Original Article

Nurse Managers' experiences as an agent for change

Parvin Ghalriz*, Narges Fakhari**, Tayebeh Mehrabi***, *Mahin Moeini****,*

Zohreh Ghazavi*****, Marzieh Adel Mehraban*

Abstract

Background: Working in managerial posts, nurses need to know the management concepts and skills such as change management. This knowledge can improve the quality of patients care. This research was a study on the change concept by describing the nursing managers' experiences as an agent for change.

Methods: It was a qualitative research based on phenomenology. Data were collected from matron nurse managers working in the hospitals of the Isfahan University of Medical Sciences. Sampling method was purposive and continued until data saturation. The number of participants was 13. Data were collected by open interviews and the analysis of data was based on the Colaizzi's method.

Results: The findings consist of 220 concepts classified in five main concepts including prospect, outcome, variables, stimulator, and acceptation.

Conclusion: The findings showed that most nurse managers have some experiences of change state as a change agent. Since hospitals and health centers are in direct contact with people of all social groups and their activities benefit the public, nurses should pay more attention to health care development and change.

Key words: Change, nurse managers, experience

Change is an important theme in organizational management and a basic component of human life which can cause an organization to develop or destroy.[1] As Organizations are increasingly dealing with their dynamic and changing surroundings, the managers need to act in such situations of fast and deep changes. Marquis considers technology, easy access to information and population growth as three major factors causing changes in health care system.[2] The nurse managers should prioritize changes and connect it with other organization components to present better services to the society and satisfy their personnel and patients.[3]

The results of Lind Holm et al study showed that nurse managers who had a clear leadership style related mainly to a transformational or transactional leadership model, would experience fewer management problems than nurse managers with other leadership styles.[4] Studies showed that nurses frequently resist in front of changes. Therefore, nurse managers should be careful of their employee's health in the process of change. Because change is a major source of tension in workplaces and effect the job satisfaction, function and decision makings of the employees.[5] Tomey[6] says that inappropriate management increases conflicts in organization and Swansburg et al[3] believe that change brings more sa-

tisfaction for employees and patients. There is no special formula for change management and a scientific change leadership is beyond mere science and its theories.[7] Understanding the experiences of nurse managers can be useful in this regard, because such experiences can help improvement of the organization tasks and the quality of services, increasing satisfaction as well as creativity and innovation among employees and in general help the change.

This study was a qualitative and phenomenological, because it studied a general concept and described people's experiences. And the aim was to describe the nurse manager's experiences as the agent for change.

Methods

Considering the study topic, the method was qualitative based on phenomenology. The studied population was the matron nurse managers. Thirteen participants with at least a bachelor degree in nursing and 10 years of management experience currently working in the hospitals of the Isfahan University of Medical Sciences were interviewed. All participants were interested in participate and were free to leave study whenever they wished. Sampling method was purposive and continued until data saturation. Using non-structured deep interviews and asking wide open questions without giving directions to the talk or asking extra questions, the researcher helped the participants to explain their experiences. The participants were selected by the official permission of the hospital administration. The research topic was introduced to participants and they were assured of the privacy and secrecy of the interviews and the moral values of the research. The interviews were scheduled by previous appointments and in the mornings in the nurse managers' rooms for 3 month (March to June 2006). The average duration of interviews was 50 minutes. The participants explanations were returned to them for confirmation and their changes were applied. The reliability of the study was assured by the supervising professors. Data were analyzed us-

ing Colaizzi's method in seven steps. In the first step the tape recorded interviews were listened, transcribed and studies carefully several times. This helped the researcher to get along the interviewees feelings and get the meanings and notions of the participants' explanations. In the second step, important statements and terms were extracted from interviews. In the third step, the researcher tried to give specific concept to the extracted statements. In the fourth step, the concepts were formulated and categorized based on subjects. All the concepts were arranged in 19 categories and then related subjects were joined. At the end, 11 sub-concepts were identified and categorized in five main concepts including prospect, outcomes, variables, stimulator and acceptation.

Results

Findings were consisted of 220 codes extracted from the interviews. Prospect is one of the concepts of this study. The participants had noticed some problems in the hospital and also in nursing services which needs change. For example, participant number 8 said: "*Because of lack of nursing personnel, we should change the method of accepting nursing students*". Participant number 13 said: "*There should be some relief personnel in hospitals for the in-service education; so that we won't need personnel exchange between wards.*"

Another concept was stimulator. Participant number 4 said: "*When the upper authorities and employees can trust the manager, it will be easier for manager to do changes*" and participant number 8 said: "*Inappropriate laws close the managers' hands and stop their authority for changes they want to perform.*"

Another concept was variables. Nurse Managers have some experiences of changes in individual behaviors, technology, institutional structure and process and have tried to chang in order to increase efficiency, satisfaction, quality of services and institutional productivity.

Another concept was acceptation. Nurse Managers have some experiences of applying a strategy of obligation, logic and norms to push

the acceptance and advance the changes. For example, participant number 12 said: "*In addition to promote our good personnel, we provide promotions for those personnel who try to improve...*" and participant number 7 said: "*We announce the recent month statistics in the babies' room to inform the personnel how their work decreased infections and it caused them do a good job without any force.*"

Another concept of the study was outcomes. The results showed that nurse managers have an experience of the positive and negative effects of changes on themselves, patients, personnel and the institution. For example a participant said: "*After several months trying to make a change, I felt energized and it encouraged me for the later changes.*" Participant number 10 said: "*These little changes cause mangers know their personnel.*"

Discussion

Nurse Managers have a great responsibility to maintain and improve their patients' health. They should consider the quality of services as well as patients' satisfaction and needs when they make changes. They should try to have provisions to maintain, develop and improve their institution.[3] The findings of this study showed that mundane needs and security affect the resistance against new changes; Therefore, providing job security by giving life-long employment and reasonable salary and bonus cause personnel to be more responsible for changes. Also, choosing a supportive leadership style can help development of a physically and spiritually healthy environment in the institution as well as improvement of the efficiency of personnel work and preparing them for a change in their behavior.[4]

Planning for group works and involving personnel in decision making can help nurse managers to decrease the resistance against changes and reduce the psychological pressure on themselves and their personnel.[6] Nurse Managers can also encourage their personnel to accept the changes by choosing the appropriate leadership style based on the situations, their personnel maturity and appropriate promotions.[4] They should use proper strategies for those personnel who conformed to the changes.[5] It means that nurse managers should accept risks to be able to do successful changes.[6]

Findings showed that nurse managers often pay little attention to the results of changes and in some cases they ignore the negative effects of changes on people including patients, personnel and themselves; and don't respond appropriately to the people's reaction in various stages of change.

The mangers participated in this study experienced several factors as obstacles including inefficiency of law, psychological problems of the personnel, job insecurity, personnel's fear and resistance. However, most managers believed that the main challenge for them was to overcome the obstacles on the way of accepting change and fighting the resistance. Unsuccessful changes may discourage managers to try more and make them show less interest in later changes.[8] Change can be the reason for psychological pressure at work. The simplest effect of psychological tension at work shows itself with the lack of job satisfaction, anxiety, tiredness and sidestepping work.[5] Psychological pressure due to change is a factor for job drain especially in teachers, nurses and health care personnel. Therefore, the educational programs for personnel should improve the characteristic of tirelessness in them in order to decrease the possibility of diseases caused by psychological pressures especially for those managers and personnel who are at risk for psychological pressure.[2]

Acknowledgment

References
1. Tappen RM. Nursing leadership and management: Concepts and practice. 4th ed. Philadelphia: F.A. Davis Company; 2001. p. 215.
2. Marquis BL, Huston CJ. Leadership roles and management functions in nursing. 4th ed. Philadelphia: Lippincott Co; 2003. p. 380.
3. Swansburg RC, Swansburg RJ. Introduction to management and leadership for nurse managers. 3rd ed. Sudbury: Jones and Bartlett, 2002. p. 270-1.
4. Lindholm M, Sivberg B, Uden G. Leadership styles among nurse managers in changing organizations. Journal of Nursing Management 2000; 8: 327-35.
5. Leboff G. Change? Give it a rest. UK: International health care management; 2004. p. 2.
6. Tomey AN. Guide to nursing management and leadership. 7th ed. Philadelphia: Mosby; 2004.
7. Sullivan EJ, Decker PJ. Effective leadership and management in nursing. 6th ed. Prentice Hall; 2005.
8. Ellis JR, Hartley CL. Managing and coordinating nursing care. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2004.

www.mui.ac.ir