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The Evaluation of Nursing
Management Educational Programmes

by

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The Evaluation of Nursing
Management Educational Programmes

I Introduction

The very idea of presenting a paper on nursing management educational programmes and their evaluation raises a series of issues which must be examined if the entire notion of this paper, indeed this Conference, is to be taken seriously. Without such examination, a never-ending song of "shoulds" or "must-be-included" lists result, with an audience nodding not in approval but in a ho-hum fashion which says, "Yes, I've heard all that before."

One must begin the thought process with a series of questions which asks "What does a person (institution/community/nation) want a nurse manager for anyway?" and "Why would a person want to become a nurse manager in the first place?" and "Why management for nursing when, up to now, others have managed nursing for the nurses quite well?" Besides, one uncomfortably hears it said that most of the nurses one gets to talk to do not want the responsibility anyway. Finally, why should evaluation of programmes for nursing management be any different than they are for a humanities programme, a business management or a science programme, or a liberal arts programme?

These are good questions. These are important questions. These are questions which we personally have been asked. And, these are questions which we have had to examine, reflect on, and finally answer.

In the next half hour, I would like to share with you what we believe are the elements which must be considered in examining this timely issue, along with the assumptions one must make about the expected outcomes of evaluation activities themselves.

A. Framework for Evaluation

The framework presented is based on a systems design which follows the learner through the curricular experience. (See Figure 1.)

Evaluation, which occurs throughout the system; is distinguished from purely scientific research by a focus on the usefulness of results. The purpose of research is to contribute to the sum of human knowledge, regardless of its practicality, while evaluation information is intended for specific use¹.

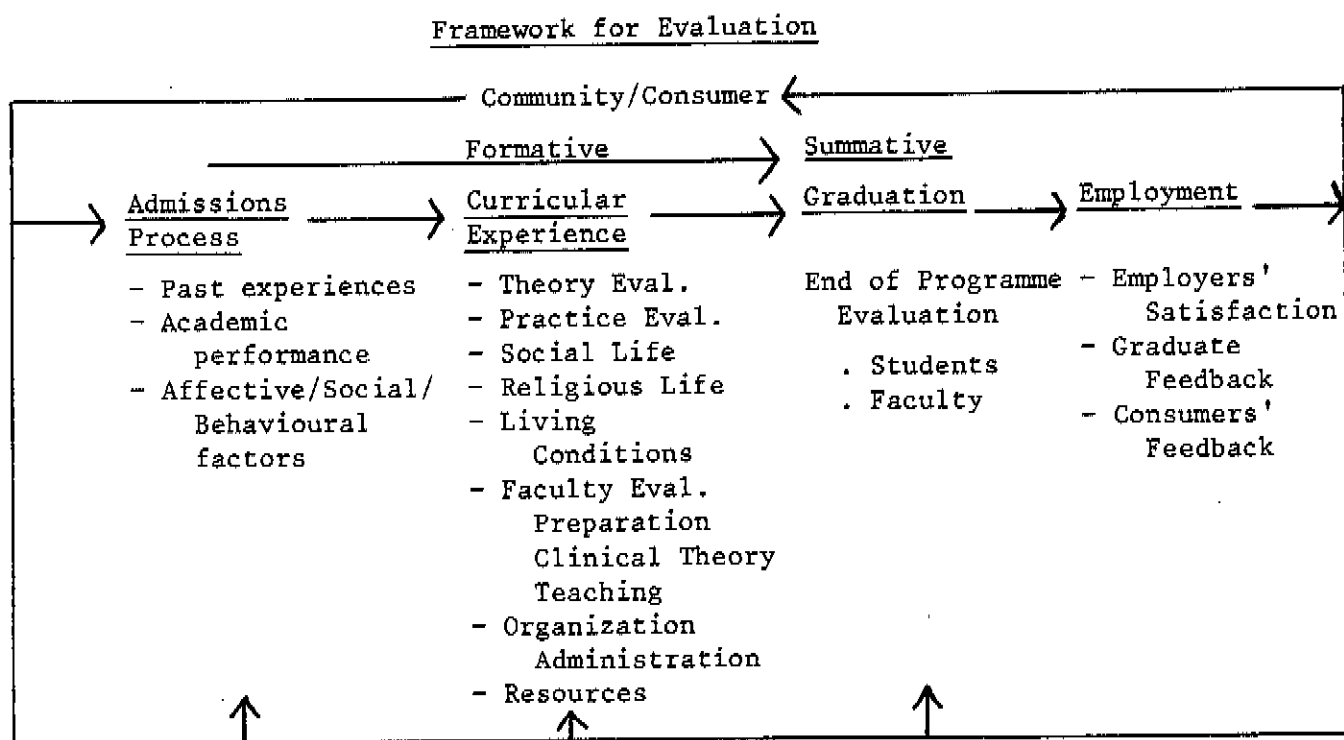


Figure 1: Formative and Summative Components of Programme for Nurse Managers

As distinguished from most forms of scientific inquiry, evaluations are intentionally immersed in complex and frequently turbulent systems of social and political relationships, and indeed, often are intended to create change in such systems². What specifically are the types of changes needed in Europe in nursing which would foster the realization of a healthier community?

B. Outcomes Expected

What specifically would nurse managers be expected to do? A summary of materials reveal that all countries in the European Region recognize the need for nurse managers³ and most countries look forward to nurse managers who will:

1. introduce new contemporary approaches to health care and caring practices (including those developed through primary health care);
2. harness the resources of people in identifying, addressing and evaluating their own health care;
3. serve actively in policy-making for health, influencing governments, non-governmental organizations and others, to allocate funds, set priorities and make appropriate health care decisions;
4. harness talent and resources to attain and maintain a balance of nursing manpower to provide essential health services in whatever setting employed (primary, secondary and/or tertiary);
5. use management, coordination and interpersonal/affective skills to strengthen nursing education, practice and research to develop innovative cost-effective patterns of health care delivery⁴;

6. work with other sectors of which self and community care are integral parts;
7. be prepared to lend nurse leadership in clinical work in hospitals and in the community, in administration, education and research⁵.

By any measure, the societal expectations are considerable. What are the important issues that should shape the form and determine the content of an educational programme for nurse managers?

II Nursing - Management - Women: The central issues

In Europe, as in most other regions of the world, nursing is a women's profession; created and practised by women, dominated and controlled by men⁶. For example, it is no accident that while only some 11% of British hospital nurses are male, a disproportionate 23% of senior posts within the hospital nursing service are held by men⁷. (This is so because, reportedly, the men had been prepared for those positions.) Without outlining the plethora of psychosocial research on the issue, one could fairly safely note the following: a) historically, the management and control of health and health care delivery has been the domain of the physician; and b) nurses as women health care providers are concentrated in the lower status grades of health services. It should be noted that the education of nurses has been carried out in every imaginable type of institution with only four countries reporting the award of a degree or certificate through the university - the one place where respect, equality, academic rigour and accountability might be ensured. The place where all other professionals' only chance for entry into professional practice can be realized. The nurse remains (not accidentally,

either) the one professional to play on the multidisciplinary team without the minimum qualifications of a first-level university degree. But it is "OK", I am told. She does not have to follow the rules because, after all, she couldn't qualify if the rules were enforced anyway. So, the reasoning goes, we won't expect much - and neither will she, because in the long run she won't have to be responsible.

III The Raison d'Être for Educational Programmes for Nurse Managers

The thinking behind the basic beliefs about nurses and women challenge those of us who believe very strongly that the key criterion measure of any nursing programme is whether or not and the extent to which the programme develops the nurse first and foremost as a human being who believes in his/her capacities to grow and develop. Thus, the most essential component of education - any education - is to form a person, as Jacques Maritain would have it. Any programme which does not include this vital element might be "training" but it is not education. And the opportunities and risks which accompany the short-term goals of teaching to acquire a set of (short-lived) skills have been documented over and over.

The second major raison d'Être of a programme for nurse managers is to prepare graduates who will be able to shape the future in nursing practice, research and health care.

IV The Consumers of Education's Products

Thus, a programme for nurse managers has not one, but two, audiences: the recipient of the health care ultimately delivered, and the student him/herself. To address one without the other will not do. For a graduate "formed" and academically well-prepared can only survive to the extent that his/her body of knowledge, skills and attitudes address the dynamic needs of the society in which he/she will practise. And, conversely, if the nurse's needs are ignored through the educational process, the results will be only all too familiar: high attrition, low morale, stagnation, wasted money and talent.

V The Assumptions and Programme Components

Some other assumptions must be introduced here. Nursing is not a pure science; rather, like dentistry, it is an applied discipline, which pulls together essential elements of many universes of knowledge. The nurse or dentist are not anatomists or physiologists or sociologists - but the unique way the dentist uses those areas defines his unique discipline of dentistry. And the unique way the nurse puts together those arts and sciences determines the organizing central core of nursing content. This central core, then, must be explicit, and stated clearly in the programme designed. What should these core issues address, regardless of setting, community or nation? They must state what the faculty believe about nursing. Thus, one begins with philosophy, and asks, "What do I believe nursing is?" Usually the answer involves notions about man, his needs, the way he lives, the way he wants to live, his relationships and the way he may use professional nursing services. Here, a second assumption is obvious. Nursing is a profession, and as such,

must set its own standards, regulate its membership and hold itself accountable for the graduates whom its institutions educate. It follows, therefore, that educators are nurses who are responsible and accountable for the creation, implementation and evaluation of the curriculum. Further, a nurse educator must hold ultimate administrative, curricular and financial accountability for the programme. What the faculty believe learning is and how the process takes place must be stated along with the beliefs held about what nursing education includes. These beliefs should be visible throughout the programme. For example, if a faculty believes nursing to be a practice discipline, do the faculty themselves practise nursing as part of their employment contract? Do the management students have a student experience in nursing management? Does faculty believe that learning takes place, at least in part, through role modelling behaviour? Well, then, who is the role model used as teacher? If it is a physician, one need only wonder at the discrepancy between beliefs and teaching methodology. If a faculty sees learning as a process which is individualized and accepts students with learning problems, and then proceeds to pack 200 students in a series of lectures, one can again only wonder about programme credibility.

A. Organization and Administration of the Programme

The above illustrative examples, then, refer to a framework for nursing management programmes which assume an organizational unit headed by a professional educator of nursing whose business is to know what educators are supposed to know; that is, what is education, how does it take place, and under what conditions. This administrator also assumes that the graduates will be able to get a job when they graduate. That is, the administrator

ensures that the programme is timely, contemporary and responds to society's needs. Further, he/she ensures that the programme reflects the overall philosophy and goals of the parent institution within which the programme is housed. The nurse administrator holds the same academic preparation as others in equal positions and, in countries where development is in the beginning stages, the administrator is actively working on achieving the appropriate credentials.

B. Curricular Issues

The curriculum of a programme for nurse managers is evaluated relative to programme objectives. It accounts for objectives which share hours of theory and the development of clinical (psychomotor) skills in the learner. Thus, the learner's clinical hours relate to the objectives to be attained, and not to the needs of a hospital for staff. A curriculum is based on several factors which in nursing design usually address: sequencing of learning from theory to practice; the major elements of nursing process (or nursing decision-making); and teaching/learning, management and inquiry processes. Nursing curricular designs, like other designs, are structured to build from a level of knowledge, to those of understandings, to comparisons, and finally to synthesis. How and when the learner will be evaluated, both in theory and in practice, are explicitly stated on the curriculum plan. Most importantly, the curriculum for nurse managers must acknowledge and actively deal with the issues women face in playing the games of power, in being successful, in assuming responsibility, and in giving up old roles and taking on new ones. How to relate constructively to the issues and remain absolutely uncompromised in refusing to relegate one's authority to others are exercises one must

experience: without them, the most marvellous content remains unintegrated into the repertoire of behaviour. It is not the content but one's ability to integrate and use content that matters. I can carry out the most precise cost-benefit analysis, but until and unless I can actually ensure that I receive the desired funds through my interactional negotiating abilities, then all I have learned remains an academic exercise.

C. Faculty Issues

The quality of an educational experience is very closely tied in with the degree of effectiveness of the faculty staffing an institution. A teaching institution is characteristically what its faculties are. The faculty does the teaching and provides continuity for the student⁸.

Who should teach nurses to assume the role of nurse manager is a straightforward question, with (by now) a straightforward answer. Clearly, if the "taking on of a professional role" is in itself a psychological process of identification, that process simply takes time. Then, exposure, over time, to a role model who possesses the desired behaviour and attributes is essential. Obviously, then, programmes which claim to produce nurse managers in a matter of weeks may produce a person who has developed some skills; but the kind of change for professional identification discussed here is clearly not an outcome. Again, if one wants to produce nurse managers, then the learner must be exposed, over time, to nurse role models. (If one wants to produce nurses who think like mini-physician managers, then one exposes the learner to physician-teachers.) If such prepared people are not available, then the use of outsiders and other models to facilitate such expertise is required.

Faculty who teach nursing management students should be prepared as professional educators and managers. Further, they should enjoy the same rights, privileges and level of accountability as other faculty.

D. Student Issues

The criteria for admission of students is a crucial factor in any model for programme evaluation. Clearly, a candidate should be assessed critically relative to the expectations, degree of difficulty of the programme, and beginning expectations of the learner. The curriculum is the mechanism which links the learner with the people. The learner, through the curricular process, comes to know and to be able to do something about the health needs of people. The curriculum, as designed, assumes some minimum level of prior content learned, prior experience, or both. These should be stated explicitly. In one country in which I worked, the curriculum, in my view, was designed to suit senior medical students in their late twenties and was being taught to young 16 year old adolescents who were simply unprepared, intellectually and emotionally, to handle the content. The issues mentioned earlier in this paper must be considered in selecting students for a nursing management programme. The kind of traits and characteristics demanded of managers should be given priority in acceptance criteria. The students selected must be considered in the light of their developmental needs as young adolescents or as adult learners, as women, and as people who probably will have to handle their learning along with work and family responsibilities. In my own experiences, these students have been the most rewarding people to teach, and their staying power and determination is simply staggering. Evidence of ability to make decisions, think divergently, produce under

pressure, organize thoughts and ideas quickly and effectively, are just a few of the most frequently desired qualities. The better the selection process, the more likely are the chances for success, the lower the attrition rate, and the greater the return on educational monies invested. Student failures are personal tragedies and costly propositions for everyone.

E. Resources

Any programme evaluation must assess the resources available to meet programme objectives. In many European countries this issue is an acute one in nursing. For the literature available is often in a language unfamiliar to the student, the content is not culture-specific, and the extent of writings is often severely limited. Programmes faced with such beginning developmental concerns can address the issue by assisting faculty in producing their own guides, texts, audiovisual aids, etc.

Learning environments used to teach nurse managers as well as libraries, audio-visual materials and people are part of the resource component which serves to enhance a learning experience. These, too, must be assessed relative to the objectives of the programme and the learning needs of the student.

VI What Programmes Exist for Nurse Managers in Europe

The above sketch has outlined the major parts of an educational programme usually evaluated in a nursing context. How does the European Region compare with the above outline? What is known about the nature and extent of programmes designed to educate nurse managers?

Council of Europe Study

For the past two years, the Council of Europe has attempted to address this issue through its Select Committee of Experts on Further Training for Nurses. In March 1981 the group met and launched a study in the 21 member countries (plus Finland) to:

"examine the on-going development in post-basic education (further training) for nurses, providing training experience in management, administration, education and research, to prepare them for higher posts in the nursing structure in the health services of the member states of the Council of Europe⁹."

In their deliberations, the group of experts felt that they needed further knowledge in "what actually exists at the present time, and it was agreed that each country should explain basic entry requirements, type of course and qualifications required at the basic level, as well as the post-basic education that was available¹⁰."

1. Findings

One major area examined by the Committee was that of the preparation of the nurse manager. The following is a brief review of the findings of that report.

a) Organization and management

All of the 16 responding countries acknowledge the need for nurse managers, but few countries maintain posts at regional and/or national levels.

For the most part, the courses do not award an academic degree; they are offered in hospital-based schools, special management colleges and other types of institutes. The Committee, on the basis of its findings, viewed the role of the nurse manager as poorly defined with minimal understanding of "the complexity of tasks" expected. Financing occurs either by the employing authority or by the government although a few are run privately. Students tend to be supported by their employing authority or the government although a few are self-financed¹¹.

b) Curricular Issues

The curricular content surveyed was seen by the Committee as insensitive to changing societal demands which included "increase in institutional size, the development of teamwork, unionization and increasing public expectation" .

"Most countries" reportedly offer some form of preparation and courses ranged in length from one week to four years. However, the Committee concluded that the "provision of courses and the uneven utilization of the nurses undertaking them was haphazard", and their effectiveness "from a cost-benefit point of view" was questioned¹³.

c) Faculty Issues

In general, it was felt that education for nurse managers should take place in institutions of higher education. However, the operationalization of this ideal was seen as a considerable challenge, for some countries have moved the basic preparation of nursing into the university setting without preparing

a sufficient number of nurses to conduct these courses. The Council unanimously agreed that nursing must be taught by nurses, however creativity in structuring courses of instruction must take into account the availability of nurse teachers.

Several countries commented that nurse teachers are less well paid than nurse managers and that they are not always able to move from teaching into other nursing areas¹⁴.

The questionnaire replies also revealed that the preparation offered for nurse educators tends more toward educational skills and very little, if at all, towards increasing knowledge in the professional and specialized clinical areas, and not all countries require those who teach nursing to possess a teaching qualification.

d) Student Issues

The admission requirements to basic nursing courses vary considerably from country to country. This factor, in turn, affects the age and experience level of the candidate applying to nurse management programmes. Some countries require 12 years of school, others 11 years or less before admission into nursing. The majority of schools offer a three-year hospital-based programme, some two and one-half, some four years. Among the 33 countries of the WHO European Region, only four countries offer basic university preparation for nurses (Iceland, Spain, Turkey and the United Kingdom).

e) Resources

No data on resources was available in any of the documentation reviewed for inclusion in this report.

VII Conclusions

When assessed using a comprehensive framework for evaluation, it is clear that a considerable number of issues have yet to be answered concerning the present number and quality of programmes for nurse managers in the European Region. No other study was identified during a Medlars Review carried out for the purposes of this presentation. From nurse leaders' experiences within Europe, the reports indicate that: (1) systematic evaluation of nursing programmes is a relatively new concept; (2) if evaluation does occur, the process does not proceed vis-à-vis programme objectives (for most programmes reportedly do not state objectives); (3) nursing faculties have not been prepared in educational evaluation techniques; (4) the absolute number of programmes (regardless of length of time per programme) fall far short of the need for such learning opportunities. Nursing and nursing personnel comprise the largest number of health care workers in the European Region (estimated at between two and two and one-half million people). If even five per cent were prepared to assume leadership positions in hospitals, community settings, schools, prisons, etc., about 125,000 people would require preparation or 3788 people per country. Although the total number of schools, courses etc. is unknown, it is clear that nowhere near the number of needed schools exist at the present time. If the Council of Europe findings reflect a fairly accurate picture in at least 16 countries, then collectively the existing programmes need to expand considerably to meet the Council's expectations, and the overall expectations of the European community.

The challenges in this area are considerable. The situation is viewed by some as a crisis with the need for innovation and action seen as critical events which must take place - and soon. If, indeed, the economic predictions and concomitant necessities for cost containment are realized, a cadre of nurse managers must be developed, and quickly, in order to harness the enormous potential of human caring services needed by a dynamic and expectant European community.