The Office for Health Management, following the recommendation of the Commission on Nursing, commissioned this study to identify the management competencies required for nursing and midwifery management positions. Following a competitive tendering process, the proposal from Saville and Holdsworth (Ireland) Ltd and University College Cork was selected.

We welcome the results of this study. The competencies were developed in a rigorous and wide-ranging research exercise. They were then validated by consulting with groups of nurses throughout the country. We are therefore confident that they are grounded in the experience of nurse managers in Ireland. We also appreciate the forward-looking mentality adopted by the research team. They focused not just on the nursing managerial task as it is at present but also as it will evolve in the future as the recommendations of the Commission on Nursing continue to be implemented and as the wider health service evolves in response to the rapidly changing nature of our health care needs.

We believe that the management competencies identified in this user pack will be of benefit to employers, staff representative associations and nurse managers at all levels. They should inform the recruitment and selection of nurse managers by enabling employers to specify more clearly the competencies they are seeking and which they wish to assess. They should enable nurses themselves to assess their development needs and to plan for their own development. The Commission on Nursing recommended that health service providers should introduce systems to facilitate the development of personal career planning amongst nurses and midwives and the identification of these competencies should help those considering a managerial career.

The competencies should also facilitate the process of training and development for nurse managers. In the Office for Health Management we intend that any management development initiatives commissioned for nurse managers in the future should be informed by these competencies.

This management development user pack is a reprint in amended design and format of the OHM report published in February 2000 entitled Report on Nursing Management Competencies. Since the publication of the original report, assessment questionnaires have been developed and are available online at www.officeforhealthmanagement.ie. In addition, a seamless management development pathway from front-line to top-level nursing and midwifery management is now in place.

Finally, I would like to thank all of those involved in the development and validation of these management competencies - all of the nurses, midwives and other stakeholders who participated in this study - and my thanks particularly to Dermot Rush and Geraldine McCarthy who led the research team. The greatest tribute that can be paid to all of them is if these competencies are widely used to contribute to the support and development of nursing and midwifery management in Ireland in this new millennium.

Denis Doherty
Director
Office for Health Management
EXECUTIVE SUMMARY

Origin and purpose
This research report was commissioned by the Office for Health Management in May 1999 as an initiative to support the development of nursing management in Ireland. This initiative followed the report on the Commission for Nursing which recommended that competency based approaches to management focus on the personal characteristics, skills and behaviours, which underpin effective or superior performance.

Accordingly this research set out to
1. identify and define the competencies which are required for effective nursing management in the Irish health and personal social services
2. ensure that the competencies are defined in the light of the future service requirements and the transitional challenges that they pose
3. recommend how these management competencies can be applied to enhance the future performance of nursing services.

Method and scope
The research was carried out in three phases.

Phase 1: field research with a representative sample of nursing managers in front-line, middle-level and top-level roles across all of the main service sectors and geographical regions. The output of this stage was a definition of the competencies and the service contexts within which they are applicable.

Phase 2: a national validation exercise involving consultation with groups of nurse managers and other service stakeholders across a series of regional values. The outputs of this stage were a further refinement of the competency definitions and a heightened educational awareness of their relevance to service delivery.

Phase 3: the presentation of a formal report on the research, including recommendations on applications and communication.

In total, the research drew on the contributions of over three hundred nurse managers and eighty service stakeholders (other professionals, management and service colleagues). An important element of the stage one process was a deliberate emphasis on exploring the likely future demands and contexts for nursing management. This was primarily accomplished by running three future scenario-scoping workshops which were attended by seventy-three nurse managers in total.

Research findings
Nursing services are undergoing rapid change and development in virtually all service sectors with growing demand levels, broader contributions to service delivery and increasing levels of sophistication/specialisation. In parallel, the health and social services are undergoing rapid and continuous change with an increasing emphasis on service standards and accountability, value for money and consumer empowerment. Nurse managers need the competencies not only to deliver today’s services but also to lead the evolution of services in this challenging environment.

The research has identified eight ‘generic’ competency areas which underpin effective performance at all levels of nursing management. These competencies can also serve as an initial ‘readiness to manage’ template which will assist individual nurses in their future career planning.

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>Professional credibility</td>
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<tr>
<td>Practitioner competence and professional credibility</td>
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<td>Service contribution</td>
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<td>Sustainability under pressure</td>
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<tr>
<td>Communication and influencing skills</td>
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<td>Facilitation and enablement of staff</td>
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<tr>
<td>Resilience and composure</td>
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<tr>
<td>Sustained personal commitment</td>
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<tr>
<td>Building and maintaining relationships</td>
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<td>Integrity and ethical stance</td>
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<tr>
<td>Service initiation and innovation</td>
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<tr>
<td>Promotion of evidence-based decision-making</td>
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</table>
At the **front-line nursing management level** the research identifies three further critical competencies.

1. Leading on clinical practice and service quality
2. Planning and organisation of activities and resources
3. Building and leading a team

The **mid-level nursing management** roles make an important contribution to the integration and service development aspects of nursing provision. The research identified five role critical competencies at this level.

1. Empowering and enabling leadership style
2. Proactive approach to planning
3. Effective co-ordination of resources
4. Setting and monitoring performance standards
5. Negotiation skills

The **top-level nursing managers** face the challenge of ensuring that nursing makes a full contribution to the strategic development of services and that they play their part in the corporate management and stewardship of their own organisation. The research identified five role critical competencies.

1. Leading on vision, values and processes
2. Strategic and systems thinking
3. Working at corporate level
4. Establishing policy, systems and structures
5. Developmental approach to staff
Application to support the development of nursing management

The competencies for nursing management can be used at a number of levels to enhance service performance, as illustrated below.

Using competencies as the integration factor in performance management

The competencies should be used to bolster standards of nursing management and specifically they can be deployed as:

1. selection criteria for recruitment purposes
2. behavioural standards in induction and training and as performance criteria for development, recognition and feedback purposes.

However further work needs to be done on the definition and specification of clear role profiles within the three levels of nursing management before the full benefits of competency-based development are realised.
Origin of study
The Report of the Commission on Nursing (1998) recommended that the Office for Health Management commission a study of the competencies required for nursing and midwifery management positions. In particular it stated that:

These competencies should be drawn up in the light of the management responsibilities identified for each level of nursing and midwifery management by the Commission (7.53).

Defining competency
Competencies include behaviours, attitudes and knowledge that are skillfully applied. They complement the individual’s academic and educational grounding to impact on overall job performance. One definition of competency is that adopted by Boyatzis (1982):

... an underlying characteristic of a person in that it may be a motive, trait, skill, aspect of one’s self-image or role or a body of knowledge...

Competencies bring a more focused approach to the key qualities and behaviours required for effective performance and as such they can contribute to improved management through applications across a range of processes as illustrated below.

Competencies are not a panacea which can address all management issues, nor can their usage be slavishly generalised from one setting to another.
Purpose
The purpose of this study was

1. to identify a future focused competency model for nurse managers in the Irish service context
2. to differentiate the competencies required at top-level, middle-level and front-line management
3. to utilise the results to inform good practice in the recruitment, selection and development of nurse managers

Context within which nurse managers work
Changing health services
The form and structure of the health services has changed dramatically during the last number of years. This has led to the introduction of a number of new initiatives to meet healthcare needs and to achieve health and social gain.

The health strategy of 1994
The strategy emphasised health promotion, disease prevention, pertinent use of expensive resources, promotion of better service links (particularly with community services); movement of patients between hospitals and the community and greater use of respite services, equity in relation to private versus public provision; provision of services for special and marginalised groups; collection and analysis of comprehensive data for use in need identification and evaluation of existing resource allocation; audits of service quality with particular emphasis on the consumers perspective and establishment of performance criteria for core service areas.

The management development strategy for the health and personal social services (1996)
The strategy emphasised the necessity for clinicians, professionals and health service managers to operate effectively in a more open and accountable culture.

The strategies above have meant major changes in the manner in which health and social services are provided and used and have led to the introduction of organisational restructuring and new management models including the following: service, directorate and unit models; strategic planning becoming the norm; creation of new services/new methods of service delivery such as provision of complex care on a daycare basis; greater use of technology resulting in information availability; greater devolution of decision making; a multidisciplinary approach to care; requirements for specialist skills; and pressure groups who lobby for specialist services.

These, together with increasing legal requirements (for example those for children, nursing homes, freedom of information etc) and the emergence of a more well-informed, enlightened, demanding and litigation conscious public, have major implications for nursing and nurse managers.

More recent policy documents also point to the major challenges and era of unprecedented change and restructuring facing the Irish healthcare sector. The health strategy document Quality and Fairness: A Health System for You (2001), the Action Plan for People Management in the Health Service (2002) and The Health Service Reform Programme (2003) all place emphasis on the need for the health service to be more person-centred and to become an employer of choice by ensuring a positive and participative management style, whereby staff at all levels in the organisation are empowered through devolved decision-making processes.

Transitions in nursing
Within nursing itself there are also a number of key transitions occurring as a result of the changes in the health service and the publication of Report of the Commission on Nursing. These relate to

- management of nurses and nursing
- development of professional nursing
- clinical practice developments.
Management of nurses and nursing

The world of nursing management is undergoing a transition process across a very broad front. Transitions include:

- greater opportunities for nurse managers to work at strategic rather than operational level, using knowledge and expertise to effect strategy
- the introduction of more appropriate nurse management structures; a move from functional management to executive and service/directorate/unit models of management
- a requirement to utilise a participative management style and an ethos of decentralisation and shared governance rather than centralisation
- a move from reactive and transactional to proactive and transformational leadership
- a move from non-representation to full representation and active involvement in service planning
- the strengthening of the front-line managers role and responsibilities, with focus on managing and facilitating rather than supervising and with greater emphasis on enabling staff rather than on task control
- a move towards succession planning in nurse management
- a change from certificate to graduate qualifications for nurses
- a change from vocation, discipline, diligence and obedience to intellectual freedom and academic debate
- a change from few promotional opportunities to wider opportunities for nurses both internal and external to nursing
- an oversupply of registered nurses to shortages and difficulty in recruitment and retention
- a move from fixed work contracts to flexible working arrangements
- a move from a predominantly nursing workforce to the introduction of other grades working in multi-skilled teams, leading to issues of manpower planning, skill mix, skill training provision, management of a multi-skilled workforce and maintenance of quality service with non-nurses working side by side with registered nurses
- a move from a single professional nursing function to a team and partnership approach of equals in specialised fields of practice
- the possibility of joint appointments in nursing and education.

Development of professional nursing

In parallel with service developments there has been a significant development of the professional status of nurses and career opportunities available to nurses as reflected in:

- adequate and pertinent orientation of healthcare professionals to service sites
- focused and relevant in-service education, establishment and utilisation of nurse education centres
- personal development planning, career development and the creation of career ladders in clinical, education and managerial positions
- a framework for continuing education especially in clinical practice by the creation of clinical nurse specialist and advanced nurse practitioner positions in liaison with the National Council
- education and practice to advance learning of practitioners who are truly independent in their clinical practice role and who can function autonomously in nurse-led services yet interdependently in regard to other medical staff
- diploma to degree-level education for student and registered nurses as the norm rather than the exception
- responsibility for the provision of nurse education to be shared in a partnership arrangement between health services, third-level institutions, An Bord Altranais and others
- support for formal education through reimbursement of fees, flexible scheduling, leave of absences as the norm rather than the exception.
Clinical practice developments

The clinical practice of nursing continues to grow in both breadth of contribution and complexity of activities, as reflected in:

- the introduction of professional practice models instead of the traditional and functional models of care with responsibility and autonomy for focused nursing care of individual patients or groups of patients centred in the needs of patients and the role of registered nurses;
- nurses responding to the advancement of scientific knowledge and technology by performing many of the procedures formerly carried out by medical colleagues;
- autonomy and freedom to act within professional practice perimeters and protocols using innovation and creativity instead of routinisation and care based on rules and regulation;
- decreased professional barriers and a team approach to care comprising nurses and professionals allied to medicine in an effort to improve patient services and outcomes;
- the setting of standards and measurement of outcomes of care, including the utilisation of audit as a means of ensuring continuous improvement;
- the teaching of students perceived as both an expectation for practice and an opportunity;
- the recruitment and retention of highly qualified and committed staff;
- the maximum and appropriate utilisation of staff recruited to support nurses in their role;
- a move towards more proactive and community/home based care for older people, with implications for the recruitment of specialist nurses and others to care for projected numbers together with new skill acquisition and demand for a range of services;
- the establishment of low-cost nurse administered units with respite beds where nurses have the admitting and discharge rights, to optimise service use;
- an increased demand for domiciliary midwifery services, the development of nurse-led birthing centres and prenatal and postnatal community care provision clearly linked to need, especially for marginalised groups;
- the increasing contribution of education and prevention focused activities.

The pace and rate of change in nursing services poses a significant leadership challenge for nursing management. The ingredients for a successful management response will include both a shift in culture towards a more transformational leadership style and a more structured and focused approach to the development of management competencies at all levels within the services.
ORIGIN, PURPOSE AND METHODOLOGY

The project structure
The project was conducted in three phases.

Phase 1: A future role analysis of three main levels of nursing management based on field research and the definition of a forward looking competency model with full reference to stakeholders’ views and international comparisons.

Phase 2: A wide ranging consultation and education process with nursing managers across the country.

Phase 3: Production of a formal report setting out the future competency requirements together with the recruitment and management development applications and a communication plan to build a momentum for implementation.

Project design
Both quantitative and qualitative methodologies were utilised in the first two phases. These included role analysis, individual interviews, repertory grid interviews, future scenario focus groups and a stakeholder survey. An initial field sample of fourteen large service sites including general hospitals, mental handicap, psychiatric, maternity, sick children and public health specialities across the country was selected. Each service provided a vertical selection of top-level, middle-level and front-line nurse managers to participate.

Phase 1
Role analysis
Phase 1 of the study involved making contact with the fourteen sites. The research team visited the sites where participants completed a role analysis instrument. The questionnaire collected information on the nurse manager’s work and sought to establish the main tasks performed, rated by both importance and frequency as well as exploring the context in which these tasks were performed. This instrument provides a thorough and systematic task analysis of the management role.

Interviews
Members of the research team organised individual interviews with a sub-sample of nurse managers at each site (see Table A). Other than the top-level managers (all of whom were included) the sample was a representative one. In most cases one site was visited at a time when it was possible to conduct three interviews – one with a manager from each level, i.e. top, middle and front line. Interviews were ninety minutes to two hours in duration using qualitative methods to obtain data.

Critical incident interviews
Critical incidents were used to explore real life management situations. Three to four incidents were analysed, investigating both negative and positive outcomes. By identifying the key characteristics that contributed to successful or unsuccessful performances, these interviews provided rich insight into critical aspects of role performance.

Repertory grid interviews
In this part of the interview, repertory grids were completed with top and middle managers only. This method explored the nurse manager’s perception of the factors that differentiated ‘better’ from ‘less’ effective performers. The nurse managers were taken through a structured process to explore the personal characteristics which they saw as differentiating their best performers from others in target roles (i.e. middle managers reflecting on front-line managers and differentiating why some were ‘better’ performers than others).

Future scenario focus groups
Future scenario focus groups were conducted with an expanded national sample of top-level, middle-level and front-line nurse managers (n=93) in Dublin over a two-day period. The sample was chosen based on geographic location and branch of nursing represented (general, psychiatric, mental handicap, paediatric, public health and care of older people. Members of the research team led sessions with groups from each management level. A 93% attendance rate from invitees was achieved. Themes discussed related to future health service demands and attendant challenges for nurse management. The conditions necessary to facilitate future role development were also discussed.
Stakeholder survey
Nurse managers who attended the future scenario focus groups nominated non-nursing stakeholders and a questionnaire was mailed to 318 of those nominated. Seventy-eight stakeholders representing chief executive officers, general managers, doctors, other healthcare professionals and service managers responded within the timeframe. The questionnaire collected both quantitative and qualitative data. Its purpose was to identify the qualities associated with effective nursing management, particularly in terms of the way nursing interfaces with other disciplines in the provision of services. This questionnaire also incorporated a future orientated component.

Phase 2
Phase 2 involved communication of the emerging competencies at workshops in eight locations countrywide (Dublin: two sessions, Galway, Meath, Tullamore, Sligo, Cork, Limerick, and Waterford). Two hundred and fifty-seven nurse managers attended. These were grouped according to level and were asked to examine and reflect on the emerging competency models. Each group was allocated specific competencies to examine and their views were elicited on the adequacy and relevance of the definitions, areas of applications and the associated positive and negative behavioural indicators. The response at these workshops was strongly supportive in terms of both endorsing the research findings and in adding refinements to the definitions and context descriptions.

Number of nurse managers who were involved at each phase of the study

<table>
<thead>
<tr>
<th>Role Analysis</th>
<th>Individual Interviews</th>
<th>Future Scenario Focus Groups</th>
<th>Validation Workshops</th>
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<tbody>
<tr>
<td>Top-level</td>
<td>14</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Middle-level</td>
<td>33</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Front-line</td>
<td>118</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>165</td>
<td>43</td>
<td>93</td>
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</table>

Findings
Quantitative and qualitative data was collated, analysed and merged from all stages of the research to build the competency model. Relevant international research comparisons were also made. Eight generic competencies were identified:

- evidence-based decision-making
- relationship building
- communication and influencing
- initiation and innovation
- resilience and composure
- integrity and ethical stance
- sustained personal commitment
- practitioner competence and professional credibility.

Core competencies for each level of management were also identified. All competencies have been developed to include definitions, areas of application, and positive and negative behavioural indicators as set out in the competency booklets in this user pack.
Benefits of participation
The project was not just an exercise in collecting information. It also served as an important educational exercise at a number of levels, exemplified as follows.

1. With the nursing profession and nurse managers in particular, focus was placed on the behaviours, attitudes and qualities which are required for taking nursing and health service delivery forward.

2. For the stakeholders group the project served to reinforce what nursing management can contribute and also to clarify the wider service expectations for the contribution of different levels of nurse management.

3. For the service as a whole focus was placed on the recruitment and development implications specifically relating to the competence and capability to carry out the management role effectively.

Phase 3
Phase 3 called for the production of a formal report setting out the future competency requirements (for nurse and midwife managers) together with the recruitment and management development applications, and an enabling context to build a momentum for implementation. This management competency user pack for nurse and midwife managers provides all of the elements of Phase 3.
Identify the level most appropriate to your role, top-level, mid-level, front-line

Select the level that best matches the demands of your role in the short and medium term. Use the space below to record your level.

Your level: [ ]
2. **Study the generic and critical competencies relevant to your level and prioritise them in terms of your current job. It would be beneficial to prioritise them as either very important or important.**

In deciding this please assess your own development needs and consider your current responsibilities and how your role may evolve in the coming 12 to 18 months. Do consult your manager or a colleague if that would help. Use the spaces below to record your priority competencies.

<table>
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<th>Generic Competencies</th>
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</table>

It is important to note that the eight generic competencies do not change across the levels.

<table>
<thead>
<tr>
<th>Critical Competencies</th>
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<td>1</td>
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3. **Consult the appropriate competency booklet and review the performance indicators relevant to the competencies identified for development.**

**What next?**

Log on to [www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning) to complete your personal development planning materials.