they are not prepared to change and therefore find difficulties in coping with emergencies. Often these people lack initiative and perhaps prefer the security of routine. (An interesting observation which supports the model showing an increase in use of initiative in unanticipated situation). Opinion was divided on the training needed to equip staff to deal with unanticipated situations. One view was that basic training in which staff are involved in such situations were ideal training opportunities, the other was that experience and confidence

important factors. The following specific comments were made:

Sister: 'How do you train staff to have the right attitude?'

Nursing  
Officer: 'Staff learn from experience'.  
  
'You learn through training on the job'.

Senior  
Nursing  
Officer: 'Hospital staff have been trained to work to a set routine - the ability to change is due to training and personality'.

### CONCLUSIONS

Certain facts can be stated. The nurses involved in the discussion found the process of thinking of their job in this way was thought provoking and 'made sense'. They also found the results of thinking of their jobs in this way were surprising and illuminating.

The differences between anticipated and unanticipated situations which create the need for a changed pattern of interaction and increased need for a number of skills indicate that there are two different states of effectiveness. Indicators of effectiveness will differ between the two situations being dependent upon the expectation which members of each working group have of the individuals within it. The model discussed in Chapter 5 (Figure 5) could be modified to include areas of judgement relevant to unanticipated situations.

For all grades the areas used could be those in which there is a different skill or increased use of skill in an unanticipated situation. This may highlight inability to increase use of skill in an unanticipated situation, also lack of willingness to increase the size of the working group in that situation. In this way training needs would be highlighted and the result of the exercise may show a need to change patterns of work, position of leadership within a working group to make best use of the skills available in the appropriate situation.



Clearly rigorous testing would be necessary before such a model could be introduced operationally.

It is considered that such testing would be worthwhile because all who were involved with the case study situation found it stimulating.

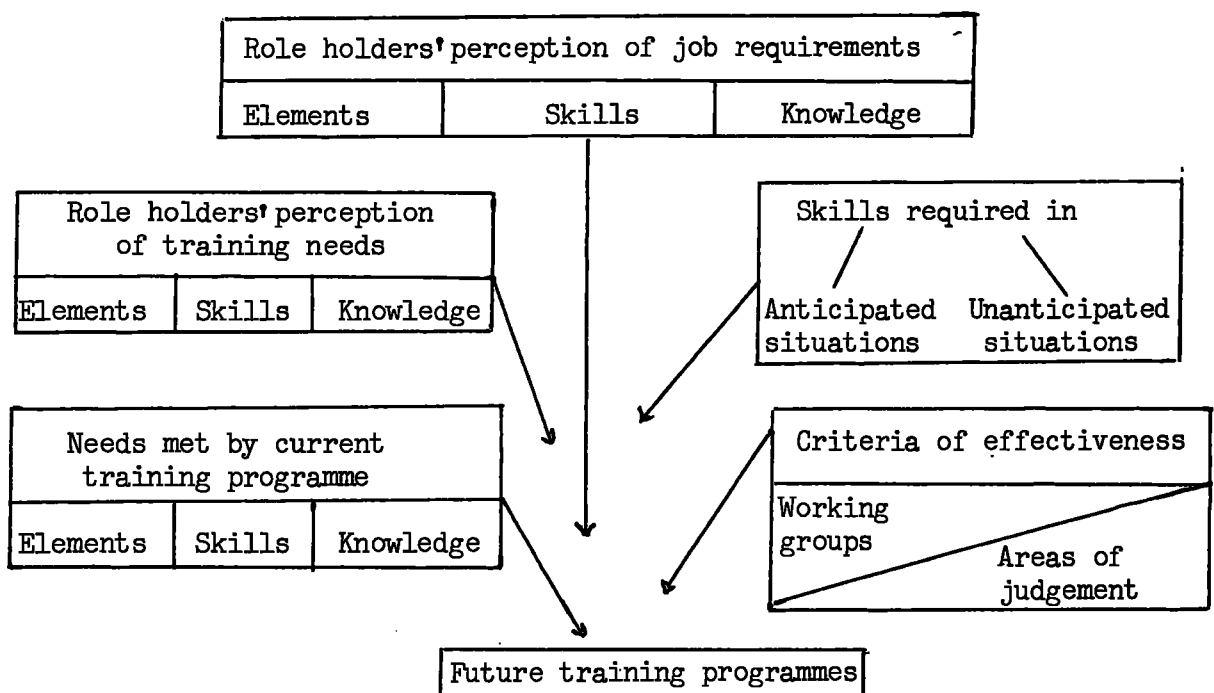
The implication of this, or indeed of a better, model for assessing team training needs are considerable.

CHAPTER 7

PROMOTION OF MANAGERIAL EFFECTIVENESS

In the course of research a number of factors have been identified which raise fundamental questions about the best way to promote managerial effectiveness in the nursing function. Although there may be a variety of ways in which this can be done all require organisational commitment which implies the commitment of individual managers within the organisation to the goal of managerial effectiveness. The statement of such an organisational goal will give purpose to management training programmes but will also require an understanding of the organisation and its functions by trainers.

The process of producing suggestions for future training to promote managerial effectiveness based on the research findings can be described diagrammatically:-



### ROLE HOLDERS' PERCEPTION OF JOB REQUIREMENTS

The analysis of replies to questions in the pre-course questionnaire, relating to the importance of various elements within a job, and the use of skills and knowledge (detailed in Chapter 3A) indicate either that there is a wide diversity of very different jobs within the same grade or that there is perceived to be a wide diversity. Whichever is the correct view (and perhaps both are correct) generalised statements about the content of nursing posts will have limitations.

Within each grade there is again a wide range of attitudes towards the importance of management within the nursing role but certain generalised views emerge. Replies to specific questions in the pre-course questionnaire show that the term 'management' is recognised by nursing staff and therefore it is presumed that they can relate it to their job. Elements of the job, and the knowledge and skill required to carry it out were identified, but it is not known whether nursing staff consider these to be aspects of management.

The data of the perceptions which staff nurses have of their role shows a greater awareness of the managerial content of that role than is indicated in the statement about that role in the Salmon Report.<sup>89</sup> 'The job of the Staff Nurse .... is to provide nursing care for a group of patients ....' It can be assumed the experience gained in the staff nurse grade and the skills and knowledge used give good experience from which to move into sister grade.

Sisters and nursing officers perceived their roles differently (Chapter 3) with the latter group placing greater emphasis on the managerial content of the role. The Salmon Report<sup>90</sup> described the ward sister role as '.... essentially one of organisation - to assign jobs to the team under her control and enable them to be done. She controls the work of others ....'

Replies to pre-course questions indicate that hospital sisters are in agreement with the view expressed in the Salmon Report and that they consider of lesser importance their work within a multi-disciplinary team. The nursing officer role was described with reference to managerial training<sup>91</sup> '..... by virtue of the training she has received in management, to programme the work of the unit - reviewing procedures and controlling the staff'. Nursing officers placed personnel elements of their role as of higher importance than controlling work of staff in the unit.

Initial exploratory research shows that although the same skills and knowledge are required by different grades of nursing staff the mix may well be different.

#### ROLE HOLDERS' PERCEPTION OF TRAINING NEEDS AND RESULTS OF CURRENT TRAINING PROGRAMMES

Management training programmes during 1974-75 within the Northern Region were provided for nursing staff mainly on a uni-disciplinary basis. (Other than at the Regional Training Centre the highest number of non-nurses on a course was two out of a total membership of fifteen to twenty-four. At the Regional Training Centre 50% of course members were nurses). The majority of nursing staff expressed a preference for courses to be multi-disciplinary and sisters and staff nurses expressed preference for management training 'on the job'. Present training programmes were seen as unrelated to the working situation and did not provide the training perceived to be needed.

Ironically, courses improved those skills which role holders had stated pre-course did not require further training. However those same skills were perceived to be of importance in the job and role holders may not have recognised that there was a possibility of improving their level of performance. Regular use of skills may have

led to the belief that role holders were proficient in that skill or role holders may be reluctant to admit deficiency in areas recognised as of importance in their role.

The improvement in skills after course attendance suggests that course tutors providing training for the skills required in a job rather than skills required by role holders. This may be due to lack of knowledge about the nursing organisation and lack of agreement between course tutors and those who sponsor the course about the purpose of each course, its aims and objectives.

Staff nurses and sisters attending first line management courses have different needs, perceive their jobs differently and do not show the same benefits from attending courses together. This indicates the need either to educate the grades separately using perceived needs within each role as a basis for the training programme or creating an awareness of each other's role and of interdependence in the organisation between levels of hierarchy and the various disciplines. First line management courses are more suited to the needs of sisters than are appreciation courses and therefore provision of both types of course would seem unnecessary.

There is a difference in the objectives of tutors to middle management courses and the objectives of nursing officers who attend these courses and this mismatch could lead to conflict of interest between course members and course organisers. Skills gained on the course are not transferred to the working situation because of organisational problems e.g. shortage of manpower and finance. Lack of responsibility to implement change is a minor reason for inability to transfer knowledge. Where course tutors have an awareness of the working situation they would know what is possible for course members to undertake on return to that situation and could therefore provide a more realistic training basis in the knowledge that course members would have the support of

their senior staff in implementing changes based on knowledge gained during the training course.

The presence of community nursing staff on management training courses provided the opportunity to consider the perceptions which they have of their role and of their training needs. The differences between their replies and those of hospital nursing staff have been discussed in Chapters 3 and 4 and further highlight the need for greater understanding by course tutors of the working situation and the false presumption that if nurses are in the same grade they have the same training needs.

### CRITERIA OF EFFECTIVENESS

#### Working Groups

It has been suggested by the researcher after a study of the hospital nursing organisation and a study of relevant literature (Chapter 5) that the concept of effectiveness can be related to the managerial role of nursing staff and that effectiveness in nursing is concerned with the delivery of health care in the appropriate manner at the appropriate quality. This involves use of the resources of skilled and unskilled manpower as well as material resources and co-ordination of the activities of nurses and staff of other disciplines who also deliver, or who assist in the delivery of patient care. Staff in all grades of nursing carry out their work within a 'team' situation, co-operating with others who are involved in the same team. The word 'teams' can be presumed to be synonymous with 'working groups', the essential feature of the latter being a group of people who are required to work together, co-operate and be co-ordinated in order to carry out their work. The teams may be uni- or multi-disciplinary and many teams are not formally recognised within the organisation but can be identified. The nurse members of each team are dependent upon the co-operation of others (as revealed in

the exercise described in Chapter 5) and it is therefore possible to use as a criteria of managerial effectiveness of senior grades of hospital nursing staff the extent to which they fulfil the expectations which other members of their working group have of them. The expectations will vary according to the position held in each group e.g. leader or subordinate, but can refer to one or more of a variety of skills and attributes which are deemed necessary to that situation.

In order to assist staff to achieve maximum effectiveness job descriptions should indicate the working groups to which role holders will belong. The working group should be encouraged to set their own goals and define the role of each member and the expectations which the group have of the individuals within it.

#### Areas of judgement

The value of using flexibility as an indicator of effectiveness has been discussed (Chapter 6). In an unanticipated situation the criteria of effectiveness set by colleagues in a working group for a nurse will differ from those used in an anticipated situation, greater demands being made on use of initiative and skills of leadership and effective communication. From the discussion detailed in Chapter 6 it appears judgements are already made, apparently subjectively, of the ability of staff to 'cope in a crisis'. Examination of the judgements revealed the basis of them to refer to specific skills and attributes.

The size of the working group increases in an unanticipated situation and this fact should be acknowledged by the group through an awareness of the need for flexibility in work patterns and relationships to accommodate the varying situations.

Both a literature search and discussion with staff in the grades being studied (Chapter 5) revealed that judgements made by colleagues are an acceptable method of judging ability and effectiveness. This method has the additional benefit of creating an awareness of the role of each

member of the group. Judgement of effectiveness will highlight training needs both of individual members and the total team. It may also reveal the ability within the team to meet its own team or individual training needs by revealing the high degree of specific skills possessed by its members. A further benefit from using this approach could be an indication of the strengths and weaknesses of the team which would assist those responsible for forming teams, appointing new members of the team, and assigning work to them. Judgements can be made either individually or collectively. The latter method also has the benefit of requiring group discussion about expectations which could lead to the improvement of effectiveness of the total team by defining responsibilities and goals. The goals of any team within the organisation should relate to its (the organisation) goals which places the responsibility on those at the 'top' of the hierarchy to ensure that organisational goals are not only known by staff but are acceptable to them.

The models used in Chapters 5 and 6 appear to be capable of application to a practical situation and the testing of them may reveal presently unknown features of teams and skills used within them.

#### FUTURE TRAINING PROGRAMMES

Both short and long term recommendations for future training programmes are suggested. The short term recommendations are related to improving present training programmes and the long term ones are for major changes in the pattern of training.

#### Modification to current training programmes

If training programmes must continue to follow the pattern of those in 1974/75 they would be more effective if attention was given to some of the deficiencies revealed through the analysis of data discussed in Chapters 3 and 4.



1. Tutor updating. There needs to be a greater awareness by course tutors of the skills and knowledge required by the different grades in nursing and of the differing roles of each grade within the organisation. Each course tutor should have a short period, e.g. 2 days a year, in the working situation in order to familiarise themselves with changes in the managerial situation.
2. Programme design. Programmes should meet perceived needs in terms of job requirements, also the training needs of role holders. The results of validation of programmes by course tutors at the end of each training course should be taken into account in planning future course content.
3. Organisational involvement. Senior nursing staff in the organisation should ensure that staff returning from courses have the opportunity and support necessary to implement change and are also encouraged to use new found and developed skills. Line managers should evaluate courses by assessing the cost benefit to the organisation and the results of such exercises should be discussed with course tutors to assist in improving the organisational effectiveness through the training of its individual members.
4. Course members. The addition of staff from other disciplines on management courses with nurses would be beneficial in view of the fact that a great deal of a nurse's time is spent working within a multi-disciplinary team. There should be agreement and understanding between the organisation and course tutors about the objectives of the course and these should be clearly stated to course members prior to application to attend a course.

#### RE-THINKING THE PURPOSE OF TRAINING

Having established criteria of effectiveness, management training programmes should aim specifically to improve the level of effectiveness.

A variety of possibilities exist and are suggested because both the needs of individuals and organisational needs differ. No one method of training will be of value in every situation. Training programmes may be designed to improve the managerial skills and knowledge of the individual in order to improve their managerial effectiveness or the programme may be orientated to improving organisational effectiveness. It was noted (Chapter 4) that training to improve organisational effectiveness was reported as more successful than management training programmes aimed to improve the individual's managerial ability.

Training to improve effectiveness should not be a separate entity but should be part of the total organisational ethos. This requires an organisation to set goals and gain not only acceptance of them but also commitment to them from managers. The pattern of work should be linked to goal achievement which will require recognition of the working groups within the organisation and the setting of their goals within those of the total organisation.

1. Short single subject module courses. If management training is an accepted part of the development of the total organisation the place of short courses on specific aspects of management will be more readily accepted and results applied to the working situation. The knowledge required for each specific grade by staff nurse, sister and nursing officer was shown (Chapter 3) as similar but there was a difference in the subjects in which more knowledge was required indicating that nursing officers were seeking to extend their knowledge beyond that required for their present post. Knowledge inputs could be made during basic nurse training or be given during specific short courses.

The following topics are examples of knowledge inputs which would be suitable for this type of presentation:-

Legal and professional responsibilities of the nurse  
 Organisational structure within an employing authority  
 Organisation of National Health Service  
 Whitley Council Conditions of Service

The advantage of short courses on specific topics for nursing staff of all grades is the input of concentrated teaching which can be illustrated from the experience of course members. It also emphasises the continuing need to up-date knowledge and shows relevance of the topic to work in each grade of the hierarchy.

If the purpose of a training course is to increase the knowledge of the individual staff member these inputs can be made to any group of staff requiring the same knowledge. The discipline or level of hierarchy to which course members belong is unimportant.

Although there is some difference in the ranking by order of importance of the skills required in the three grades there is agreement on the skills in which further training is needed. Again specific short courses could be given in these topics for all grades of nursing staff. The short courses in skills could be linked with the courses of knowledge inputs.

2. 'On the job' training. The example given of the inter-relation between skills and knowledge (Chapter 3) suggests another possible area of training, that of training to achieve an agreed level of effectiveness in respect of specific elements of a job. This would require inter-related training of knowledge and skills and could be carried out within a variety of teams where there is interaction between disciplines. This approach would assist not only managerial development of the individual but also development of a team thus assisting in organisational development.

The present pattern of management training separates the course member from the working situation into a learning situation with a group of peers, the majority of whom are not from within the same organisation. Consideration should be given to using the working

situation as a learning process. This would involve a tutor working within specific working groups with overlapping membership for the purpose of linking training to improvement of level of effectiveness. A team would be asked to define their goals, both for that team and within the total organisation. The team members would discuss the expectations they have of others in the team and agree the criteria of effectiveness of the total team also its individual members. Discussion on levels of effectiveness would reveal areas where standards were below agreed levels and the team could agree means of improving individual performance or on change of role in order to be more effective as a team. It is acknowledged that this approach would be very time-consuming but as with any other training programme an evaluation of it would reveal its worth. With this background, training to improve effectiveness can begin during basic nurse training. There is opportunity during clinical placements for nurses in training to be helped to understand the role of the individual within a working group. Formal teaching should not be necessary because there will be many opportunities for analysis of problems and discussion on means of overcoming them.

Management training programmes carried out away from the organisation appear to make little impact on the working situation whereas organisation related programmes are reported as beneficial to both the individual and the organisation. Training material, in terms of problem areas, relationships, the need to extend skills exist within each organisation. The use of this material will make a training programme more realistic and therefore more acceptable.

### TRAINING FOR UNANTICIPATED SITUATIONS

It was agreed among staff participating in discussions (Chapter 6) that confidence was important to staff coping with an unanticipated situation and that current management training programmes do not include specific guidance on this aspect of work. There was a suggestion that training will not improve ability in this situation and therefore a means of improving confidence levels is necessary. Using an unanticipated situation as a training opportunity presents difficulties but later discussion including an analysis of the situations and of the problems encountered, and method of overcoming them would be of assistance in forecasting needs on future occasions.

Emphasis on the need for knowledge of the organisation and the pattern of work in order to improve effectiveness in the unanticipated situation would create a greater awareness of the need for this input. The major difficulty in an unanticipated situation is that of ordering priorities of work and making adequate use of available resources and that requires a background knowledge of how to call for more resources. Training sessions simulating an unanticipated situation could be organised for this purpose with particular attention being given to effective communications. The skill is used more than any other in an unanticipated situation and should be taught by practical application. The increased interaction between staff in unanticipated situations shows the need for training for those situations to be multi-disciplinary. The interaction is of greater importance than in anticipated situations because time constraints create an urgency which may lead to the loss of the more formal channels of communication.

## CONCLUSIONS

The variety of suggestions to improve effectiveness indicate the areas in which training experiments can take place but a prior need in all instances is organisational commitment to the provision of an effective service, without it the commitment of individual managers would be unlikely to survive.

Staff within the organisation will note the commitment of the organisation to managerial effectiveness and will therefore have an awareness of the arrangement made by that organisation to improve the effectiveness levels of their staff. Nursing staff must be able to see the relevance and usefulness of management training to their role within the organisation.

An organisation which seeks to promote managerial effectiveness can only support the promotion of those who are managerially effective.

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PRE-COURSE QUESTIONNAIRE

APPENDIX 1

01

02

REF. NO.   
A.

CONFIDENTIAL

Please answer the first seven questions by placing a tick in the most appropriate box.

1. What is your present grade?

- Staff Nurse 1
- Charge Nurse/Sister/Health Visitor/  
Community Nurse 2
- Nursing Officer 3
- Senior Nursing Officer 4

2. How many years have you been in your present grade?

- under 1 year 1
- between 1 and 5 years 2
- between 5 and 10 years 3
- over 10 years 4

3. Indicate the type of work you do

- Midwifery 1
- General Nursing 2
- Psychiatry 3
- Mental Handicap 4
- Health Visiting 5
- Teaching 6

4. Where do you work?

- Ward 1
- Theatre 2
- Out-Patients/Accident & Emergency Dept. 3
- Community 4
- Industrial/Social/Recreational therapy 5

5. Have you previously attended a management course?

Yes

1


No

2

If yes, please indicate type of course

First Line

3

Middle management

4

Management appreciation

5


6. Did you ask to attend a management course?

Yes

1


No

2

7. You have read the programme – do you think only nurses should attend this type of course?

Yes

1


No

2

If no, please indicate the other disciplines who you think should share this type of training with nurses

Paramedical Workers (e.g. Physiotherapists  
Laboratory Technicians etc.)

3

Doctors

4

Social Workers

5

Administrators

6

Civil Servants

7

Local Government Officers

8

Others – please specify .....

9

.....

.....

.....

.....

.....


8. Tick up to three (and not more than three) sentences which most nearly express your feelings at the present time.

The course will be useful to me in the future

1

I expect to find that the course will help me to do my  
job more effectively

2


- I am looking forward to being away from work
- Many of my colleagues have attended management courses so I think I should
- I feel under an obligation to my employing authority who are paying me whilst I attend the course
- I think it will be a waste of time
- Add any other sentences which also express your feelings

3	
4	
5	
6	
7	

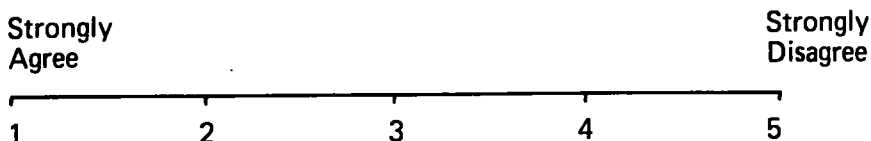
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9. Indicate the extent of your agreement with the following statement by ringing the appropriate point on the scale –

‘All my colleagues who have attended management courses found it relevant to their work and learned something’



10. The following are some of the objectives of management training. Rate the importance of each objective to you at the present time by placing each item in one of the following five categories:

1. Very important – major objective
2. Important – major objective
3. Very important – minor objective
4. Important – minor objective
5. Not relevant

(Place the appropriate category figure in the box against each objective.)

To give a greater understanding of management in theory and in practice

To enable course members to acquire the skills necessary to effective management

To give a greater understanding of the National Health Service

To pass on the knowledge necessary for staff to do their work more effectively

To give course members a greater understanding of their own job

To give course members a greater understanding of their own strengths and weaknesses

To give course members an insight into the means of improving their ability

1	
2	
3	
4	
5	
6	
7	





Add elements of your job omitted from the above list and place in appropriate category

16

.....  
 .....  
 .....  
 .....


12. The following are some of the **skills** required by senior nursing staff. Indicate the importance of these skills in your present job by placing in the appropriate category.

1. Very important – major item
2. Important – major item
3. Very important – minor item
4. Important – minor item
5. Not applicable

- Public speaking
- Report writing
- Leadership
- Decision making
- Utilisation of staff and their skills
- Utilisation of material resources
- Interviewing
- Appraisal and counselling
- Training techniques
- Analysing problems
- Effective communications
- Developing good working relationships

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13


Add any other skills you consider necessary in your present job and indicate their importance category

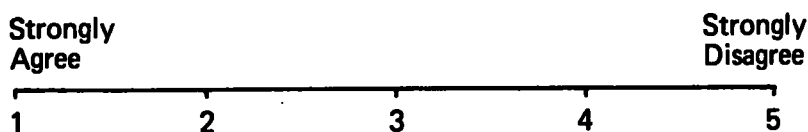
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13. Knowledge of the following is required by some senior nursing staff to enable them to carry out their duties effectively. Indicate the importance of this knowledge in relation to your present job by placing each item in the appropriate category

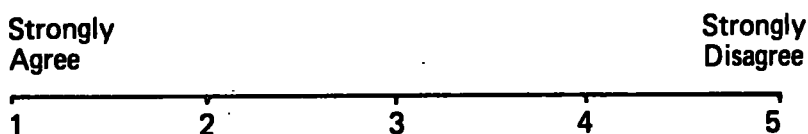


15. Indicate your agreement with the following statement by ringing the appropriate point on the scale

'Staff who have attended management courses are promoted more quickly than those who have not attended.'



16. 'My present job does not require management skills'



17. Indicate the elements of your present job which you find most difficult by placing a tick in the appropriate boxes

Supervising the work of junior staff	1	<input type="checkbox"/>
Planning and organising work of own staff	2	<input type="checkbox"/>
Selecting and appointing staff	3	<input type="checkbox"/>
Training and developing staff	4	<input type="checkbox"/>
Assessing and counselling staff	5	<input type="checkbox"/>
Investigating complaints and untoward incidents	6	<input type="checkbox"/>
Giving and receiving reports	7	<input type="checkbox"/>
Ensuring health, safety and welfare of staff	8	<input type="checkbox"/>
Acting as a consultant on nursing problems	9	<input type="checkbox"/>
Disciplining staff	10	<input type="checkbox"/>
Checking that work is carried out and the quality of service maintained	11	<input type="checkbox"/>
Co-ordinating the work of own staff with that of non-nursing staff	12	<input type="checkbox"/>
Liaison and co-operation with non-nursing staff	13	<input type="checkbox"/>
Advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)	14	<input type="checkbox"/>
Multidisciplinary team work	15	<input type="checkbox"/>
Add any other items which you find difficult		
.....	16	<input type="checkbox"/>
.....	17	<input type="checkbox"/>

18. In which of the following skills do you think you need training (or further training)? Place a tick in the appropriate boxes

- Public speaking
- Report writing
- Leadership
- Decision making
- Utilisation of staff and their skills
- Utilisation of material resources
- Interviewing
- Appraisal and counselling
- Training techniques
- Analysing problems
- Effective communications
- Developing good relationships
- Any others – please specify
- .....
- .....
- .....
- .....

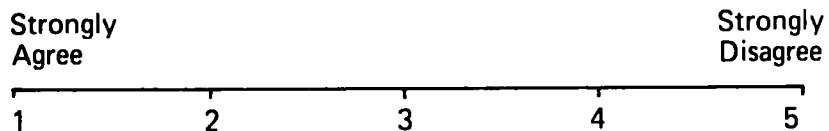
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10	
11	
12	
13	

Indicate the extent of your agreement with the following statements by ringing the appropriate points on the scale

19. 'Management is a major part of my present job'



20. 'Management training should be given 'on the job' in preference to courses away from working situation'



21. 'Management training should commence during basic nurse training'



22. Indicate by a tick in the appropriate box in which of the following subjects you would like to acquire more knowledge

Organisation of the National Health Service	1	<input type="checkbox"/>
Industrial relations	2	<input type="checkbox"/>
Legal and professional responsibilities of the nurse	3	<input type="checkbox"/>
Work study	4	<input type="checkbox"/>
Financial management in the National Health Service	5	<input type="checkbox"/>
Group behaviour	6	<input type="checkbox"/>
Whitley Council Conditions of Service	7	<input type="checkbox"/>
Organisation and relationships within your employing authority	8	<input type="checkbox"/>
Professional (i.e. clinical) knowledge	9	<input type="checkbox"/>
Behaviour patterns	10	<input type="checkbox"/>
Communications theory	11	<input type="checkbox"/>
Statistics	12	<input type="checkbox"/>
Any others – please specify	13	<input type="checkbox"/>
.....		<input type="checkbox"/>
.....		<input type="checkbox"/>
.....		<input type="checkbox"/>
.....		<input type="checkbox"/>

23. Is management training relevant to your present job?

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

24. Indicate the extent of your agreement with the following statement by ringing the appropriate point on the scale

'Colleagues who have attended management courses are more effective than those who have not'

Strongly Agree					Strongly Disagree
1	2	3	4	5	

25. When do you expect to know whether you have benefited by attendance at the management course?

one month after completion of the course	1	<input type="checkbox"/>
two months after completion of the course	2	<input type="checkbox"/>

- three months after completion of the course
- six months after completion of the course
- twelve months after completion of the course
- two years after completion of the course

3	
4	
5	

26. Indicate the extent of your agreement with the following statement by ringing the appropriate point on the scale

'The management skills necessary to a Nursing Officer to carry out duties in that grade are the same as those necessary to a first line manager'

Strongly Agree				Strongly Disagree
1	2	3	4	5

27. Do you hope to be given the opportunity to attend a further management course after this one has been completed?

- Yes
- No

1	
2	

28. The following are some of the benefits which you may gain from attending the course. Rate the importance of each benefit to you at the present time

1. Very important – major benefit
2. Important – major benefit
3. Very important – minor benefit
4. Important – minor benefit
5. Not important

A greater understanding of management in theory and in practice

1	
---	--

The acquisition of the skills necessary to effective management

2	
---	--

A greater understanding of the National Health Service

3	
---	--

Knowledge to help you do your work more effectively

4	
---	--

A greater understanding of your own job

5	
---	--

A greater understanding of your own strengths and weaknesses

6	
---	--

An insight into the means of improving your ability

7	
---	--

Please specify any other benefits you expect to gain and indicate their importance

8	
---	--

.....

.....

.....

.....


01  02

REF. NO.   
C

Please answer the first seven questions by placing a tick in the most appropriate box.

1. What is your present grade?

Staff Nurse	1	<input type="checkbox"/>
Charge Nurse/Sister/Health Visitor/ Community Nurse	2	<input type="checkbox"/>
Nursing Officer	3	<input type="checkbox"/>
Senior Nursing Officer	4	<input type="checkbox"/>

2. How long have you been in your present grade?

under 3 months	1	<input type="checkbox"/>
between 3 months and 1 year	2	<input type="checkbox"/>
between 1 and 5 years	3	<input type="checkbox"/>
between 5 and 10 years	4	<input type="checkbox"/>
over 10 years	5	<input type="checkbox"/>

3. Indicate the type of work you do

Midwifery	1	<input type="checkbox"/>
General Nursing	2	<input type="checkbox"/>
Psychiatry	3	<input type="checkbox"/>
Mental Handicap	4	<input type="checkbox"/>
Health Visiting	5	<input type="checkbox"/>
Teaching	6	<input type="checkbox"/>

4. Where do you work?

Ward	1	<input type="checkbox"/>
Theatre	2	<input type="checkbox"/>
Out-Patients/Accident & Emergency Dept.	3	<input type="checkbox"/>
Community	4	<input type="checkbox"/>
Industrial/Social/Recreational therapy	5	<input type="checkbox"/>
School nursing	6	<input type="checkbox"/>



5. The following are some of the objectives of management training.

Indicate the extent to which you consider these objectives were achieved on the course which you attended - by placing a tick in the appropriate box on the rating scale:-

to give a greater understanding of management in theory and in practice

to enable course members to acquire the skills necessary to effective management

to give a greater understanding of the National Health Service

to pass on the knowledge necessary for staff to do their work more effectively

to give course members a greater understanding of their own job

to give course members a greater understanding of their own strengths and weaknesses

to give course members an insight into the means of improving their ability

to develop abilities likely to be required in future jobs

Add any other objectives of management training which you consider were achieved in the course and indicate the extent to which they were achieved

---



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	Completely achieved				Not achieved
1					
2					
3					
4					
5					
6					
7					
8					
9					

A. Indicate the importance of these skills in your present job by placing the appropriate category in column A

- 1) Very important ) Major objective
- 2) Important )
- 3) Very important ) Minor objective
- 4) Important )

B. Indicate the extent to which you have improved in respect of each skills (as a probable result of attending the course) by placing a tick in the relevant column of the rating scale

	A
public speaking	
report writing	
leadership	
decision making	
utilisation of staff and their skills	
utilisation of material resources	
interviewing	
appraisal and counselling	
training techniques	
analysing problems	
effective communications	
developing good working relationships	

Add any other skills in which you have shown improvement as a result of attending the course and indicate the extent of improvement

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	Great Improvement			No Improvement
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

7. Indicate the elements of your present job which you find easier to carry out as a result of attending the course

- supervising the work of junior staff
- planning and organising work of own staff
- selecting and appointing staff
- training and developing staff
- assessing and counselling staff
- investigating complaints and untoward incidents
- giving and receiving reports
- ensuring health, safety and welfare of staff
- acting as a consultant on nursing problems
- disciplining staff
- checking that work is carried out and the quality of service maintained
- co-ordinating the work of own staff with that of non-nursing staff
- liaison and co-operation with non-nursing staff
- advising non-nursing staff on nursing requirements (e.g. works department, ambulance service)
- multidisciplinary team work

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Add any other items which you find easier

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8. Indicate by a tick in the appropriate box on the rating scale the extent to which you acquired or increased your knowledge during the course

- organisation of the National Health Service
- industrial relations
- legal and professional responsibilities of the nurse
- work study
- financial management in the National Health Service
- group behaviour
- Whitley Council Conditions of Service
- organisation and relationships within your employing authority
- professional (i.e. clinical) knowledge
- behaviour patterns
- communications theory
- statistics

	A great deal		None
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Any others - please specify

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9. The following are some of the benefits which you may have gained from attending the management course

Indicate by a tick in the appropriate box the extent to which you consider you have benefitted

- a greater understanding of management in theory and in practice
- the acquisition of the skills necessary to effective management
- a greater understanding of the National Health Service
- knowledge to help you do your work more effective
- a greater understanding of your own job
- a greater understanding of your own strengths and weaknesses
- an insight into the means of improving your ability

	Consider- able benefit			no benefit
1				
2				
3				
4				
5				
6				
7				

Please specify any other benefits you gained

\_\_\_\_\_

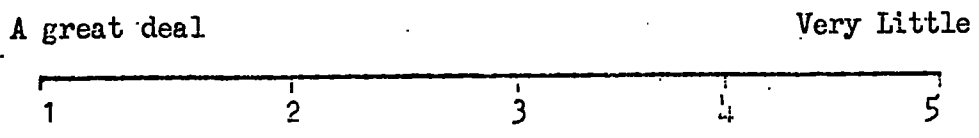
\_\_\_\_\_

\_\_\_\_\_

10. Do you consider your standard of work has improved as a result of attending the course?

Yes	1	
No	2	
Too early to say	3	

11. If yes to question 10 please indicate the overall level of improvement by ringing the appropriate number on the rating scale



6.

12. Have any of your senior officers carried out a formal evaluation of your work to assess the result of your attendance at the management course?

Yes

1


No

2

If no - have you been informed if this is to be carried out?

Yes

3


No

4

13. Have any of the following formally, or informally, mentioned improvement in your work since your attendance at the management course?

your immediate superior

1

your immediate subordinates

2

domestic staff

3

administrative staff

4

medical staff

5


14. Indicate the extent to which the following factors have inhibited you from transferring skills acquired and knowledge gained on the management course to your working situation

lack of responsibility to implement changes

1

lack of support from your senior nursing staff

2

lack of support from non-nursing staff

3

shortage of finance

4

shortage of manpower

5

difficulty in relating what was taught to the working situation

6

	← Completely				Not at all →

15. Would you commend attendance at a management training course to your colleagues?

Yes

1


No

2

APPENDIX 3(Question 25  
pre-course)Time when expect to know if benefited from course  
attendance

(Percentage of replies)

	After completion of course						
	1 month	2 months	3 months	6 months	12 months	2 years	No response
Community nursing officer	% 37.5	% 6.2	% 31.3	% 18.7	% 0	% 0	% 6.2
Hospital nursing officer	19.6	10.9	19.6	30.4	10.9	2.2	6.5
Community sister	35.3	16.5	14.4	16.5	6.5	0	10.8
Hospital sister	37.7	11.4	20.4	19.3	1.8	0	9.0
Hospital staff nurse	31.4	11.4	28.6	14.3	5.7	0	8.6

APPENDIX 4(Question 10  
post-course)

Percentage responding to question 'Do you  
consider your standard of work has improved as  
a result of attending the course?'

	Yes	No	Too early to say	No response
	%	%	%	%
Community nursing officer - middle management	46.7	13.3	33.3	6.7
Hospital nursing officer - middle management	46.4	10.7	39.3	3.6
Community sisters - first line	32.7	34.5	32.7	0.0
Community sisters - management appreciation	43.1	23.5	31.4	0.0
Hospital sisters - first line	41.1	18.9	38.9	1.1
Hospital sisters - management appreciation	36.4	27.3	36.4	0.0
Hospital staff nurses - first line	31.3	31.3	31.3	6.2

APPENDIX 5(Question 11  
pre-course)Level of improvement in work  
(Percentage replying)

	A great deal 1	2	3	4	Very little 5	No response
	%	%	%	%	%	%
Community nursing officers - middle management	6.7	13.3	26.7	6.7	0	46.7
Hospital nursing officers - middle management	3.6	7.1	25.0	10.7	3.6	50.0
Community sisters - first line	0	12.7	16.4	3.6	1.8	65.5
Community sisters - management appreciation	3.9	9.8	13.7	13.7	5.9	52.9
Hospital sisters - first line	1.1	15.6	15.6	11.1	0	56.7
Hospital sisters - management appreciation	4.5	9.1	22.3	6.5	4.5	50.0
Hospital staff nurses - first line	0	6.2	25.0	6.2	6.2	56.2



APPENDIX 6(Question 14  
pre-course)Anticipation of formal evaluation of course  
results

(Percentage replying)

	Yes	No	No res- ponse	After completion of course						
				1 mth.	2 mths.	3 mths.	6 mths.	12 mths.	2 yrs.	No response
	%	%	%	%	%	%	%	%	%	%
Community Nursing Officers	81.2	12.5	6.2	6.2	0	37.5	25.0	6.2	0	25.0
Hospital Nursing Officers	76.1	17.4	6.5	6.5	4.3	21.7	32.6	6.5	0	28.3
Community Sisters	46.0	48.2	5.8	5.8	3.6	15.8	13.7	3.6	0.7	55.4
Hospital Sisters	69.5	28.1	2.4	9.0	4.2	18.6	28.7	5.4	0	33.5
Hospital Staff Nurses	62.9	34.3	2.9	5.7	2.9	28.6	20.0	5.7	0	37.1

APPENDIX 7(Question 12  
post-course)Formal evaluation carried out or informed  
it is to be  
(Percentage replying)

	Carried out			Informed to be carried out		
	Yes	No	No response	Yes	No	No response
	%	%	%	%	%	%
Community Nursing Officers - Middle Management	0	100	0	6.7	93.3	0
Hospital Nursing Officers - Middle Management	10.7	89.3	0	3.6	82.1	14.3
Community Sisters - First Line	5.5	92.7	1.8	1.8	89.1	9.1
Community Sisters - Management apprecia- tion	5.9	98.2	5.9	0	88.2	11.8
Hospital Sisters - First Line	11.1	86.7	2.2	3.3	80.0	15.6
Hospital Sisters - Management apprecia- tion	9.1	86.4	4.5	4.5	81.8	13.6
Hospital Staff Nurses - First Line	12.5	82.5	0	0	87.5	12.5

APPENDIX 8(Question 13  
post-course)Staff who have commented on improvement  
in work

(Percentage replying)

	Immediate superior	Immediate subordinate	Domestic staff	Administrative staff	Medical staff
	%	%	%	%	%
Community Nursing Officers - Middle Management	20.0	40.0	0	0	0
Hospital Nursing Officers - Middle Management	10.7	10.7	0	3.6	7.1
Community Sisters - First Line	7.3	9.1	1.8	1.8	7.3
Community Sisters - Management Appreciation	2.0	2.0	0	0	0
Hospital Sisters - First Line	8.9	8.9	0	0	4.4
Hospital Sisters - Management Appreciation	4.5	4.5	0	0	0
Hospital Staff Nurses - First Line	12.5	6.2	2.2	0	0





4. The following are some of the skills required by senior nursing staff.

Please indicate percentage of the total time of the course spent in training in each of the skills:

public speaking	1	
report writing	2	
leadership	3	
decision making	4	
utilisation of staff and their skills	5	
utilisation of material resources	6	
interviewing	7	
appraisal and counselling	8	
training rechniques	9	
analysing problems	10	
effective communications	11	
developing good relationships	12	

Add any other skills which you hope course members will acquire as a result of attending the course.

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5. Please indicate the percentage of total time of the course which is given to each of the following subjects:

organisation of the National Health Service	1	
industrial relations	2	
legal and professional responsibilities of the nurse	3	
work study	4	
financial management in the National Health Service	5	
group behaviour	6	
Whitley Council conditions of service	7	
organisation and relationships within their employing authority	8	
professional (i.e. clinical) knowledge	9	

(continued next page).

behaviour patterns	10	<input type="text"/>
communications theory	11	<input type="text"/>
statistics	12	<input type="text"/>
Add any other subjects included in the course		<input type="text"/>
_____		<input type="text"/>
_____		<input type="text"/>
_____		<input type="text"/>

6. Do you carry out an evaluation of the course content at the end of each course?

YES	1	<input type="text"/>
NO	2	<input type="text"/>

If yes a) do you have a verbal evaluation

- with each student at the end of the course and/or	3	<input type="text"/>
- with all course members together	4	<input type="text"/>

b) do you have a written evaluation

- for each topic	5	<input type="text"/>
- at the end of the course	6	<input type="text"/>
- some time after the end of the course (please specify time)	7	<input type="text"/>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please indicate who is involved in the result of the evaluation.

- 1 - sees the evaluation of the session with which they are involved
- 2 - sees the evaluation of the course
- 3 - not involved

(Place appropriate figure in box beside each)

course tutor	1	<input type="text"/>
head of department	2	<input type="text"/>
lecturers	3	<input type="text"/>
regional training staff	4	<input type="text"/>

8. Who initiates changes in topic content and balance of topics in the course?

Column A in topic content

Column B in balance of topics

(Place tick in appropriate columns)

course tutor

head of department

lecturer - own session only

lecturer - complete course

regional training staff

	A		B
1	<input type="checkbox"/>	6	<input type="checkbox"/>
2	<input type="checkbox"/>	7	<input type="checkbox"/>
3	<input type="checkbox"/>	8	<input type="checkbox"/>
4	<input type="checkbox"/>	9	<input type="checkbox"/>
5	<input type="checkbox"/>	10	<input type="checkbox"/>

9. Please indicate the extent of your agreement with the following statement by ringing the appropriate number on the scale -

'The management skills necessary to a Nursing Officer to carry out duties in that grade are the same as those necessary to a first line nursing manager in the health service.'

Strongly  
agree

Strongly  
disagree

1	2	3	4	5
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10. Bearing in mind the difficulties created by reorganisation of the Health Service do you consider that you were adequately briefed by the Regional Training staff about the objectives and purposes of management training for health service staff?

very well briefed

adequately briefed

inadequate briefing

very little briefing

no briefing

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>



APPENDIX 10Distribution and return of questionnaires from  
course tutors

Type of course	No. of centres	No. of questionnaires returned
First line	6	5
Middle management	5	4
Management appreciation	6	2

APPENDIX 11

(Question 1)

Objectives of management training courses -  
tutors' assessment

(Listed in order of importance - weighted numerical replies)

	First Line	Middle	Appreciation
To enable students to acquire the skills necessary to effective management	25	14	9
To give greater understanding of management in theory and practice	24	17	9
To pass on knowledge necessary for staff to do their work more effectively	22	13	9
To give students a greater understanding of their own job	20	9	10
To give a greater understanding of the National Health Service	20	14	9
To give students an insight into the means of improving their ability	20	16	9
To give students a greater understanding of their own strengths and weaknesses	19	15	10
To develop ability likely to be required in future jobs	15	15	9

N.B. Very important	) major objective	Replies weighted by factor of	5
Important			4
Very important	) minor objective	"	3
Important			2
Not relevant			1

APPENDIX 12

(Question 3)

Tutors' assessment of elements of work in which course members would be expected to show improvement as a result of course attendance

(Number of positive replies)

	First line	Middle	Management appreciation
Supervising work of junior staff	5	3	2
Planning and organising work	5	4	2
Training and developing staff	5	3	2
Assessing and counselling staff	5	4	2
Investigating complaints and untoward incidents	5	3	2
Giving and receiving reports	5	4	2
Disciplining staff	5	3	2
Checking that work is carried out and quality of service maintained	5	3	2
Selecting and appointing staff	4	4	2
Ensuring health, safety and welfare of staff	4	3	2
Acting as a consultant on nursing problems	2	2	2
n =	5	4	2

APPENDIX 13

(Question 10)

Briefing of course tutors

(Number of replies)

	First line	Middle	Management appreciation
Very well briefed			
Adequately briefed	3	1	1
Inadequate briefing			
Very little briefing	2	1	
No briefing		1	1
No response		1	
n =	5	4	2

APPENDIX 14(Question 15  
post-course)Percentage replying to question 'Would you commend a  
management training course to your colleagues?'

	Yes	No	No response
	%	%	%
Community Nursing Officers - Middle Management	93.3	6.7	0
Hospital Nursing Officers - Middle Management	85.7	10.7	3.6
Community Sisters - First Line	72.7	25.5	1.8
Community Sisters - Management Appreciation	96.1	0	3.9
Hospital Sisters - First Line	81.1	13.3	5.6
Hospital Sisters - Management Appreciation	81.8	9.1	9.1
Hospital Staff Nurses - First Line	75.0	18.7	6.2