Formal and Informal Learning Opportunities of
First-Line Nurse Managers

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ABSTRACT:

Within a changing environment, first-line nurse managers continue to champion quality of patient care, quality of work life for staff nurses, and organizational effectiveness and efficiency. The purposes of this paper are to describe the changing role of first-line nurse managers and discuss their formal and informal learning opportunities and needs.

Dramatic changes in personnel, positions, roles, and responsibilities are rampant within the Canadian health care system. The first-line nurse manager’s (F-LNM’s) role has altered significantly, despite the dependence upon this role in realizing quality of patient care, quality of work life for staff nurses, as well as organizational effectiveness and efficiency. The literature suggests that little support is afforded F-LNMs in terms of both orientation to this changing, demanding role and educational opportunities. Further, there has been little research documenting the challenges and learning needs of this important health care professional.

The question guiding the research reported here is, “What is the impact of health care system restructuring upon the roles, leadership models, knowledge, skills, and competencies of first-line nurse managers?” The research program exploring the selection, training, development, and support systems of these F-LNMs entails Personal Interviews and a Delphi Study. In-depth, personal interviews, conducted with 26 F-LNMs, provide the basis for this paper, which focuses upon their experiences regarding formal and informal learning opportunities and needs.

Literature Review

McGillis Hall and Donner (1997), in a recent review of the literature, explain that the nurse manager’s role has altered from “a narrow unit-based nurse model to that of a manager with 24-hour responsibility for one or more patient care units or programs” (p. 14). The changes they describe include: perception of role, relationship to job satisfaction of others, educational preparation, and dissonance between clinical and administrative duties. They conclude that “nurse managers will need support and education if they are to be successful in these new multidimensional roles and if they are to feel satisfied with their careers” (McGillis Hall and Donner, p. 28).

Further, because the effect of the changing health care system is just beginning to be realized, research is needed to explore the role of F-LNMs for purposes of assisting health care organizations throughout this transition. Accordingly, McGillis Hall and Donner suggest that “leadership cannot be provided by nurse managers unless they feel competent and clear in their role” (p. 22) and, currently, several writers indicate that “nurse managers struggle with their role in decentralized structures” (p. 24).

Saunders, Bay, and Alibhai (1999) compare trends in hospital utilization of Alberta residents, provision of acute care services by the 17 Regional Health Authorities (RHAs), and patient transfers between RHAs between 1991/2 and 1996/7. They observe that the “province-wide ALOS [average length of stay] fell by 21% (from 6.8 to 5.4 days), . . . while the average case intensity rose by 8.7% (from 1.04 to 1.13 RDRG [Refined Diagnostic Related Group] weight units” (Saunders et al., pp. 41-42). The increase in patient intensity is not surprising given that less acutely ill patients tend to be treated in community centres and outpatient services. Nevertheless, the increase in patient acuity in hospital settings imposes a greater demand on F-LNMs and their staff nurses. This factor, alone, challenges F-LNMs in terms of numbers of staff on each shift and the ensuing incidences of stress associated with nursing shortages.
Some writers focus upon effective strategies (Aroian et al., 1997), educational needs (Ziegfeld, Matlin and Earsing, 1997), and specific managerial roles such as case manager (Conti, 1996). A few writers acknowledge the changing role of F-LNMs directly. For example, Manion, Sieg, and Watson (1998) explore the nature of managerial partnerships, adding some key steps and principles to achieve a successful outcome. Ingersoll, Cook, Fogel, Applegate, and Frank (1999) interviewed nine midlevel nurse managers to examine the effect of implementing a patient-focussed redesign on their roles and responsibilities. In one instance of major system integration, Formella and Bahner (1999), describing role transitions for vice-presidents of patient care, indicate that the nurse manager role was eliminated and replaced by a staff role of patient care coordinator, “combining some nurse manager functions and some charge nurse functions” (p. 13). These examples indicate that each situation is unique and, generally, that the F-LNM’s role is increasing in complexity and demand.

F-LNMs face increased expectations and demands from their supervisors and staff nurses. Therefore, between these two groups, Persson and Thylefors (1999) explain that nurse managers confront role overload, role conflict, and role ambiguity. From the perspective of 33 Swedish ward managers, Persson and Thylefors identify “survival” of their units as the greatest challenge (19 of 33) as well as a “lack of time and resources [and] too much administrative work” (20 of 33 [p. 72]) as the major dissatisfying factors. Beairsto Goddard and Spence Laschinger (1997) compare the perceptions of access to job-related power and opportunity among 91 Canadian middle and first-line managers. Although “both groups reported having the least access to resources; followed by support, and information . . . [and the] greatest access to opportunity” (p. 58), “first line managers in this study had lower scores than middle managers on all eleven characteristics of personal power” (Beairsto Goddard and Spence Laschinger, p. 59). They conclude that empowerment of managers and work effectiveness is dependent upon access to support, resources, information, and opportunity. From the perspective of a practicing F-LNM, Carnevale (1997) contends that the “nature” of nursing management is essentially misunderstood” (p. 9).

Learning, a concept central to this paper, may be defined as an active process enhancing the “exploration, discovery, refinement and extension of the learner’s meanings of the knowledge” (Billings and Halstead, 1998, p. 212). Effective learning may result in changed observable behaviour or unobservable mental processes. Importantly, learning can only be accomplished by the individual and “is influenced by a person’s intellectual ability, background, knowledge and experience, and by the type of learning activities and the degrees of participation in the teaching-learning situation” (Billings and Halstead, p. 212). Further, learning is deemed to be a lifelong endeavour in the information age. Thus, lifelong learning is

a continuously supportive process which stimulates and empowers individuals . . . to acquire all the knowledge, skills and understanding they will require throughout their lifetimes . . . and to apply them with confidence, creativity, and enjoyment in all roles, circumstances, and environments. (A National Learning, 1997, p. 8, cited in Duyff, 1999, p. 538)

Senge (1990) extends the notion of individual learning to encompass organizations. He espouses that only learning organizations will survive in a competitive market. Learning organizations constantly assess their situations and strive to create innovative approaches to attain their goals. Senge also discusses adaptive learning, which refers to maintaining the status quo or coping, and generative learning, which reflects creating innovative opportunities in anticipation of organizational growth and success.

**Methodology**

Grounded theory provides an appropriate methodological design for this research because it supports a systematic and rigorous approach to a relatively unexplored phenomenon. Since the F-LNM role has received little attention, it is reasonable to explore and describe this social phenomenon with the intention of generating rather than testing theory. As Glaser (1999) states, “grounded theory refers to a specific methodology on how to get from systematically collecting data to producing a multivariate conceptual theory. It is a total methodological package” (p. 836). Furthermore, Strauss and Corbin (1994) suggest that researchers, in using grounded theory, are “interested
in patterns of action and interaction between and among various types of social units (i.e., ‘actors’) . . . [and]
reciprocal changes in patterns of action/interaction and in relationships with changes of conditions either internal or
external to the process itself" (p. 278). As Glaser explains, “Grounded theory tells us what is going on, tells us how
to account for the participants’ main concerns, and reveals access variables that allow for incremental change.
Grounded theory is what is, not what should, could, or ought to be” (p. 840).

**Sample**

From a provincial directory of health care organizations, a list was created of acute and long-term care institutions
with 100 or more beds (Canadian Healthcare Association, 1999-2000). A random sample of institutions was made
from that listing. The sample included all F-LNMs working within those randomly selected institutions. From the
list of names provided by senior health care administrators, another random selection determined the F-LNMs to be
included in the Personal Interviews. It was anticipated that 30 to 50 F-LNMs would participate in the Delphi Study
and 20 to 30 F-LNMs would participate in the Personal Interviews study.

**Data Collection and Analysis**

Typically, Personal Interviews were conducted in the F-LNM’s office or a quiet room chosen by, and at a time
convenient to, the manager. The interviews were tape recorded and transcribed verbatim. Data collection and
analyses occurred simultaneously, along with an ongoing review of the literature. However, a systematic approach
to data analyses continued after data collection, using NUD*IST (1997). The unit of analysis was generally a
sentence of text as codes and themes emerged. The Delphi Study, not reported here, sought consensus about their
roles among F-LNMs and senior health care administrators.

**Findings**

The sample comprised 26 F-LNMs. All participants were in positions that could be labelled as F-LNMs, albeit with
considerable diversity in titles. All but one of the participants was female; with a mean age of 47 years, ranging
from 34 to 60 years (n = 21); 4 were single, 17 were married, and 5 were divorced (n = 26); and 10 managers had
children at home. On average, the F-LNMs had been in their current positions 6.76 years (ranging from 5 to 20),
worked in the organization for 12.13 years (ranging from 1 to 29), and anticipated 9.98 years to retirement (ranging
from 1 to 20). The F-LNMs supervised nurses (i.e., registered nurses, licensed nurses, personal care aides), as well
as other health care professionals (e.g., social workers, psychologists, recreational and occupational therapists,
orthopedic technicians, educators, and physicians), porters, housekeeping personnel, unit clerks and assistants, and
security guards.

The F-LNMs reported their previous experiences and educational qualifications in a straightforward manner. The
majority of F-LNMs had worked in numerous positions and clinical areas prior to accepting their current position.
Their learning opportunities were readily categorized as either formal or informal. Their comments also indicated
the level of support received by senior administrators within their institutions and their future learning needs.

**Formal Education**

Educationally, 5 F-LNMs held diplomas, 16 had or were completing baccalaureate degrees (one had a prior
degree), and 5 had or were completing master’s degrees (i.e., two were nursing and two were management, with
one manager holding two graduate degrees). For instance, one manager noted, “I obtained my diploma in [place] . . .
and have completed several management courses.” Several managers proudly announced that they were within
one semester of completing their baccalaureate nursing programs. Five F-LNMs spoke enthusiastically about their
graduate programs. Two F-LNMs had completed their graduate-level management programs prior to commencing their managerial roles in their current institutions. All F-LNMs related benefits of their graduate studies to their work as managers; one commented:

It’s probably one of the hardest things I’ve ever done, is doing this job and going to school. But they really help each other. My work helps me contribute to my studies and my studies, in turn, help keep me current in my work and keep me thinking about how to make things better.

This comment was echoed by a F-LNM who observed that “Generally, I found educational programs are giving you the latest in research so you’re able to understand the terms that people are using and stay current.” Another F-LNM described how disappointed she was in having to take a term off from her program to meet the demands of her role. She vowed to return to her graduate studies as soon as possible, observing that the program provided a wonderful stimulus for personal and professional growth.

Most managers had completed courses or workshops in managerial, supervisory, and clinically-oriented topics. When seeking employment and considering a managerial position, one F-LNM reflected, “then I took that management program and I took a coronary care program.” For the most part, the experienced managers explained that they had completed several management or supervisory courses when they were new to the role. Some of those programs are no longer available. However, most managers noted that they appreciated attending workshops or courses that were focussed on a specific topic, such as conflict management.

Informal Education

Other learning opportunities occurred for these F-LNMs as they interacted with colleagues, read current articles, and sought to meet individual needs. For instance, one F-LNM observed that, while willing to assist new managers, time and demanding workloads often prohibited collegial collaboration. Nevertheless, an experienced F-LNM remarked, “I had excellent people working around me; that’s been such a bonus for me. I mean, you learn from others.” A few managers discussed learning opportunities that resulted because of a change in their unit focus. In one example a unit was changed from a medical to a long-term care unit with tremendous learning curves created for not only the F-LNM but also staff members. To achieve this transition, the F-LNM stated, “I got the knowledge I felt I needed, brought that knowledge back to the unit to develop that team and to see the care change.” She continued:

I know that I’m internally motivated, so I need to find within me what it takes to get that goal, that vision that I see. . . . I think that there are a lot of people out there who have the same goals. So, if we communicate and identify needs and concerns, we can get there.

In these words, the F-LNM alluded to seeking information about current nursing practices through library searches and asking experts in the field, and ultimately, sharing the knowledge with staff nurses and other health care professionals.

Concomitantly, F-LNMs accepted responsibility for identifying and meeting the learning needs of their staff members. Reflecting upon this idea, one F-LNM noted that the lack of individuals in educational roles did not relieve her of the responsibility to “provide teaching and learning opportunities at the workplace . . . . It is just a foregone conclusion that you will get done what needs to be done. You will just kind of evolve into fulfilling those roles.” Another F-LNM described how she provided learning experiences for staff members so that they may position themselves for future advancement in their nursing careers. She explained,

There’s a real culture here against continuing education . . . . So, I’ve actually given people the opportunity to come forward and get that experience over the past two years. So, if they’ve taken advantage of that they’re going to have the preparation for these new postings.
F-LNMs not only contemplate their own learning needs but also consider the learning needs of their staff members. In all instances, they seek to creatively address those learning needs.

Support From Senior Administrators

Overall, the F-LNMs made a number of observations regarding support that they obtained, or did not obtain, from senior health care administrators regarding their learning needs. The level of support, on a continuum, ranged from no support to considerable support. In several instances, managers felt supported by senior administrators when pursuing change or when undertaking something new. “At times, I felt emotionally supported, like ‘You’re doing a good job.’ But I haven’t felt supported with, actually, the nuts and bolts that I need to do a good job.”

Specifically, several F-LNMs suggested that they did not fully comprehend the budgeting process, because someone outside the unit established the base budget while F-LNMs supplemented and monitored their unit budgets. One F-LNM commented, “I most certainly appreciate her doing my budget. But because I’m not doing my own budget, I feel that there’s a lack of knowledge there and a lack of experience.” Several F-LNMs also stated that they learned how to use computers during their baccalaureate programs, not through any assistance provided within the work setting. In terms of support offered by employers to assist managers to become skillful and knowledgeable, one F-LNM commented: “Embarrassingly little [is offered.] There are expectations that you will produce spreadsheets for budget discussions without any help to understand Excel etc. [and with a short turn around time frame.]” It was expected that the manager would figure it out, being “a high achiever and a self-starter, you’ll figure it out, at great cost, perhaps, but you will. . . . I would say that considering the complexities of the manager’s job, that the training, or the education, doesn’t support it at all, very, very far apart.”

F-LNMs addressed their future learning needs thoughtfully and openly. Many of the managers identified assistance in learning about computers as critical to their work. As one manager stated, “PCs is a luxury; the only reason we got PCs is because one of our responsibilities is monitoring staffing.” One manager said, “I think I am going to need greater skills in financial management and I’m going to need greater skills in negotiations.... [as well as] political knowledge and politics of the workplace.” This same manager suggested that she would probably pursue a master’s degree, to gain credibility and respect at the table. Human resource management knowledge and skills were significant to several managers because they were being asked to address issues of this nature with their unit employees. For instance, a F-LNM suggested that “managers should have had skills and training to fulfill that new HR function that’s arrived on my doorstep. But that just doesn’t happen.”

To summarize, the F-LNMs took their learning opportunities seriously. They recognized the need for baccalaureate and graduate education and accepted responsibility for completing those formal programs of study. Furthermore, they acknowledged the necessity of ongoing, informal learning opportunities that assisted them with specific tasks in management, such as financial reporting. One F-LNM simply stated, “Learning is a lifelong thing with me.” This perspective toward learning was shared by all participants in this research.

Discussion

Learning is an active, challenging, and ongoing process. Accordingly, Duyff (1999) explains the benefit to professional advancement when she suggests that the process of lifelong learning “stimulates and empowers people to acquire knowledge, values, skills and understanding that are needed in life . . . in enhancing their professional competence and career decisions” (p. 538). Professionals who establish career paths realize they can not achieve their goals without engaging in lifelong learning.

The F-LNMs participating in this research provide evidence that they are intelligent, keen, capable, insightful, knowledgeable, energetic, caring, expert clinicians, and visionary leaders. They get their work done by starting the day early and staying late. In addition to having a sound knowledge base in nursing, management, and technological theory, they identify critical thinking, sound analysis, time management, problem solving, decision making, and conflict resolution skills as essential to their roles. They accept responsibility for lifelong learning, concurring with Duyff (1999) who notes that learning is “self-initiated, self-directed, and self-evaluated” (p. 539).
Learning was important to these F-LNMs. With enthusiasm, they discussed both formal and informal learning opportunities as well as their future learning needs. A common definition of formal education is any learning opportunity that results in a diploma, certificate, or degree. The F-LNMs discussed their formal educational programs as critical to their success as managers. Further, they often referred to formal learning programs when providing examples of how they managed different tasks, functions, or activities. For instance, a few F-LNMs observed how their programs assisted them in how to communicate intended messages clearly and how to manage conflict. They readily identified topics important to nursing management such as financial matters, computer skills, and human resources management. Interestingly, managers’ learning needs today closely match those listed by Pfoutz, Simms, and Price for nurse executives in 1987, such as, learning opportunities “in financial management, bargaining, reimbursement policies, data management and computer applications” (p. 141).

From their comments, one might infer that a baccalaureate degree is minimum educational requirement for the challenging roles of F-LNMs in today’s health care environment. This level of formal education establishes a foundation on which to build, especially to accommodate management theory and practice within nursing and health care sciences. One might also infer that a baccalaureate education supports F-LNMs in managing adaptive learning opportunities, to use Senge’s (1990) words. F-LMNs with graduate degrees or experienced managers seemed to convey a sense of balance in their roles. Perhaps their learning, both formal and informal, positioned these F-LNMs to achieve a level of proficiency. Senge suggests “personal mastery is the discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively” (p. 7), a discipline essential to organizational success.

Informal learning was prevalent among all managers. In several instances, F-LNMs were required to take on an additional unit or area of responsibility. This finding is consistent with that of Persson and Thylefors (1999) who suggest that increased expectations and responsibilities can lead to role overload and role ambiguity. F-LNMs in this research described these additional role expectations as challenges and they prepared themselves to address their own learning needs as well as those of their staff members. They commented about reading constantly to learn more about issues confronting them daily. They often sought “self-help” books to meet specific needs. They welcomed opportunities to confer with colleagues within their own institutions and with colleagues who were working in other institutions, but in similar areas. F-LNMs recognized that their colleagues, albeit willing, were busy people and were not always free to assist them.

The F-LNMs in this research described both formal and informal learning opportunities that pertain to the individual. All learning situations contributed to their ability to understand their roles better; to complete numerous functions, tasks, activities with knowledge and skill; to conduct themselves appropriately in various interactions with staff members, colleagues, physicians, senior administrators, and the public; and to contribute to their organizations so that each enhances the achievement of organizational goals. The F-LNMs are to be commended for their efforts in pursuing both formal and informal learning. However, from an organizational perspective, their efforts are isolated and uncoordinated.

Support From Senior Administrators

Learning was related to personal and professional growth and development. F-LNMs mentioned that it was often difficult to pursue formal education while working full-time in such a demanding role. They appreciated informal learning opportunities that were offered to them by senior administrators. Through these learning opportunities, senior administrators encouraged F-LNMs to embrace change, take risks, and support institutional goals. Clearly, attending to these learning needs of the F-LNMs is key to successful organization development. In discussing organization development and learning, Korth (2000) relates, “More than 20 years later, organizations have not yet stabilized, and the interest in organizational learning and innovation has escalated” (p. 88).
Central to this notion of organizational learning is the concept of team development and learning. F-LNMs shared this perception; that is, they believed discussing issues with their colleagues would lead to sound resolutions. However, they were more likely to describe instances of working alone in solving problems and decision making. Nevertheless, senior administrators have a responsibility to foster the development of the teams, such as a team of F-LNMs, in their organizations. “The intelligence of the team exceeds the intelligence of the individuals in the team . . . . When teams are truly learning, not only are they producing extraordinary results but the individual members are growing more rapidly than could have occurred otherwise” (Senge, 1990, p. 10). Importantly, through organizational learning the capacity for generative learning is enhanced. It is through this approach to learning that the individuals and the institution obtain the greatest benefit. It is within this environment that F-LNMs are best able to champion quality of patient care, quality of work life for staff nurses, and organizational effectiveness and efficiency.

Recommendations

A few recommendations are offered for educators and senior health care administrators.

**Educators**

1. Relate theory to practice so that learners can make connections between what they are reading in a text and what they observe in various practice settings.
2. Use as much flexibility as possible when offering courses, to attract all learners; that is, use creative scheduling and diversity in learning experiences.
3. Reduce residential requirements to encourage full-time workers to participate in courses and programs that will enhance their career planning objectives.

**Senior Health Care Administrators**

1. Offer practical learning workshops to assist employees with work-related learning needs.
2. Assist employees, through payment of tuition fees, to complete management certificate programs.
3. Support employees through establishment of mentorship or coaching relationships with colleagues or senior health care administrators.

Conclusion

In conclusion, the F-LNMs in this research indicated a desire and willingness to pursue career and related lifelong learning. They recognized that formal learning activities enhanced their career options while informal learning opportunities enhanced their abilities to address the challenges inherent in their roles. Given the constantly changing health care system, with particular emphasis upon the changing organizational structures, these F-LNMs identified a need for tangible support from their senior health care administrators. Put another way, they need to be brought into the 21st century of lifelong learners who work within learning organizations. It is no longer appropriate for individual employees to address their own learning needs in isolation of the learning needs of the organization.

Accordingly, Peter Senge (1990) remarks:

> Real learning gets to the heart of what it means to be human. Through learning we re-create ourselves. Through learning, we become able to do something we never were able to do. Through learning we extend our capacity to create, to be part of the generative process of life. There is within each of us a deep hunger for this type of learning. (p. 14)

To move beyond the individual learning perspective, Senge explains that a learning organization is “an organization that is continually expanding its capacity to create its future. For such an organization, it is not enough to merely survive” (p. 14).
References


