



Attributes of an effective nurse manager in New Zealand: An analysis of nurse manager perceptions

Ngā pūmanawa o tēnei mea te kaiwhakahaere tapuhi whaitake i Aotearoa: He tātaritanga o ngā whakaaro o ngā kaiwhakahaere tapuhi

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Abstract

Increasing complexities in healthcare environments require nurse managers to be well equipped to manage change in their workplace environments. This research undertook to analyse nurse manager's perceptions on what attributes they consider important to achieve managerial effectiveness in the New Zealand context. A quantitative study using a pre-coded survey questionnaire with 149 nurse managers was conducted in New Zealand. Surveys from New Zealand nurse managers were analysed for perceptions of desired managerial effectiveness attributes using a managerial effectiveness dimensions ranking tool. The findings indicated that the respondents rated the skills dimension as the most important dimension and beliefs and values as the least important of the four dimensions. Although there are four groups of skill dimensions ranked on perceived effectiveness, these dimensions are interdependent on each other for managerial effectiveness to occur. The different organisational contexts in which nurse

Ngā ariā matua

Nā te pikinga ake o te matahuhuatanga i ngā horopaki hauora, i tika ai kia whai pūkenga nui ngā kaiwhakahaere tapuhi o ēnei rā ki te whakahaere i ngā āhuratanga hurihuri o te horopaki mahi. Tā tēnei rangahau he tātari i ngā whakaaro o ngā kaiwhakahaere tapuhi ki ngā pūmanawa e whakaaro nei rātou he mea tino nui hei whakaū i te whāinga take o te kaiwhakahaere i te horopaki o Aotearoa. I kaweā tētahi rangahau rahinga, mā tētahi puka i āta waeheretia i mua, i te taha o ētahi kaiwhakahaere tapuhi 149 i Aotearoa. I tātaritia ngā rangahau mai i ngā kaiwhakahaere tapuhi o Aotearoa mō ō rātou whakaaro mō ngā pūmanawa kaiwhakahaere whāinga take e hiahiatia ana, mā te whakamahi i tētahi taputapu tautohu i ngā whaitua o te tōtika o te mahi whakahaere. Ki tā ngā kitenga, e mea ana te hunga whakauru o Aotearoa ko te taha ki ngā pūkenga te tino taha matua, ā, ko te taha ki ngā whakapono me ngā kaingākautanga te mea iti rawa o ngā taha e whā. Ahakoa e whā rawa ngā wehenga whaitua pūkenga mō te whāinga take, e ai ki ngā whakaaro, e rīraparapa ana ēnei taha e whā, arā, me pēnei anake ka puta he hua mō te tōtika o te whakahaere. Kei te āhua tonu

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managers operate influence how these skill dimensions interact and appear to impact on the perceptions and rankings of managerial effectiveness. It is important that nurse managers are equipped with tools and knowledge that enable them to manage change. This includes understanding opportunities to develop attributes considered desirable within their organisational contexts to become effective future leaders.

o ngā horopaki whakahaere rerekē e mahi nei ngā kaiwhakahaere tapuhi i roto te whakatau mō te āhua o te rīraparapa o ēnei taha, te āhua nei ka pā hoki ki ngā whakaaro me ngā tautohutanga mō te tōtika o te mahi whakahaere. He mea tino nui kia whai taputapu, kia whai mātauranga hoki ngā kaiwhakahaere tapuhi, e taea ai e rātou ngā huringa te kawē. Tētahi wāhi hoki o tēnei ko te māramatanga ki ngā whāinga wāhi mō te whakapakari pūkenga e kīa ana he mea nui i ō rātou horopaki whakahaere, kia puta ai rātou hei kaihautū.

Keywords / Ngā kupu matua

Nurse manager/ Kaiwhakahaere tapuhi, skills and attributes/ngā pūkenga me ngā pūmanawa, managerial effectiveness/ te whaitake o te kaiwhakahaere, quantitative/ te rangahau rahinga.

Introduction

Healthcare environments continue to be challenging and complex for nurses working as managers delivering healthcare services. This complexity is due to the combination of a higher acuity of patients and greater focus on patient-centred care demanding more time from nurses at the bedside. Increasing technology and pharmacology demands add to this challenging environment as knowledge around managing disease grows. The ever growing fiscal constraints being placed on healthcare services has also intensified the need for nurse managers to be adaptable and conversant with constant change. Alongside these influences, the external environment continues to pose challenges as globalisation of healthcare knowledge, transferable nursing skills and global recruitment policies increase the likelihood that nurse managers are managing culturally diverse groups of both nursing staff and patients (Bradbury-Jones, 2009). All of the above factors underpin a challenging healthcare work environment in which nurse managers are located, and from which they make decisions that impact on patient outcomes (Aiken et al., 2008; Aiken & Sermeus, 2012; Havens, 2001). This research sets out to examine nurse manager's perceptions of the skills and

attributes they perceive to be influential in determining effectiveness as managers in the workplace.

Background

A review of the literature on managerial effectiveness, skills and attributes, leadership and patient outcomes (Carroll, 2006; Stitchler, 2008) highlighted the challenges faced in defining and attaining the appropriate skills and attributes for nurses to manage effectively. Wong and Giallonardo (2013) noted the complexity found when examining the causal relationship between nurse leadership practices and patient outcomes due to the number of influential variables. Current observations of the New Zealand healthcare environment are also supported by Wong (2015) in her discussion on healthcare delivery in Canada as she posits that studies exploring leadership practices of the individual, team, unit and organisation will provide more evidence to assist with understanding this causal relationship.

A skills and attributes qualitative research tool previously adopted in a wider international study (Boldy, Jain, & Harris, 1990; Boldy et al., 2013; Jain & Abubaker, 1993) has



been utilised to identify the attributes New Zealand nurse managers deem important for managerial effectiveness. Often studies reviewing skills and attributes of nurse managers and nurse executives are predominantly found in literature based on research in the United States and United Kingdom and Australia. However, on further investigation, there has been a smaller, diverse collection of studies looking at managerial effectiveness in a number of developed and developing countries such as Malaysia, Singapore, Tanzania, Sudan, Sweden, Germany, Belgium, Spain and the Pacific - Asia region (Boldy et al., 2013; Boldy, Jain, & Northey, 1993; Boldy, Jain & Chen, 1996; Jain, Boldy, & Chen, 1994; Jain & Abubaker, 1993; Sa'ari, Johare, Manaf, & Baba, 2013).

The findings from these earlier studies suggest that cultural context is an important consideration that needs to be taken into account when analysing studies on managerial skills and attributes. Responses from managers in the earlier studies undertaken in the 1990s and nurse managers in the more recent studies undertaken in 2013 indicate that the cultural context in their organisation in which the respondents work informs how they perceive the different dimensions viewed as a necessary requirement for managerial effectiveness. In terms of the Boldy et al. (2013) study, cultural context is viewed as the unique characteristics of that country that have been shaped by the political, social and economic spheres of influence. This cultural context in turn shapes the broader organisational context in which the respondents define their work (Daly, Hill, & Jackson, 2015).

What managers do and the overall functions of management are a common focus of discussion in the health management literature (Burns, Bradley, & Weiner, 2012; Harris and Associates, 2010; Kelly, 2012; Walshe & Rudd, 2011). Kelly (2012) discusses how the functions of management are differentiated into managing the work and managing the relationships whilst Harris and

Associates (2010) add that the context in which the manager does the work also needs to be considered, as the functions will differ in different contexts. This becomes important when considering the context of the nurse manager as 'middle manager'. Burns et al. (2012) look at the health manager in the organisation and argue that the predominant group of management is the middle managers and this group acts as a 'linking pin' because of the need for co-ordination and communication (p. 36). Middle managers are also viewed as the 'meeting point' where management meets leadership (Walshe & Rudd, 2011, p. 384). Understanding what and how middle management can be construed in terms of organisational culture is important given that the management literature places a strong emphasis on the cultural contexts of organisational environment and how this organisational environment can impact or influence effective and efficient management outcomes. Economic, political and social factors influence the culture of healthcare provision in New Zealand and are therefore important when consideration is given to the effectiveness ranking of different managerial skills and attributes by nurse managers. The findings of this research are therefore based on the nurse managers' interpretations on what managerial skills and attributes they rank as being the most effective to achieve positive health outcomes in their work environment.

Research Design

Methods

A survey-based quantitative approach was used to inform the research. The survey was based on the survey instrument developed for the International Project on Culture and Management (Boldy, Jain, & Harris, 1990; Jain & Abubaker, 1993). This survey tool has been previously used to generate useful and statistically significant data in early studies with health service managers across Australia, United States, United Kingdom, Singapore, Tanzania, Sweden, Belgium and Spain (Boldy, Jain, & Northey, 1993; Boldy, Jain, & Chen, 1996; Jain,



Boldy, & Chen, 1994;) and latterly specifically in a nurse management context (Boldy et al., 2013). Data were collected using a short pre-coded questionnaire. The questionnaire was self-administered and covered the four key dimensions of: (1) personality characteristics (30 items), (2) knowledge and learning (10 items), (3) skills (15 items) and (4) beliefs and values (20 items). The selection of these items is adapted from a conceptual framework by Jain in 1987 on factors that influence the behaviour of a manager. The factors that contributed to the design of the four key dimensions are: (1) theoretical and methodological know-how on management; (2) understanding of the enterprise and its environment; (3) self-perception, role perception and role commitment; (4) social, organisational and political skills and (5) fundamental values and beliefs (Boldy, Jain, & Harris, 1990). The validation of the design of the questionnaires is described in Jain and Abubake (1993).

Respondents were required to rate each item according to a 5-point Likert scale, with the ratings being scored as:

- (1) Will greatly help managerial effectiveness – 200
- (2) Will help - 100
- (3) Will neither help nor hurt - 0
- (4) Will hurt - 100
- (5) Will greatly hurt - 200

Data collection

Although the study has been undertaken in other countries the study of New Zealand nurse managers was modified to also include ethnicity in the data set. Inclusion criteria for respondents included being a registered nurse and working in a nurse manager role with the words nurse manager in their title. Participant recruitment was undertaken using purposive sampling of the Nursing Council of New Zealand (NCNZ) database. Initial contact was made by email to nurse managers

with the words 'nurse manager' in their title through the use of survey monkey. At any point during the survey process respondents could choose to withdraw. Snowball sampling (n=155) was used to capture as many responses from the targeted participant group as possible. The total number of responses received from nurse managers was 149 which constituted 13.8% of registered nurses who recorded nursing administration and management in their practice area (NCNZ, 2015).

Data analysis

The survey was analysed using the same format as the earlier wider study (Boldy et al., 2013) conducted across Western Australia, Singapore and Tanzania. Average scores across each of the four dimensions were calculated and aggregated as absolute values. These absolute values represented the relative importance of negative and positive scores the respondents had attached to each dimension as a whole. Average scores were then calculated within each dimension. Assessment of any significant P values in differences of the average score was undertaken by application of the non-parametric Mann-Whitney *U* test. The statistical package SPSS version 20 (IBM Corporation, Armonk, New York, USA) was used for all analyses.

Ethics

Ethics for the research was evaluated by peer review and notified to the Massey University Ethics Committee, Southern A in September, 2013 as a low risk notification. The use of survey monkey ensured that data collected was de-identified for anonymity purposes.

Results

New Zealand nurse manager respondents

The demographic characteristics of the sample are outlined in Table 1. The final sample consisted of 155 nurse managers of which 149 responded to the words nurse manager or manager in their job title. The sample reflected a high proportion 95% (n = 142) of female



respondents which is consistent with current nursing data on gender (NCNZ, 2015). The respondents reported their experience as nurse managers ranging from under 4 years to 13+ years (mean =11.6, SD 8.2 years). As noted the survey also included an extra demographic to include ethnicity which indicated that 92% (n=137) were NZ European/Pakeha and other European nurse managers. This is also consistent with current New Zealand Nursing Council workforce statistics where NZ/European/Pakeha and other registered nurses (RNs) were 90% (n= 134), Māori RNs 7% (n= 11) and Pacifica peoples 3% (n=5) of the nursing workforce (NCNZ, 2015).

The findings (Table 2) suggest that of the four key dimensions, *skills* were seen to be the most important dimension when looking at effective management

attributes. This dimension was closely followed by the dimension of *knowledge and learning* and *personality characteristics*, with *beliefs and values* rated the least desirable dimension. Respondents rated both the *skills* and *knowledge and learning* dimensions as statistically more important than *personality characteristics*. The differences found in these broad dimensions will be further examined in the discussion.

Effective nurse manager attributes

Skills

As reported in Table 3 respondents indicated all the skills except *politicking* were important, with an average rating over 95 (where 100 as a value was identified as

Table 1: Characteristics of New Zealand nurse managers

Variable	New Zealand
Sample size (155)	n=149
Age group (%)	
Under 40	7
40-49	27
50+	66
Sex (%)	
Female	95
Male	5
Years qualified as RN (%)	
Under 20	20
20-29	30
30+	50
Years as nurse manager (%)	
Under 4	19
4-6	13
7-12	30
13+	38
No. staff responsible for (%)	
Under 20	44
20-39	24
40-79	17
80+	15
Ethnic group (%)	
NZ European/Pakeha	79
Other European	13
NZ Māori	7
Chinese	1

Table 2: Average importance scores by key dimension

Key Dimension	New Zealand
Personality Characteristics	118
Knowledge & Learning	120*
Skills	156*
Beliefs & Values	97

1 'Importance' is measured by the **absolute values** of responses

*Mann-Whitney U test, significant statistical difference at the 5% level (i.e. $p < 0.05$)

Table 3: Average scores for skills

Skill	New Zealand
Interpersonal Relations	191**
Decision Making	190**
Planning & Evaluation	185
Conflict Resolution	184
Problem Solving	179
Diplomacy	166
Organising	166
Negotiation	163
Forecasting	154
Directing	143*
Public Relations	151
Attracting Resources	139
Conducting Meetings	125
Public Speaking	105
Politicking	70

NB. Skills are listed in descending order by average score for New Zealand

*Mann-Whitney U test, significant statistical difference at the 5% level (i.e. $p < 0.05$) ** Mann-Whitney U test, significant statistical difference at the 1% level (i.e. $p < 0.01$)



Table 4: Average scores for aspects of knowledge and learning

<i>Aspect</i>	<i>New Zealand</i>
Pertinent Technical Knowledge	155
Social Forces impacting the Organisation	154**
General Knowledge	139*
Theories of Human Behaviour	114
Management Theories and Techniques	111
Scientific and Technological Developments	111
Socio-Economic-Political Developments in the Country	107**
History of the organisation	105**
Developments in Other Countries	83
Theories of Social and Political Behaviour	86

NB. Aspects are listed in descending order by average score for New Zealand

*Mann-Whitney U test, significant statistical difference at the 5% level (i.e. $p < 0.05$) ** Mann-Whitney U test, significant statistical difference at the 1% level (i.e. $p < 0.01$)

helping effectiveness). However, the test indicates that it is the skills of *interpersonal relations*, *decision making* and *directing* that respondents rated as statistically more significant than other skills. In these skills the test results indicated that respondents rated *interpersonal relations* and *decision making* statistically significant at 0.05% compared to the other skills in Table 3. The skill of *directing* score was rated 0.01% which indicates that the score was also significant compared to the other skills. Of the 15 skills detailed in the survey, *negotiation* was the only skill that was rated at a lower level. Priority was given by respondents to *interpersonal skills* and *decision making* as being more important for effective management skills with *planning and evaluation* and *conflict resolution* closely following in the scores.

Knowledge and learning

Respondents rated the *knowledge and learning* dimension as having a higher value than the *personality*

characteristics dimension in Table 4. Eight of the 10 items were rated by respondents as having value in relation to being an effective manager (where a value of 100 or more was considered as aiding effectiveness). *Social Forces impacting the Organisation*, *Socio-Economic-Political Developments in the Country* and *History of the Organisation* (where $p < 0.01$ indicating these scores were significant) and *General Knowledge* (where $p < 0.05$ also indicated as statistically significant) were also rated by respondents as significantly higher in value for effective management as compared to the other skills listed in the table.

Table 5: Average scores for personality characteristics

<i>Characteristic</i>	<i>New Zealand</i>
Supportive	178
Open-minded	167
Courteous	164
Practical	164
Patient	161
Thoughtful	157
Caring	151
Intuitive	146
Energetic	144
Cheerful	142
Tolerant	139
Friendly	135
Self-confident	127
Lively	96
Likes self	94
Businesslike	88
Ambitious	79
Fun-loving	69
Proud	65*
Modest	64
Risk-taking	54*
Idealistic	45
Authoritative	44
Competitive	39
Hard-driving	38*
Informal	1
Reserved	-47
Forceful	-62
Impulsive	-85*
Distant	-132*

1 'Importance' is measured by the absolute values of responses

*Mann-Whitney U test, significant statistical difference at the 5% level (i.e. $p < 0.05$)



Personality characteristics

Respondents rated 13 items as having a value of 100 or more and therefore providing a perception that these items were considered helpful to being an effective manager. Being *supportive* was rated as the top personality characteristic in aiding managerial effectiveness and being *reserved, forceful, impulsive* and *distant* as having a negative impact on managerial

Table 6: Average scores for beliefs and values

Belief/ Value	New Zealand
Happy employees are productive employees	147
People are basically good	115
Subordinates should have a strong voice in decision-making	97
Information is power	82*
A manager's first concern should be with productivity	32
Poor performance by employees is caused by poor management	23**
Rules must always be obeyed	21
An effective organisation should run like a machine	14*
An effective manager should be popular with employees	7
Subordinates must be closely supervised	-9**
Taking risks is unwise	-30
A manager should maintain distance from subordinates	-36
Trade unions are important only in poorly managed organisations	-39
What you know is not as important as whom you know	-41
Money is everything	-71**
Each person should place self-interest above all other considerations	-81
Employees should be treated as one's own children	-83
Trust nobody but yourself	-89**
Work must come before everything else	-90**

Note: Beliefs/ Values are listed in descending order by average score for New Zealand

*Mann-Whitney U test, significant statistical difference at the 5% level (i.e. $p < 0.05$) **Significant statistical difference at the 1% level (i.e. $p < 0.01$)

effectiveness. Although rated at a lower value than 100, being *proud, risk-taking, and hard-driving* was rated positively by respondents at a statistically significant higher rate and who also rated *impulsive* and *distant* as having higher negative values than earlier surveys (Boldy et al., 2013).

Beliefs and values

In the dimension of beliefs and values (table 6) the respondents rated the average scores of *information is power* and *an effective organisation should run like a machine* ($p < 0.05$) and *poor performance by employees is caused by poor management* ($p < 0.01$) as having statistically higher positive values than other values indicating respondents saw these dimensions are more important than the other dimensions listed in the table. Overall respondents rated half the beliefs and values negatively with 10 of the 20 values and beliefs ranging from -9 through to -90 indicating that half the items will neither help nor hurt and half the items may have a tendency to hurt managerial effectiveness.

Discussion

This paper examines the attributes nurse managers perceive as contributing to managerial effectiveness. The findings indicate that the cultural contexts of the organisation is important in understanding these perceptions. Respondents ranked skills as the most desirable dimension listing the highest four subset of skills as *interpersonal skills, decision making, planning and evaluation* and *conflict resolution* indicating that relational skills are closely followed by organisational skills. Both interpersonal skills and conflict resolutions skills are relational skills that are usually viewed as informal skills where relationships are managed, whereas decision making and planning and evaluation occur when managing the work and regarded as formal skills (Kelly, 2012). Also supporting the view that relational skills are important, Meissner and Radford (2015) on analysing the



aged care sector in Australia found that more training opportunities were required to improve the relational skills of middle managers to improve overall client outcomes. Informal or relational skills are necessary for effective working relationships with people, formal skills such as decision making and planning and evaluation are based on organisational and professional knowledge. However, these formal skills require the relational skills to be implemented successfully, and therefore do not work in isolation. Analysis of the second and third skills groups on knowledge and learning, and personality characteristics also supports the idea that the relational skills of *interpersonal skills* and *conflict resolution* have to be considered in light of the cultural context in which they are being used and that they are interdependent amongst the four skill dimensions.

In the dimension of knowledge and learning, the skills that were more significant to respondents were around understanding the context of their work environment and specifically in the area of social forces and history. This is not surprising given New Zealand is bi-cultural and the requirement in health care on the Treaty of Waitangi to meet indigenous health needs (Nursing Council of New Zealand, 2012; New Zealand Nurses Organisation, 2010). The proportion of Māori population in the New Zealand population as at 30 June 2013 was 15.6% and there is acknowledgement that Māori health needs are disproportionately represented within the general population (Ministry of Health, 2017).

Historical origins and redressing unfulfilled Treaty requirements play a significant role in New Zealand society and applying the principles of the Treaty is embedded into all nursing curriculum (Nursing Council of New Zealand, 2012) and public health documents in New Zealand which are guided by the New Zealand Public Health and Disability Act, 2000, Part 1, Section 4. The Treaty of Waitangi also ensures that Māori sovereignty is critical to its people and influences political decisions that impact on health policy. The emphasis in New Zealand on

the cultural considerations of the indigenous population and thereby knowledge and learning, is arguably one of the factors that underpins why New Zealand respondents consider the importance of interpersonal skills above all other skills. Place and location and genealogy are very important in Māori culture and these factors need to be established to create a positive health experience (Durie, 2011).

The lack of value given to conflict resolution skills over interpersonal skills where a greater emphasis was placed on having interpersonal skills as a nurse manager also adds to the understanding of the New Zealand nursing context. Needing to have conflict resolution skills although considered helpful by New Zealand respondents was related to both the size and organisational structures in the respective participant's healthcare settings. The combination of small rural and larger urban healthcare settings in the New Zealand landscape reinforces the need for nurse manager adaptability in managing people through a mix of human resource strategies which include having interpersonal and conflict resolution skills.

Whilst working across primary, secondary and tertiary sectors, New Zealand policies and services place increasing importance on promoting the primary healthcare sector with an emphasis on health closer to home for health consumers (Ministry of Health, 2011). Current political and social developments in the New Zealand health sector are focussed on integration of health service provision which is closely aligned with increasing the level of interpersonal relationships and directives to reduce cross sectoral conflict. Returning to the idea of economies of scale this reduction in conflict is important for effective economic return on the provision of services in a country that has a small population tax base to contribute to an increasing health dollar expenditure.

The relative degree of geographical closeness and a smaller population are factors that tend to promote greater interpersonal functioning in New Zealand. The



data supports this thinking as respondents rated being *distant* as a significantly more negative attribute in the personality dimension, and a corresponding higher rating on *being informal*. Other influences that are significant to New Zealand's bi-cultural identity are found in the differences around values where Pakeha values echo Anglo-saxon individualist values and Māori values being bound by a sense of collective identity (Harding, Sibley, & Robertson, 2011; Mokaraka-Harris, Thomson-Fawcett, & Ergler, 2017). The fourth dimension of values and beliefs provides further insight into the importance the different nuances have in how effectiveness attributes are perceived by New Zealand nurse managers.

Although the fourth dimension of values and beliefs was ranked as the least influential by the respondents in terms of influencing managerial effectiveness, the significant differences in this dimension highlighted the importance of the different cultural contexts of the organisational environment in which the respondents were working. Lau and Chan (2002) looked at managerial competencies amongst small to medium business owners and found that knowledge and skill competencies were often attributed to the operational environment and trait and personality competencies attributed to the cultural environment. The focus on *organisation as a machine, information is power, and poor employee performance is due to poor management* from the New Zealand respondents, relates to the operational environment and is indicative of the degree of managerialism that has been dominant in the New Zealand health system since the early 1990s (Laugesen & Gauld, 2012; Upton, 1991). This thinking is also supported by the data where New Zealand respondents responded positively to *risk-taking* but negatively to *impulsiveness* in the personality dimension. Calculated *risk-taking* is considered a beneficial approach in a managerial culture whereas *impulsiveness* is viewed by managers as a negative attribute that needs to be managed due to the emotionally driven context in which

impulsiveness arises. Overall the different nuances within the four dimensions can be seen to underpin a wider contextual construct that requires consideration of organisational culture when evaluating what skill sets are perceived as positive or negative in terms of defining managerial attributes.

Implications for nursing management

In the constantly changing health environment it is important that nurse managers are equipped with tools and knowledge that enable them to adapt and manage change. This research adds to the evidence that the cultural context of the organisational environment is critical to understand how and why nurse managers perceive different attributes as necessary for effective management. Nursing requires future nursing leaders that will often be drawn from the middle management group of nursing and these future nurse leaders should be provided with opportunities that build on the appropriate cultural contexts to develop the necessary attributes to become effective leaders within that organisational and national cultural context. A recommendation arising from this research would be that health employers establish a nurse manager career pathway within their organisations. Establishing such a pathway would encourage a formal assessment of the skills and attributes that are required for nurse manager roles to effectively manage in their workplace.

Limitations of study

A limitation lies in the use of snowball sampling as this can limit how representative the sample is of the overall group being targeted and therefore impact on the response. A final limitation is also the inability to draw on the sectoral differences of whether responses were from the rural or urban sector in New Zealand as this may also influence how the response scales have been calculated.



Conclusion

Although the four groups of skills are ranked on perceived effectiveness, the skill groups are interdependent on each other for managerial effectiveness to occur. This interdependency is based on understanding the cultural organisational context of the nurse manager. The findings on the perceptions of New Zealand nurse managers indicate that whilst professional nursing skills around decision making and directing are highly valued, informal and relational skills are critical in achieving effectiveness in the work environment. Although values and beliefs was ranked as the fourth dimension, this dimension contained the most significantly different

attributes and underpinned the skills requirements for analysing managerial effectiveness attributes within the local organisational context which supports the need for further examination of organisational cultural influences within the context of the Nurse Managers work environment. Enabling Nurse Managers to not only understand their organisational culture but also ensuring they have the skills and attributes to adapt and manage change within that organisation is critical to not only effective management but also improved patient outcomes.

References

- Aiken, L.H., Buchan, J., Ball, J., & Rafferty, A. (2008). Transformative impact of magnet designation: England case study. *Journal of Clinical Nursing, 17*(4), 3330-3337. doi: 10.1111/j.1365-2702.2008.02640.x
- Aiken, L.H. & Sermeus, W. (2012). Patient safety, satisfaction and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *British Medical Journal, 344* (7851), 20-20. doi:10.1136/bmj.e1717
- Boldy, D., Della, P., Michael, R., Jones, M., & Gower, S. (2013). Attributes for effective nurse management within the health services of Western Australia, Singapore and Tanzania. *Australian Health Review, 37* (2), 268-274. doi:org/10.1071/AH12173
- Boldy, D., Jain, S., & Chen, G. (1996). Comparative attributes of effective health services managers and definitions of organizational effectiveness in Australia, the UK and the USA. *Health Services Management Research, 9*(1), 1-9. doi:10.1177/095148489600900101
- Boldy, D., Jain, S., & Northey, K. (1993). What makes an effective European manager? A case study of Sweden, Belgium, Germany and Spain. *Management International Review, 33* (2), 157-169.
- Boldy, D., Jain, S., & Harris, M. (1990). What makes an effective manager? - Health care and general management perceptions. *Australian Health Review, 13* (4), 271-281.
- Bradbury-Jones, C. (2009). Globalisation and its implications for health care and nursing practice. *Nursing Standard, 23* (25), 43-47.
- Burns, L.R., Bradley, E.H., & Weiner, B.J. (2012). *Shortell & Kaluzny's health care management* (6th ed.). New York: Cengage Learning.
- Carroll, P. (2006). *Nursing leadership and management: a practical guide*. Clifton Park, NY: Thomson Delmar Learning.
- Daly, J., Hill, M., & Jackson, D. (2015). Leadership and healthcare change management. In J. Daly, J., S. Speedy, & D. Jackson (Eds.). *Leadership & Nursing* (2nd ed., pp.81-90) Australia: Elsevier.
- Durie, M. (2011) *Nga tini whetu: Navigating Māori futures*. Auckland, New Zealand: Huia.
- Harding, J.F., Sibley, C.G., & Robertson, A. (2011). New Zealand = Māori, New Zealand = Bicultural: Ethnic group differences in a national sample of Māori and Europeans. *Social Indicators Research, 100*, 137-148. doi:10.1007/s11205-010-9608-5
- Harris, M.G., & Associates. (2010). *Managing health services: Concepts and Practices*. Sydney, Australia: Mosby.
- Havens, D.S. (2001). Comparing nursing infrastructure and outcomes: ANCC magnet and non-magnet CNEs report. *Nursing Economics, 19* (6), 258.
- Jain, S.C., Boldy, D., & Chen, G. (1994). Attributes of effective managers and implications for health care management education in the Asia Pacific region. *Asia-Pacific Journal of Public Health, 7* (1), 39-59. doi: 10.1177/101053959400700108
- Jain, S.C., & Abubaker, G. (1993). The making of effective managers: The Sudanese and the US perspectives. *Health Services Management Research, 6* (1), 35-51. doi:10.1177/095148489300600104



- Kelly, P. (2012). *Nursing leadership and management*. (3rd ed.). New York: Cengage Learning.
- Lau, T., & Chan, K.F. (2002). Managerial competencies of SME owner/manager: Does regional context matter? *Journal of Small Business & Entrepreneurship*, 16 (2), 77-83.
- Laugesen, M.J., & Gauld, R. (2012). *Democratic governance and health: Hospitals, politics and health policy in New Zealand*. Dunedin: University of Otago Press.
- Meissner, E., & Radford, K. (2015). Importance and performance of managerial skills in the Australian aged care sector – a middle manager’s perspective. *Journal of Nursing Management*, 23, 784-93. doi:10.1111/jonm.122087
- Ministry of Health. (2011). *Better, sooner, more convenient healthcare in the community*. Wellington, New Zealand: Author.
- Ministry of Health. (2017). *Tatau-kahukura: Māori health statistics*. Retrieved from <https://www.health.govt.nz/our-work/populations/Māori-health/tatau-kahukura-Māori-health-statistics/tatauranga-taupori-demographics/age-structure>.
- Mokaraka-Harris, J.J., Thomson-Fawcett, M., & Ergler, C.R. (2017). Tree grown from many layers: An indigenous perspective of collective identity. *New Zealand Geographer*, April. doi:10.1111/nzg.12159
- New Zealand Public Health and Disability Act, No. 91. (2000). Retrieved from www.legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html
- Nursing Council of New Zealand. (2012). *Code of conduct for nurses*. Wellington, New Zealand: Author.
- Nursing Council of New Zealand. (2015). *The New Zealand nursing workforce 2015*. Wellington, New Zealand: Author.
- New Zealand Nurses Organisation. (2010). *Code of ethics*. Wellington, New Zealand: Author.
- Upton, S. (1991). *Green and white papers*. Wellington, New Zealand: Ministry of Health.
- Sa’ari, H., Johare, R., Manaf, Z.A., & Bab, N. (2013). An empirical study of the contribution of managerial competencies in innovative performance: Experience from Malaysia. *Proceedings of the European Conference on Management, Leadership & Governance*. Database Business Source Complete. 432-439.
- Stichler, J. (2008). Succession planning: Why grooming their replacements is critical for nurse leaders. *Nursing for Women’s Health*, 12(6), 525-528. doi: 10.1111/j.1751-486X.2008.00387.x
- Walshe, K., & Rudd, J. (2011). *Healthcare management*. (2nd ed.). Berkshire, UK: Open University Press.
- Wong, C.A., & Giallonardo, L. (2013). Authentic leadership and nurse-assessed adverse patient outcomes. *Journal of Nursing Management*, 21(5), 740-752. doi:10.1111/jonm.12075
- Wong, C. (2015). Connecting nursing leadership and patient outcomes: State of the science. *Journal of Nursing Management*, 23 (3), 275-278. DOI: 10.1111/jonm.12307