Managerial and Leadership Competencies of First-Line Nurse Managers in Makkah City: Mixed-Method Approach

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 Abstract : Managing healthcare complexity and challenges requires competent first-line nurse managers (FLNMs). The role of FLNMs is critical and cannot be underestimated in any successful healthcare organization, because they form a direct link between the administration's vision, mission and staff nurses working in direct healthcare. Furthermore, there is a need to study managerial and leadership competencies of FLNMs within the context of Makkah city`s hospitals.
Aim of study: To explore managerial and leadership competencies of first-line nurse managers in Makkah city.
Methodology: Descriptive embedded mixed-methods design employed in four general hospitals in Makkah city. FLNMs' managerial and leadership competencies levels were assessed using a descriptive survey of superiors (n=34) and subordinate (n=319) perceptions. Focus group interviews of FLNMs (n=29) were used to identify methods of selecting nurses for managerial positions and reasons for deficit in managerial and leadership competencies among FLNMs.
Results: The overall level of managerial and leadership competencies of FLNMs at the four hospitals was novice as perceived by the opinion of the participant. FLMNs were selected for first-line managerial positions by nursing directors, hospital directors, and heads of department. FLNMs believed they were selected for first-line managerial positions according to three criteria: excellent clinical experience in nursing field (55%), shortage of senior FLNMs (31%) and educational qualifications (14%). Four themes were identified regarding reasons for deficit in managerial and leadership competencies among FLNMs namely: working condition, staff nurses, administrative, benefits and opportunities issues.
Conclusion: None of the FLNMs were identified to be at the competent level in Makkah hospitals. There was no specific strategy, policy, or criteria to select nurses for first-line managerial positions. Deficit in managerial and leadership competencies were related to performing non-managerial tasks and lack of training, education and preparation of FLNMs, and so on.
Keywords: First-line nurse managers, front-line nurse managers, leadership competencies, management competencies.

I. Introduction.

The government of Saudi Arabia has identified a shortage of specialized workers in healthcare professions such as nurse managers. Nursing workers in Saudi Arabia are multicultural and have a varied range of educational backgrounds, which has both positive and negative impacts on the nursing care provided to the largely Saudi population. [1].

The healthcare system is experiencing change and innovation, which has necessarily led to greater complexity in nursing leadership [2]. This trend in healthcare organizations and systems has propelled nurse managers and administrators to investigate different ways to structure and design methods necessary to transform care delivery [3].

Managing healthcare complexity and challenges requires competent first-line nurse managers (FLNMs). Over the past ten years, healthcare organizations in the Kingdom of Saudi Arabia (KSA) have suffered from a severe shortage of competent and qualified FLNMs [1].

Several studies have revealed that FLNMs are responsible for building and maintaining safe and healthy work environments, which positively influence patient outcomes and satisfaction, and decrease mortality rates in all healthcare organizations [4, 5, 6, 7]. Furthermore, competent FLNMs enhance nurse satisfaction and retention [5].

Competent FLNMs require good communication skills, financial knowledge, and emotional and cultural intelligence; however, opportunities are limited to acquire such skills [8]. It has been conclusively shown that healthcare organizations lacking formal education and succession planning programs for FLNMs which result in negative financial and patient care outcomes [9, 10, 11, 12].

Nursing Managers are essential to any organization, their functions are vital, complex, and frequently difficult. FLNMs must be directed toward balancing the needs of patients, the health care organization, employees, physicians, and self. FLNMs need a body of knowledge and skills distinctly different from those needed for nursing practice, yet few nurses have the education or training necessary to be managers. Frequently, FLNMs depend on experiences with former supervisors, who also learned supervisory techniques on the job. Often a gap exists between what FLNMs know and what they need to know. Acquiring the skills to be a Nurse Managers will help them become more effective and successful in any position. [13].

FLNMs selected for first-line managerial positions commonly are not prepared and do not have leadership competencies to perform their duties efficaciously [14, 5]. As a result, FLNMs take a long time to achieve managerial and leadership competencies. Furthermore, during the period of competency transitioning, there is a negative effect on nurses' satisfaction, productivity, and patient outcomes [14, 5, 15]. In the Kingdom of Saudi Arabia (KSA) there is a lack of local research assessing and measuring managerial and leadership competencies of FLNMs. Moreover, there is no clear policy for employing and promoting nurses to first line managerial positions. Therefore, within the context of hospitals in Makkah city's hospitals, managerial and leadership competencies of FLNMs need to be studied.

There are seven governmental hospitals under the ministry of health in Makkah city: four general hospitals and three specialist hospitals (a maternity and children's hospital, psychiatric hospital, and emergency hospital). In these hospitals, there are 176 nurse managers, with qualifications such as diplomas and bachelor degrees in nursing science. The criteria for their selection and promotion as FLNM is based on total years of clinical experience as a staff nurse; therefore, there are no specific strategies or criteria for hiring, employing, and promoting nurses to nurse manager positions. Until now, there has been no formal education in leadership and management competencies for nurse managers in Makkah city`s hospitals.

It has been commonly stated in the literature that the traditional methods of selecting FLNMs were based on the promotion of excellent clinicians who lacked formal management and leadership education. Moreover, ineffective selection and preparation of FLNMs can have a potential negative impact on the work environment, patient outcomes, turnover rates, and can lead to negative financial outcomes [16].

The role of FLNMs is critical and cannot be underestimated in any successful healthcare organization, because they form a direct link between the administration's vision and mission and staff nurses working in direct healthcare. Therefore, the current study explored managerial and leadership competencies of FLNMs based on the perceptions of superiors and subordinates. This study will be beneficial to determine actual managerial and leadership competency levels of FLNMs, and to identify reasons for deficit in these competencies. Consequently, the current study can give greater attention on proper recruitment and selection of this important category.

II. Objectives.

(1) Identify the method of selecting and promoting nurses to first-line managerial positions. (2) Assess FLNMs' managerial and leadership competencies levels based on perceptions of superiors and subordinates. (3) Explore reasons for deficit in managerial and leadership competencies among FLNMs.

III. Method.

In this descriptive study, an embedded mixed-method design used to explore the managerial and leadership competencies of FLNMs in Makkah city. The investigators conducted the study in Saudi Arabia, Makkah city at four general hospitals under the scope of Ministry of Health. Quantitative data were used to Assess FLNMs' managerial and leadership competencies levels based on perceptions of superiors (nursing directors, deputies of nursing directors, and nursing supervisors) and subordinates (registered staff nurses and charge nurses). Qualitative data were used to Identify the method of selecting and promoting nurses to first-line managerial positions and to explore reasons for deficit in managerial and leadership competencies among FLNMs (figure 1).
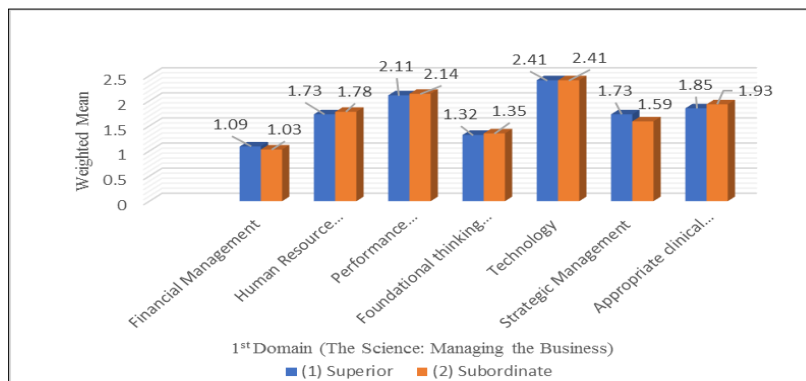
Figure 1. Visual model of the study design using an embedded mixed-methods design (Creswell & Plano Clark, 2011)
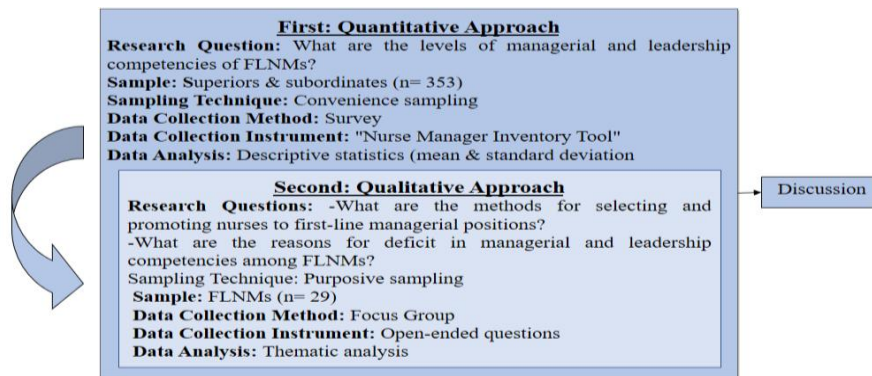
IV. Result
Quantitative Results: The Level of Managerial and Leadership Competencies of FLNMs

Figure 2. FLNMs Managerial and Leadership Competencies Levels in the First Domain at the Four Hospitals
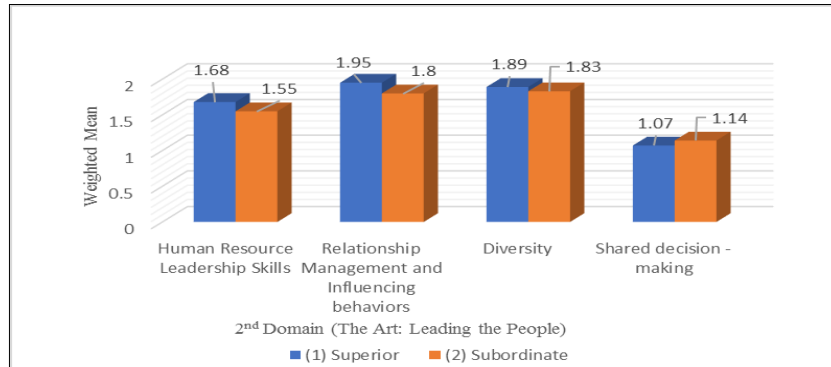

Weighted mean: from 1.00 to > 1.80 = novice, from 1.81 to > 2.60 = advanced beginner, from 2.60 to > 3.40 = competent, from 3.40 to > 4.20 = proficient, from 4.20 to > 5.00 is expert.

Figure 2 shows that the overall managerial and leadership competencies level of FLNMs in the first domain at the four hospitals was novice, based on superiors' (1.69 ± 0.29) and subordinates' perspectives (1.66 ± 0.30). The highest weighted mean among superiors' perceptions (2.41 ± 0.35) indicated advanced beginner level in technology, while the lowest weighted mean (1.09 ± 0.12) indicated novice level in financial management. Subordinates' perceptions were similar to superiors' perceptions: the highest weighted mean (2.41 ± 0.54) indicated advanced beginner level in

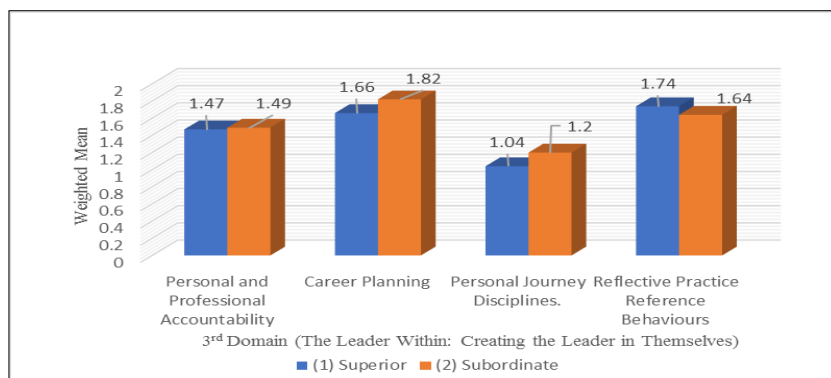technology, while the lowest weighted mean (1.03 ± 0.15) indicated novice level in financial management.

Figure 3. FLNMs Managerial and Leadership Competencies Levels in the Second Domain at the Four Hospitals

Weighted mean: from 1.00 to > 1.80 = novice, from 1.81 to > 2.60 = advanced beginner, from 2.60 to > 3.40 = competent, from 3.40 to > 4.20 = proficient, from 4.20 to > 5.00 is expert.

Figure 3 shows that the overall managerial and leadership competencies level of FLNMs in the second domain at the four hospitals was advanced beginner based on superiors' perceptions (1.81 ± 0.37) and novice based on subordinates' perceptions (1.68 ± 0.42). The highest weighted mean among superiors' perceptions (1.95 ± 0.39) indicated advanced beginner level in relationship management and influencing behaviors, while the lowest weighted mean (1.07 ± 0.43) indicated novice level in shared decision-making. Among subordinates' perceptions, the highest weighted mean (1.83 ± 0.52) indicated advanced beginner level in diversity, while the lowest weighted mean (1.14 ± 0.51) indicated novice level in shared decision-making.

Figure 4. FLNMs Managerial and Leadership Competencies Levels in the Third Domain at the Four Hospitals
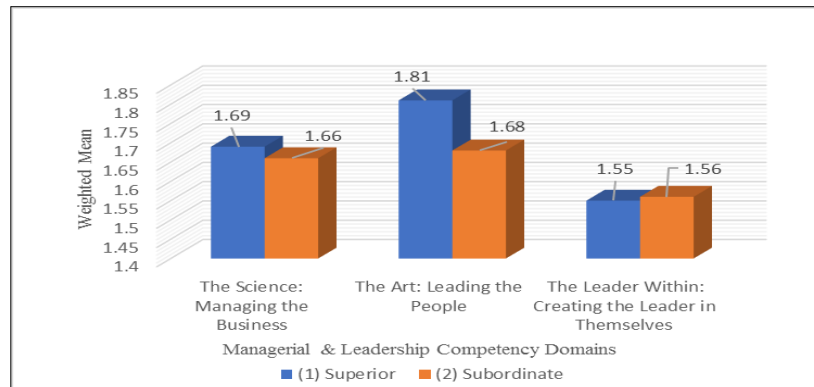

Weighted mean: from 1.00 to > 1.80 = novice, from 1.81 to > 2.60 = advanced beginner, from 2.60 to > 3.40 = competent, from 3.40 to > 4.20 = proficient, from 4.20 to > 5.00 is expert.

Figure 4 shows that the overall managerial and leadership competencies level of FLNMs in the third domain at the four hospitals was novice based on superiors' (1.55 ± 0.32) and subordinates' perceptions (1.56 ± 0.45). The highest weighted mean among superiors' perceptions (1.74 ± 0.47)

indicated novice level in reflective practice reference behaviors, while the lowest weighted mean (1.04 ± 0.23) indicated novice level in personal journey disciplines. Subordinates' perceptions differed from superiors' perceptions: the highest weighted mean (1.82 ± 0.53) indicated advanced beginner level in career planning, while the lowest weighted mean (1.20 ± 0.48) indicated novice level in personal journey disciplines.

Figure 5. Overall Level of FLNMs' Managerial and Leadership Competencies at the Four Hospitals

Weighted mean: from 1.00 to > 1.80 = novice, from 1.81 to > 2.60 = advanced beginner, from 2.60 to > 3.40 = competent, from 3.40 to > 4.20 = proficient, from 4.20 to > 5.00 is expert.

Figure 5 shows that the overall managerial and leadership competencies level of FLNMs at the four hospitals was novice based on superiors' (1.70 ± 0.30) and subordinates' perceptions (1.65 ± 0.34). The highest weighted mean among superiors' perceptions (1.81 ± 0.37) indicated advanced beginner level in the second domain (the art: leading the people), while the lowest weighted mean (1.55 ± 0.32) indicated novice level in the third domain (the leader within: creating the leader in oneself). Similarly, for subordinates' perceptions, the highest weighted mean (1.68 ± 0.42) indicated novice level in the second domain (the art: leading the people), while the lowest weighted mean (1.56 ± 0.45) indicate novice level in the third domain (the leader within: creating the leader in oneself).

Qualitative Results:
   1. Methods of Selecting and Promoting Nurses to First-line Position
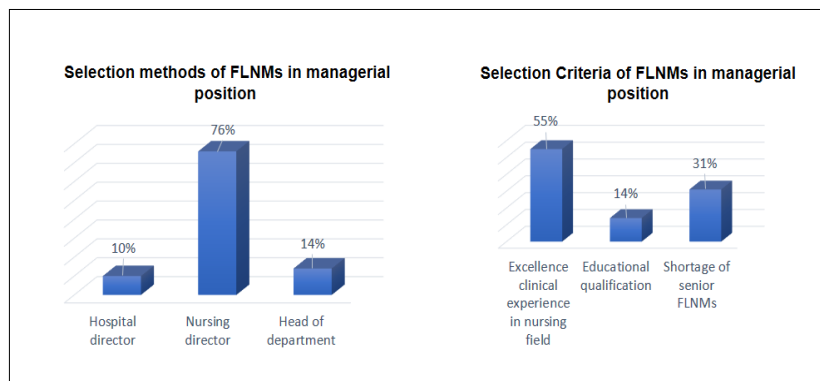Figure 6. Method of Selecting Nurses on First Line Managerial Position

Figure 6 illustrates that FLNMs believed that they were selected for first-line managerial positions according to three criteria: more than half of FLNMs (55%) believed that they were chosen based on their excellent clinical experience and performance in the nursing field: *"I think they chose me because I have excellent clinical experience from the ICU." NM10, "I think they chose me based on my excellent performance as a staff nurse." NM8.* Few FLNMs (14%) believed that they were selected based on their educational qualifications in nursing science: *"Maybe they chose me because I have a bachelor's degree in nursing science." NM27, "I think they selected me because I have a bachelor's degree in nursing science and a diploma in critical care." NM24.* More than one quarter of FLNMs (31%) believed that they were appointed because there was a general shortage of senior FLNMs in their hospital due to resignations and leaves, such as maternity leave: *"My senior head nurse resigned and then they appointed me." NM3, "They appointed me because my senior head nurse went on maternity leave." NM4.* Furthermore, FLNMs reported that they had some deficit in their managerial and leadership competencies such as communication skills and performance management: *"I need to improve my competency in performance management." NM13, "I need training in communication skills because I cannot communicate with administration members effectively." NM28.*

2. Reasons for Deficit in Managerial and Competencies Among FLNMs

Table 1. Themes and Subthemes of Reasons for Deficit in Managerial and Leadership Competencies among FLNMs

Themes	Subthemes	n	%
1. Working condition issues	1.1 Performing non-managerial tasks	26	89.65
	1.2 Lack of training, education, and preparation of FLNMs	20	69.00
2. Nursing staff issues	2.1 Shortage of nursing staff	23	79.31
	2.2 Hiring inexperienced staff nurses	10	34.48
3. Administrative issues	3.1 Verbal abuse	5	17.24
	3.2 Misuse of power and unfairness	14	48.27
4. Benefits and opportunities issues	4.1 Lack of development opportunity	4	10.00
	4.2 Lack of compensation	6	24.13

As shown in Table 1 FLNMs mentioned that deficit in their managerial and leadership competencies is related to various causes, which were classified into four major themes: working condition issues, nursing staff issues, administrative issues, and benefits and opportunities issues. The most obvious finding to emerge from the analysis regarding reasons of deficit in managerial and leadership competencies was that FLNMs were performing non-managerial tasks, which consumed their time and effort *"We are performing tasks not related to our actual managerial duties because sometimes I receive patients and it takes all my effort." NM6.* In turn, this caused them to fail to fulfil their actual duties and responsibilities as FLNMs. Another important finding regarding deficit in managerial and leadership competencies among FLNMs was a shortage of nursing staff due to persistent absenteeism and nurse turnover *"A shortage of staff affects my performance as head nurse because I'm spending time and effort teaching the new staff, then they leave for Dubai! They are coming to the KSA to get experience." NM13.* In turn, this kept FLNMs busy covering the nursing shortage and following, evaluating, and training junior staff nurses. The most interesting finding regarding deficit in managerial and leadership competencies was that FLNMs were not equipped with proper educational preparation for their managerial position *"There is no formal training and education program for head nurses." NM18.* In addition, they did not receive enough training or

orientation for their new position *"I was hoping I would be prepared before I was appointed in a first-line managerial position." NM22*. One of the disappointing findings regarding deficit in managerial and leadership competencies was that FLNMs faced verbal abuse from their nursing directors *"The nursing director shouts at us in front of our staff and she said the head nurses have no brain! We are crying on the inside." NM4*. This result is likely to be related to improper attitudes from nursing administration members toward FLNMs. Moreover, this could cause a negative psychological impact such as frustration and dissatisfaction. The study showed that FLNMs were disappointed due to a lack opportunity for career development in their hospitals, which decreased their motivation to improve their managerial and leadership competencies *"I'm disappointed, there are no development opportunities for us." NM26*. The current study demonstrated new findings regarding deficit in managerial and leadership competencies among FLNMs; specifically, unfairness from nursing administration members and misuse of power by superiors were found to be reasons *"Some nursing supervisors are using their administrative power for personal purposes, rather improving or facilitating the work."* Additionally, a lack of compensation for non-Saudi FLNMs was found to be a reason for deficit in managerial and leadership competencies in the current study *"The head nurses earn less than staff even with all the responsibilities that they have." NM2*. FLNMs felt dissatisfied and could not exert additional effort into their work because they were treated as subordinates.

V. Conclusion

The current study explored the managerial and leadership competencies of FLNMs in Makkah city hospitals. The study concluded that none of the FLNMs were noted as competent level in Makkah hospitals. Moreover, there was no formal committee or specific strategy, policy, or formal criteria in Makkah hospitals to select and promote nurses to first-line managerial positions.

Finally, deficit in managerial and leadership competencies among FLNMs found in the current study had various reasons: performing non-managerial tasks, shortage of staff nurses, lack of training, education, and preparation of FLNMs, work overload, stress, burnout, verbal abuse, lack of autonomy, lack of development opportunities, blaming culture, lack of appreciation, unfairness, misuse of power, and lack of compensation.

VI. Recommendations

For administration, the following are recommended:
1. Recruit competent FLNMs with a minimum of six years of experience in managerial positions.
2. Develop policies and systematic strategies to select FLNMs based on their managerial and leadership competencies.
3. Clarify FLNMs' roles and responsibilities that relate to their managerial position.
In education, the following are recommended:
1. Assess FLNMs' needs and strategically design formal educational programs to meet those needs.
2. Develop a strategic succession plan in Makkah city to prepare nurses who are promoted to first-line managerial positions.

Further research is needed on the following:
1. The effect of managerial and leadership educational programs on FLNMs' competencies.
2. Reasons for deficit in managerial and leadership competencies among FLNMs in a large sample
3. The impact of appreciation and recognition on FLNMs' performance.

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