SAHLGRENSKA AKADEMIN
INSTITUTIONEN FÖR VÅRDVETENSKAP OCH HÄLSA

Att vara eller icke vara sjuksköterska - det är frågan

Hur hanterar vårdenhetschefer relationen mellan sjuksköterskeroll och chefsroll?

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Sammanfattning

Syfte: Att belysa hur vårdenhetschefer erfar och hanterar relationen mellan sjuksköterskerollen och chefsrollen.

Bakgrund: Att vara sjuksköterska och chef kan innebära en särskild utmaning när sjuksköterskans vårdande perspektiv följer med in i chefskapet och påverkar relationen till medarbetarna. År 2014 genomfördes en första studie med syfte att beskriva vårdenhetschefers erfarenheter av konflikter på arbetsplatsen. Studiens resultat visar att vårdenhetschefer tycks vara omedvetna om vilken betydelse deras tidigare sjuksköterskeroll har för deras nuvarande chefsroll. En kompletterande studie genomfördes därför 2017, i syfte att få ökad kunskap om hur chefer resonerar kring sitt ledarskap i relation till sjuksköterskeprofessionen.

Metod: En kvalitativ intervjustudie med semistrukturerade intervjuer och induktiv ansats. Data från sju individuella intervjuer och två fokusgruppsintervjuer med sammanlagt nio deltagare, samtliga sjuksköterskor med förordnande som första linjens chefer, analyserades.

Resultat: Resultatet visar att sjuksköterskor i ledande befattning var medvetna om rollernas olikheter och osäkra på det egna förhållningssättet i chefsrollen ställt i relation till tidigare sjuksköterskeroll, vilket visade sig vid konflikthantering. Sjuksköterskekompetensen beskrevs vara en bra grund för ledarskapet men det fanns en ambivalens till hur mycket av sjuksköterskerollen som fick vara kvar i chefsrollen.

Slutsats: Sjuksköterskor som första linjens chefer reflekterar över och diskuterar den rollkonflikt som kan uppstå. Däremot tycks de vara omedvetna om hur omvårdnadsteori kan inkluderas i och stärka ledarskapet.

Implikationer för sjuksköterskans ledarskap: Redan i grundutbildningen till sjuksköterska bör det ingå utbildning och reflektion kring det vårdande perspektivet i relation till ledarskapet. Chefer ska erbjudas utbildning och stöd inriktad på sjuksköterskans roll som chef. När omvårdnadsteori och ledarskap integreras skapas förutsättningar för att leda en god vård med fokus på patientsäkerhet och arbetsmiljö.

Nyckelord: Nursing management, role, first line nurse manager, role conflict, leadership.

How do Nurse Managers experience and handle the relationship between their leadership and nursing?

Aim: To illustrate how First Line Nurse Managers (FLNM) experience and handle the relationship between being a FLNM and being a Registered Nurse.

Background: Being a FLNM and a Registered Nurse could represent a particular challenge, when the nurse's caring perspective is integrated into the management role.

Method: A qualitative interview study with semistructured interviews. Data from seven individual interviews and two focus group interviews with a total of nine participants were analyzed.

Results: The results showed that FLNM were aware of the differences in the roles and uncertain of the relation to their previous nursing role. Nursing skills were described as a good foundation for leadership, but there was an ambivalence regarding how nursing may influence the leadership.

Conclusion: Nurses as FLNM appeared to be unsure of how nursing could be included in, and strengthen their leadership.

Implications for Nursing Management: In the undergraduate program for nurses, education and reflection about the caring perspective in relation to leadership should be included.

Keyword: First line nurse manager, leadership, nursing management, role, role conflict.

INTRODUCTION

Being a nurse as well as a nurse manager could represent a particular challenge when the nurse's caring perspective is integrated into the management role. The position of First Line Nurse Manager (FLNM) is based on the nurse's leadership of nursing and caring. A FLNM has a combined responsibility within the current unit with creating a good working environment and for high patient safety and good quality care. They affect the working environment by having an influence on support and resources (Laschinger, Finegan & Wilk 2011).

A study was conducted to describe how First Line Nurse Manager (FLNM) experience and handle the relationship between their leadership and nursing. Between 2014 and 2017 data was collected from seven individual interviews and two focus group interviews with FLNM's. The study's results showed that FLNM appeared to be uncertain of how to use their former nursing competence in their current manager role.

BACKGROUND

According to the Swedish Society of Nursing (SSF, 2017), a Registered Nurse should have educational skills to meet patients and relatives with different knowledge and needs, and be able to lead education and supervision activities. There are rules and regulations that describe a leader's role in health care. The International Council of Nurses state in the ethical code for nurses that active nurses and leaders should:

> *"Create awareness of specific and overlapping functions and the potential for interdisciplinary tensions and create strategies for conflict management. Develop workplace systems that support common professional ethical values and behaviour. Develop mechanisms to safeguard the individual, family or community when their care is endangered by health care personnel."*
>
> International Council of Nurses [ICN], (2012, s.9).

It is the FLNM who can create and promote a healthy working environment. Good communication is one of several tools which can promote the patient's safety (Hartung & Miller 2013). Nilsson (2003) describes how FLNM use communication as a tool for creating good interpersonal relationships, and to provide confirmation. If employees are confirmed with both positive and negative feedback, they will in turn be able to give patients a good treatment. Being able to communicate well is crucial for patient safety. Communication deficiencies as shown in conflicts can lead to the patient not receiving adequate care and proper nursing (Mahon and Nicotera 2011). Focus should be on preventing conflicts so that they do not affect the well-being of nurses and, ultimately, the patient's nursing care (Almost 2006).

PROBLEMS

An important prerequisite for good nursing is a well-functioning communication between healthcare professionals, patient and relatives (Vivar 2006). Nilsson (2003) writes that many FLNM who had previously been nurses, carried their nursing values into the new profession; they had learned how to support and take care to maintain a good relationship with the patient. FLNM bring this into the leadership, but instead of the former focus on patients, the care is now directed towards the staff. Nurses that are managers tend to avoid conflicts or try to resolve conflicts in ways that do not challenge the good relationships to the employees, and that do not lead to a lasting solution to the problems (Kantek & Kavla 2007; Whitworth 2008).

AIM

To illustrate how First Line Nurse Managers (FLNM) experience and handle the relationship between being a FLNM and being a Registered Nurse.

METHODS

The study was a qualitative interview study with an inductive approach. Seven individual interviews and two focus group interviews with a total of nine other participants were conducted between 2014 and 2017.

Sample

30 FLNM's at medical, surgical and psychiatric wards at a hospital in the southern part of Sweden were invited by email for participation in the study, 16 accepted. Inclusion criteria were to hold a managerial position and to be a registered nurse. Exclusion criteria were a temporary position as a manager. The informants added up to 13 women and 3 men, with management experience between 6 months and 34 years, and staff responsibilities for between 27 and 220 employees. None of the informants cancelled the study.

Data Collection

Qualitative research interviews (Polit & Beck 2012, 2017) were conducted to gain information about the attitude of the FLNM to their leadership and influence of previous function as a nurse. A question was asked how nursing managers were reflecting about their leadership in relation to their nursing profession. An initial open question was asked about the managers' experience: "*How do you think about the relationship between your nursing profession and your leadership?".* The informants were invited to speak freely. The interviews were held in Swedish and lasted between 30-57 minutes. All interviews were recorded and then transcribed verbatim by the authors. All interviews besides one individual interview took place outside of their own ward.

Data analysis - qualitative content analysis

Data was analyzed with qualitative content analysis according to Graneheim and Lundman (2003). All interviews were transcribed and then read through several times, in order to get a sense of what was said and what the interview was about. Variation was sought by describing differences and similarities in the text. Subsequently, meaningful units were abstracted; that is, units where the text corresponded to the purpose of the study. The meaningful units were condensed, i.e. the text was shortened and redundant words were removed and thereafter the condensed sentences were abstracted into codes. The encoding gave a short description of the content by a few words. The codes that were linked by similarities and differences were placed in the appropriate subcategory which then merged and became a category (Graneheim & Lundman 2003.

Ethical considerations

The Swedish Research Council (2015) specifies ethical principles for research involving humans, which are followed in the study, and the data collection was accepted by the head of department. The participants were informed with regard to the aims, methods and objectives of the study and given informed consent. All participants were able to withdraw from the study at any time without needing to give a reason.

RESULTS

From the interviewees' stories, the following analysis process revealed four categories that described the experience of being a nurse and a manager. These categories consisted of eight subcategories (Table 1.)

Table 1. Categories and subcategories

Category	Subcategory
Nurse manager perspective	Change of role Learning over time Being alone
Nursing perspective	Caring Non-caring
Background as a nurse gave legitimacy as a leader	Using experience as a nurse
Background as nurse complicated formalization of the leadership	Hierarchies Images of being a nurse

Nurse manager perspective

The FLNM described how they developed and subsequently learned to handle different situations, going from being unsecure to become aware of the new role. It was a learning process over time that increased awareness of the managerial assignment and the importance of changing role from nurse to manager. In the managerial role one often became lonely and it was difficult to be the one who made uncomfortable decisions.

Change of role

Several managers described how they strove to wipe out the nurse perspective to take the managerial role. It was important to distinguish the roles because of the big difference between being a manager and being a nurse.

The managers who previously worked as nurses on the same units that they later became heads of, argued that it challenged the relationship with the staff that previously used to be colleagues. To go from being a colleague one day and the next day being a manager could raise questions from the former colleagues about solidarity, loyalty, reliability.

> *"And if you are in your old workplace where you have sat in the same sofa, but have taken a different role, it's hard."*

Nurses on the unit expected the manager to participate in daily nursing care. Some FLNM described how it took time to get acceptance to not attend in nursing care. As a manager, you had other tasks that needed priority, but it was important to be a visible and present manager. As relatively new in the role, it was more difficult to resist the wishes of employees, especially when you saw that there was a lot to do.

> *"You want to keep up business, you want to help, you want to be support, you want everything possible, be a mom, I do not know everything you want with everything.*

Learning over time

It was hard to find a role you had no experience of, and did not know the meaning of. The new responsibility required a different approach to, and limits to, the employees. The FLNM believed that training and tools were required to get ready for situations that a manager may end up in, and that nurses needed to be prepared to become future leaders.

> *"But much this, what's the rights and obligations so I'm doing it right, it's very important to me."*

The FLNM described how their own development and their mistakes were lessons that could be used to become a better leader.

> *"Yes, I can say that it's been a learning over the years, it's clear that it was hard at the beginning."*

Being alone

When FLNM's were expected to handle difficult situations, they experienced that they were alone. They usually did not seek help from their superior manager, because they didn't want to disturb. This allowed a manager to feel lonely towards the employees. Some said they were unsure of what support they might have had or if there was any support available from human resources/HR, which reinforced the feeling of being alone.

> *"You have that little lonely role."*

Nursing perspective

The informants were considerate about the individual employee's wellbeing, so that they in turn could provide patients with good care, and they also had a responsibility for the well-being of the entire staff group. It was easy to get too emotional, which was perceived as a risk when it came to leadership.

Caring

Nursing skills in caring remained with the FLNM who needed to be able to set limits to employees. It was particularly difficult to say to a colleague that criticism had come from others. A difficult conversation could be postponed because the FLNM was worried that some employees would be hurt and feel bad. Some of the FLNM expressed a fear to be disliked.

> *"For this altruistic that we are building everything on our feelings which we are brilliantly skilled at as nurses"*

The caring perspective could also be used as a good managerial ability, provided that you as a manager were aware of the caring perspective and did not use it in the wrong way.

> *"When you understand to set boundaries in it. Hm, the art of being kind, indeed the art of being kind"*

Non-caring

FLNM described how they needed to do things correctly when it came to employee rights and obligations, to describe and motivate efforts made for employees, such as in conflict management. It sometimes felt a bit sad to act formally, but it was necessary.

"Always be distinct, always work with the tools we have as a manager"

The FLNM could sometimes be perceived as non-emotional. If an employee needed support, several managers expressed that it was a risk of starting to take care too much and recommended the employee to seek help elsewhere.

"I think, as a boss, you need to be courageous, to be a non-caring"

If patients did not get the nursing care they were entitled to; for example, because of the disagreement of staff and bad communication with each other in the professional team, the manager needed to act immediately. Sometimes it was about serious events where someone needed to be moved or taken out of the team, which could be a difficult decision. In some cases, it was clear that the patient did not receive proper care as a consequence of an ongoing conflict, while sometimes it was only afterwards that the FLNM and employee became aware that something wasn't right and then worried that the patient had suffered.

"Then the limit is that it does not affect patient safety, harm the patient"

Background as a nurse gave legitimacy as a leader

Using experience as a nurse

The FLNM described how they saw several benefits of having the experience as a nurse in the leadership role. Knowledge about state of illness, work environment and nursing facilitated the relationship with employees. As a nurse, you were used to meeting people, communicating and interacting with others. It provided security and legitimacy in the leadership role.

"I find it hard to believe it would be an economist. I find it very hard to believe it would work because there are so many quality aspects, routines, dissatisfied patients to conduct."

The FLNM nurse experience helped them to focus on the patient and to pay attention on quality deficiencies or insufficient nursing. If routines needed to be tightened or measures taken, nursing competence gave a weight and credibility to the decisions taken.

"But put it in your leadership, your management, I think it's an aha-experience. It's so exciting to see when you've studied nursing and one sees it's just the same."

Nursing skills were used in different ways. In particular, experience was emphasized in building bridges between professions, understanding and developing the quality of nursing care.

"You have a lot of responsibility, to be independent, to solve problems that arise and to be flexible, look at the whole, patients, be able to collaborate so I think nurse is a great foundation for being a manager."

Background as a nurse complicated formalization of the leadership

The FLNM highlighted some disadvantages in the relationship between nursing and management. Rather than knowledge, the obstacles were found in organizational structures and images about what the nursing profession meant.

Hierarchies
The FLNM described that obstacles to leadership were in the traditional view of professional status. In some contexts, it was a disadvantage to be a nurse because of the organizational structures in the hospitals which made them work harder to get their voice heard.

> *"It's probably partly because you have a nursing profession that it will be like there traditionally are hierarchies."*

Images of being a nurse
The picture of how a nurse was expected to be, could be an obstacle to the nurse as a manager. FLNM described how they needed to hold back not to be perceived as a good nurse instead of a manager. Building their leadership within their nurse profession could be a disadvantage, and the emotional competence a nurse had was described as a potential risk in leadership.

> *"We are used to work very much with feelings and perceptions as nurses, and the risk is that you take very much of the emotional game into their leadership."*

DISCUSSION

The aim of this study was to deepen the knowledge of how FLNM reflected on their leadership in relation to the nursing profession. A qualitative research interview was a way to get information about a person's attitude to something that had happened, as in the individual interviews. The choice of using focus group interviews was based on the fact that the participants had something in common and that the group was homogeneous and shared experiences based on a known context (Dahlin-Ivanoff 2011). The results from all interviews, individual as well as focus group interviews, gave the same result, which strengthens the reliability of the study.

In this study it became clear that the managerial role was characterized by the clinical skills of the nurse and a theoretical foundation in nursing care. There were examples of how nursing skills were a prerequisite for being accepted as a manager. The managers stated that they sometimes strove to avoid the caring perspective attributed to the nurse, the same perspective that could constitute an obstacle in dealing with conflicts. There was an ambivalence to, and uncertainty of, how managers could utilize their knowledge and experience as a nurse in their role as manager and leader.

In the learning process from nurse to manager, informants expressed that they needed to distance themselves from the former nurse's role as it interfered with the role of the manager. Johansson, Andersson, Gustafsson and Sandahl (2010) identified self-consciousness and awareness as important attributes for managing leadership and staying in it. Being a FLNM meant having a different approach, which was described as both difficult and challenging. Paliadelis, Cruickshank and Sheridan (2007) showed that lack of support in the process from nurse to manager meant learning by “trial and error”. While stressing the benefits of nursing skills, it was considered important not to maintain or develop a nurse's perspective. Nursing skills were seen primarily as an asset in relation to employees, in order to gain trust and mandate, and there were requests from employees that the FLNM could continue to function as nurses. The managers also said that it was an advantage to have the skills to perform the nurse's duties, but without reflection on how nursing could be used as part of a leadership.

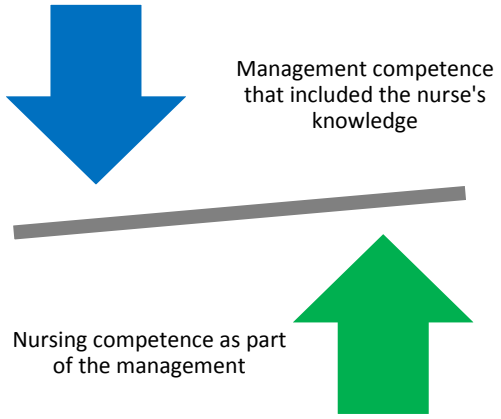
Bondas (2006) described that the paths into the leadership of nurses were challenging in different ways, why guidance was needed.

Transformation from nurse to manager meant preparing for the transition to a new profession along with the old one. Nurses who became managers needed to get ready for their new role (Cziraki, McKey, Peachey, Baxter & Flaherty 2014). The first year as a manager was a vulnerable time for the nurse to orientate oneself in the new role, and to leave the former group belonging for the leadership. The process was described as "sink or swim", which meant that one felt thrown into the leadership without preparation (Loveridge 2017). The FLNM's described how the process from nurse to manager was significant and involved difficulties. In particular, it was about being able to show a clear managerial role separated from nursing, with conflicting wishes and demands. On the one hand, one did not want to be perceived as a good nurse but as a manager, but at the same time state that the nursing property of a FLNM gave weight and mandate to the employees. Johansson, Pörn, Theorell and Gustafsson (2006) showed how the FLNM strove to maintain the nursing role, which was clear in relation to the patient, while the leadership role was more unclear and provided a distance to nursing care.

In the management criteria for the hospital where the study was conducted, it was stated that "leadership is a relationship where one must constantly conquer the employees' trust" and "a good manager carries relationships". FLNM were thus expected to be relationship-oriented. Bagget et al. (2016) showed how nurses who perceived themselves as accepted as an entire individual, psychologically and professionally, and being cared for by their manager, felt valuable and important. For the FLNM, it might have complicated the relationship between the nurse and the leading role when they needed to meet employee needs for care, without being so careful that, for example, conflict management was avoided. The description Nilsson (2003) gave about how nurse managers "care for the caregivers" by not wanting to risk a good relationship, was confirmed in the result; the managers were afraid to hurt someone. On the other hand, Peng, Liu and Zeng (2015) described how the manager's care for the employees was important for getting nurses to feel confirmed and seen, by supporting professional development and growth, having a democratic leadership style and to facilitate the balance between work and leisure.

The FLNM needed to decide what was most important, to ensure a good relationship with individual employees, by not addressing a patient complaint, for example, or perhaps facing a situation where the rest of the staff group became dissatisfied. A caring and patient-oriented approach could mean that the nurse as a manager might be particularly attentive and had good opportunities to act early when nursing care failed, in a clearer way than was evident in this study. The disadvantages the managers highlighted about the relationship between nursing and leadership were that they were not expected to use their basic profession. McCallin and Frankson (2010) described how the nurse who became a manager often was a clinically skilled nurse, but lacked skills to assume the managerial role. As a newcomer and poorly prepared for the leadership, it was the nursing competence that characterized the practice as a leader. This dilemma was confirmed by Ericsson and Augustinsson (2015), who described the experience of being a manager, and how the work as a nurse had a higher value, was more visible and that it took time to change its own attitude towards the managerial role.

Figure 1. The balance between management and nursing



A nurse as a leader needs to be able to assess and manage situations from a patient- and a ward perspective, and not let the relationship to employees stand in the way of actions needed for the patient's right to a good care. In basic education for nurses, education and reflection on the care-bearing perspective in relation to leadership should be included. FLNM should be offered training and support focused on the nurse's role as manager.

Conclusions and implications

The informant's express how the nursing profession is of great benefit to employees that help them gain trust as leaders. Being able to understand the working conditions is seen as an advantage; it facilitates relationships and creates legitimacy. On the other hand, they seem to be uncertain of how nursing skills can be used in the leadership itself. Instead, they emphasizes the importance of having a distance from the nursing competence in order to gain a clearer role in management. The reasoning becomes ambiguous by, on the one hand, removing the nursing profession and on the other hand needing it.

In order to protect patient safety, provide good care, understand the consequences of priorities and create the conditions for a good working environment, competence in nursing is required. When integrating nursing and leadership, conditions can be created for a good care with focus on patient safety and work environment; where the nurse as a leader becomes the obvious choice.

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No funding was received for this study.

Ethical approval
According to the Ethical Review of Research Involving Humans (2003:460), no special approval is necessary for work carried out by students in the framework of higher education.

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