

FIRST LINE NURSE MANAGERS' ROLES AND INVOLVEMENT
IN CONTINUING PROFESSIONAL DEVELOPMENT OF NURSES

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***FIRST LINE NURSE MANAGERS' ROLES AND INVOLVEMENT IN
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To My Beloved Family

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ABSTRACT

The roles of modern first line nurse managers (FLNMs) are greatly affected by the decentralization of healthcare systems, causing ambiguity in job delegation and increasing stress, disagreement and uncertainties. The roles of FLNMs have to be clear because their involvement in continuous professional development (CPD) of nurses is strongly correlated with them. Accordingly, this study intends to examine the FLNMs' roles in terms of information processing (IP), interpersonal contact (IC), and decision making (DM) as factors affecting their involvement in nurses' CPD. The concepts of the nurses' CPD include lifelong learning, social proficiency improvement, career planning assessment, nursing care standard enhancement and quality improvement. The relationship between the FLNMs' roles of Iranian Medical Science University Hospitals and nurses' CPD was determined via the correlational quantitative study. Systematic literature review and experts' validation were performed to modify and confirm the items of FLNMs roles in the nurses' CPD. Three hundred eighty-four responses were analyzed through confirmatory factor analysis and a structural equation modeling. Generally, the measurement model confirmed that factors such as FLNMs involvement in the nurses' CPD, IC, IP and DM are sufficient for the structural model construct with their correlations determined. DM has the strongest effect among FLNMs roles on the nurses' CPD. FLNMs' involvement in nurses' CPD is affected by figurehead, leader, liaison, entrepreneur, disturbance handler and resource allocator roles while the roles of monitor, disseminator, spokesperson and negotiator are insignificant. There are significant differences in the confirmed FLNMs' roles (except for monitor) and their involvement in the CPD of nurses, based on the FLNMs' education and situational characteristics, and types of public hospitals. The results identified that the proposed model contributes to future design of relevant HRD assessment tool for a similar purpose.

ABSTRAK

Peranan-peranan pengurus jururawat hadapan moden (FLNMs) kebanyakannya dipengaruhi oleh disentralisasi sistem penjagaan kesihatan yang menyebabkan kekeliruan dalam delegasi kerja dan meningkatkan stres, ketidaksetujuan dan ketidakpastian. Peranan FLNMs mesti jelas kerana penglibatan mereka dalam pembangunan profesional berterusan (CPD) jururawat berkait rapat dengan mereka. Maka, kajian ini menilai peranan-peranan FLNMs dari segi pemprosesan maklumat (IP), hubungan antara peribadi (IC) dan pembuatan keputusan (DM) sebagai faktor-faktor yang mempengaruhi penglibatan mereka dalam CPD jururawat. Konsep-konsep CPD jururawat termasuk pembelajaran sepanjang hayat, peningkatan kemahiran sosial, penilaian perancangan kerjaya, pembaikan standard penjagaan jururawat dan kemajuan kualiti. Hubungan di antara peranan FLNMs Hospital Universiti Sains Perubatan Iran dan CPD jururawat telah ditentukan melalui kajian hubungan kuantitatif. Ulasan literatur sistematik dan pengesahan pakar telah dibuat untuk mengubah suai dan mengesahkan perkara-perkara mengenai peranan dan penglibatan dalam CPD jururawat. Tiga ratus lapan puluh empat respons telah dianalisa melalui analisis faktor pengesahan dan satu model persamaan berstruktur. Secara umumnya, model pengukuran mengesahkan bahawa faktor-faktor seperti penglibatan FLNMs dalam CPD jururawat, IC, IP dan DM adalah mencukupi bagi konstruk model struktur dengan kolerasi-kolerasi mereka ditentukan. DM mempunyai kesan paling kuat di antara peranan-peranan FLNMs ke atas CPD jururawat. Penglibatan FLNMs dalam CPD jururawat dipengaruhi oleh peranan-peranan seseorang yang menjadi ketua pada nama sahaja, ketua, hubungan, usahawan, penyelesaian masalah dan pembahagi sumber, sementara peranan-peranan monitor, penyampai, jurucakap dan perunding adalah tidak signifikan. Wujud perbezaan signifikan dalam peranan-peranan FLNMs yang disahkan (kecuali bagi monitor) dan penglibatan mereka dalam CPD jururawat, berdasarkan pendidikan FLNMs dan ciri-ciri situasi dan jenis hospital awam. Keputusan menunjukkan bahawa model yang dicadangkan menyumbang kepada reka bentuk masa hadapan alat penilaian HRD yang relevan untuk sesuatu tujuan serupa.

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LIST OF ABBREVIATION

<i>ADDIE</i>	-	<i>Analyse, Design, Develop, Implement, and Evaluate</i>
<i>CB</i>	-	<i>Connivance Based</i>
<i>CE</i>	-	<i>Continuing Education</i>
<i>CFA</i>	-	<i>Confirmatory Factor Analysis</i>
<i>CMB</i>	-	<i>Common Method Bias</i>
<i>CPD</i>	-	<i>Continuing Professional Development</i>
<i>CPE</i>	-	<i>Continuing Professional Education</i>
<i>DM</i>	-	<i>Decision Making</i>
<i>FLM</i>	-	<i>First Line Manager</i>
<i>FLNM</i>	-	<i>First Line Nurse Manager</i>
<i>HDM</i>	-	<i>Hypothetical Deductive Analysis</i>
<i>HRD</i>	-	<i>Human Resource Development</i>
<i>IC</i>	-	<i>Interpersonal Contact</i>
<i>IP</i>	-	<i>Information Processing</i>
<i>IRRR</i>	-	<i>Industrial Relations Review and Report</i>
<i>KSAS</i>	-	<i>Knowledge, Skills and Attitudes</i>
<i>L&D</i>	-	<i>Learning and Development</i>
<i>MTD</i>	-	<i>Management Training and Development</i>
<i>PLS</i>	-	<i>Partial Least Square</i>
<i>RCN</i>	-	<i>Royal College of Nursing</i>
<i>TPS</i>	-	<i>Training for Performance System</i>
<i>T&D</i>	-	<i>Training and Development</i>
<i>UKCC</i>	-	<i>United Kingdom Caring Centre</i>
<i>UMSHS</i>	-	<i>The Universities of Medical Sciences and Health Services</i>
<i>WHO</i>	-	<i>World Health Organization</i>
<i>WSM</i>	-	<i>Weighted Sum Method</i>

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CHAPTER 1

INTRODUCTION

1.1 Introduction

The common mission of nursing in healthcare systems is to provide quality care that focuses on the unique needs of patients and their families, which is elaborated in the vision of global healthcare as “Leading, Teaching, and Caring” (WHO, 2006). The World Health Organization (WHO) (2006) asserted that nursing management plays a crucial role in achieving healthcare organization goals. Nursing managers commit to promote respect, positive communication, and collaboration among all members of the patient/family/healthcare team. Moreover, they are entrusted to create a culture of lifelong learning that integrates quality continuing professional development practices of healthcare personnel.

In this regard, Carpenter et al. (2010) stated that the principles of management can be categorized into four major functions of planning, organizing, leading, and controlling. The transfer of control and monitoring duties categorizes the levels of managers into top managers, middle managers, and operational managers (Saljughi, 2006). The understanding on the nature of operational level is a challenging issue in healthcare organization (Persson and Thylefors, 1999; Skytt, et al., 2008a, 2008b). Operational managers or supervisors are at the lowest levels of a company’s management and are responsible of managing non-managerial employees. New directions have been geared towards converting ‘supervisors’ into ‘first line manager (FLM)’ since their roles have gone beyond mere coordinating and leading tasks to taking part in making strategic decisions (Hales, 2005). In relation

to the healthcare industry, these are called the ‘first line nurse managers’ (FLNMs), who are the registered nurses acting as first line managers and working on a 24 hours basis (Skytt et al., 2007). The modern roles of FLNMs have now changed from clinical skill focus to managerial skills, arisen majorly by the ‘conflict’ and ‘ambiguity’ surrounding their role during the decentralization period (1990 to date) (Duffield,1991; Loo and Thorpe,2003). The trigger here was a general misunderstanding on the nature of nursing management, which then fuelled more qualitative researchers conducted to clarify the FLNMs’ roles within healthcare context (e.g., Duffield, 1991; Beuchlin-Telutkiet al., 1993;Loo and Thorpe, 2003; Viitanenet al., 2007). In spite of this, there is still little consensus on the factors affecting FLNMs’ roles, particularly in the continuing professional development (CPD) of nurses.

CPD refers to the lifetime learning of a professional career after the necessary qualification and/or registration has been acquired (Ferguson, 1994; Barriball et al., 1992). This is translated to the wider spectrum of practices that a professional nurse has to master to promote the personal and professional skills and performance (e.g., Davids, 2006). A failed CPD, in this context, can be caused by the failure of managers of healthcare systems to effectively carry out their roles (Davids, 2006).

Accordingly, the focus of this research is thus the roles of FLNMs and the concepts of CPD. This chapter introduces these issues in a more detailed manner to elaborate the findings of previous studies on FLNMs’ roles and their related CPD practices. Meanwhile, Figure 1.1 illustrates the structure of this chapter and the contribution of this research to the existing knowledge regarding the gaps identified from prior studies.

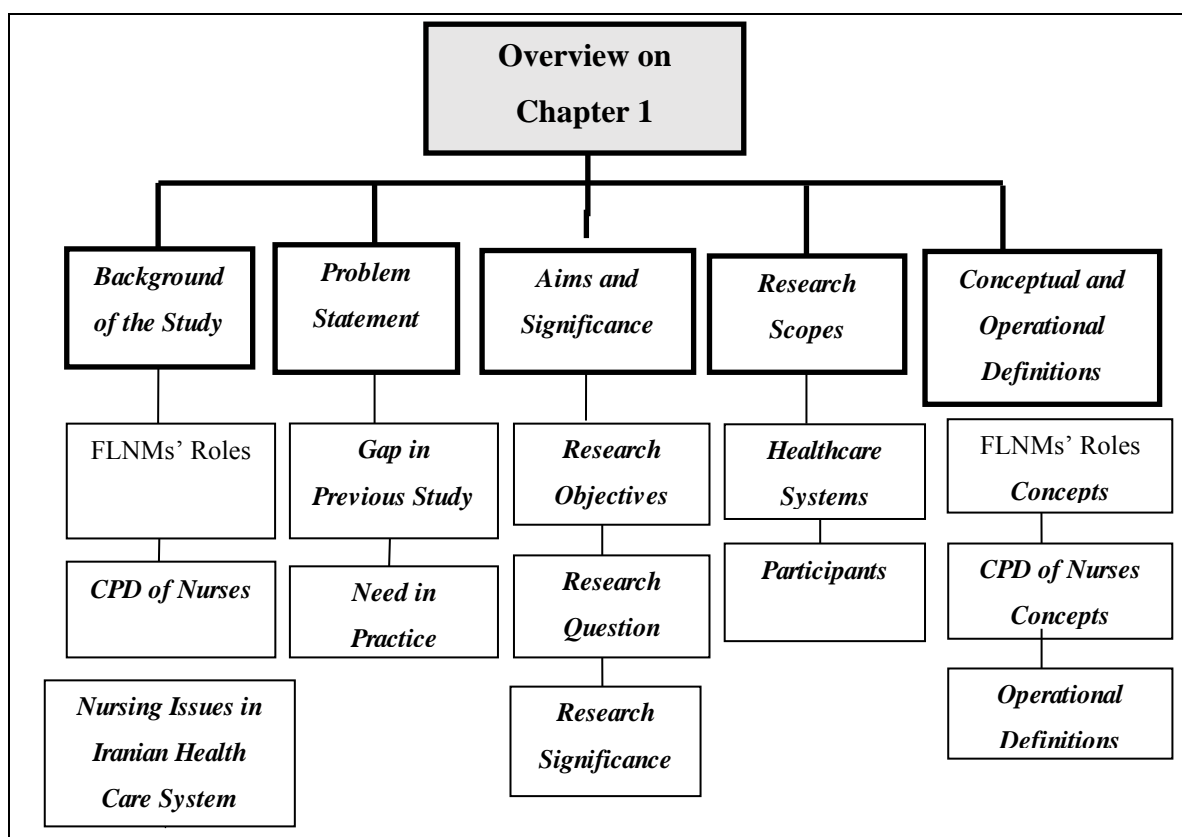


Figure 1.1 Overview on Chapter 1 and contribution of current research

The opening section of this chapter is “Background of the Study” that discusses the relevant literature about FLNMs’ roles and CPD of nurses to clearly identify the gap in the previous studies. The “Problem Statement”, on the other hand, states the research problem derived from the literature. In the “Aims and Significance”, the research problems are explicitly rephrased as tightly focused research questions. The “Research Significance” articulates how the value of the study is adding to the existing literature. Afterwards, “Research Scopes” outlines the limitations of the research, the specific data used for the research and the theories used to interpret the data. Finally, the “Conceptual and Operational Definitions” section presents the scientific definition of research variables or constructs. The constructs are then operationally defined to model the conceptual definition.

1.2 Background of the Study

This section discusses some previous studies related to the two central issues of this research, which are FLNMs' roles and the CPD of nurses in relation to the Iranian healthcare system to conclusively clarify the existing problems in this area.

1.2.1 First Line Nurse Managers' (FLNMs) Roles

Until the 1990s, the person who deals directly with lower-level employees was called the 'supervisor' (Saljughi, 2006; Seyedjavadin, 2006). Contrary to other managerial levels, supervisors are in instant contact to the operational area (employees who do not perform any kind of management) and report directly to middle managers. However, the Industrial Relations Review and Report (IRRR) (1990) argued that 'modern supervisors' should not be considered as FLM (Stewart, 1991).

Hales (2005) summarized that supervisors are mainly involved in 'supervision' work, whereas the FLNMs' roles are more inclined to strategic leading so that they have more authority in making decisions at the same time. To incur such changes across the global nursing profession, several definitions have been laid out in the last two decades for the roles of FLNM (e.g., Duffield, 1991; McGillis-Hall and Donner, 1997; Nilsson, 2003; Persson and Thylefors, 1999; Richard, 1997). According to Mintzberg (1973), a 'role' is "an organized set of behaviors identified with a specific management position and therefore is measured by what individuals do in their day-to-day work". This has set the strategy for a 'role' as one that is able to cope with recurrent situations (Rezaeian, 1999). Generally, the review on relevant literatures showed that the FLNMs' roles have been discussed from two different aspects: 1) FLNMs' responsibilities and tasks, and 2) FLNMs' skills and competences relevant to these tasks.

In view of a transformation in the content of FLNMs' tasks towards more budgetary, administrative works, and decentralization of authority and responsibility

in the organization, FLNMs have inherited the full executive roles of managing the nursing, staffing, quality of care, budgeting, and development of a healthcare organization (Cameron-Buccheri and Ogier, 1994; Duffield, 1991; McGillis-Hall and Donner, 1997; Nilsson, 2003; Pedersen, 1993; Persson and Thylefors, 1999). The Employment Organization of the Islamic Republic of Iran (2010) has recently declared that FLNMs working in educational, healthcare, and rehabilitation centers ought to manage the nursing staff, equipment, and related services around the clock, as previously stated by Skytt et al. (2007) as well. In other words, these managers are entrusted to upkeep the quality of patient care and working life of their personnel, which include work shift listing, hiring of substitutes, planning of staff training, and etc. (Cameron-Buccheri and Ogier, 1994; Everson-bates, 1990; Fullerton, 1993; McGillis-Hall and Donner, 1997; Nicklin, 1995; Pedersen, 1993; Viitanen et al., 2007). Similarly, Gould et al. (2001) have also described that FLNMs ought to secure the existing fundamentals and experiences in their field of expertise; groom junior nursing staff academically and professionally; and learn on information technology, risk management, financial analysis, human resources, and labour relations.

Conclusively, the arguments that have elaborated the roles of FLNM in healthcare systems on a 24-hour basis include: planning and leading staffs affairs; controlling and monitoring quality of care services; promoting organizational effectiveness and efficiency; upgrading their unit staff knowledge and skills; and improving professional development of staff (Anubama et al., 2011; Cameron-Buccheri and Ogier, 1994; Cziraki, 2012; Ellström, 2012; Employment Organization of the Islamic Republic of Iran, 2010; Everson-bates, 1990; Gibb, 2003; Loo and Thorpe, 2003; Maxwell and Watson, 2006; Robson and Mavin, 2009; Russell and Scoble, 2004;). When one assumes the position of FLNM, it becomes crucial to effectively perform the given tasks to sustain the healthcare system (Beuchlin-Telutki et al., 1993; College of Nurses of Ontario, 2003; Katz, 1974; Rubin, 2009; Viitanen et al., 2007). To cultivate quality caring services, Halbert et al. (1998) found that clinical preventive skills are the most important competences of FLNMs.

Meanwhile, the College of Nurses of Ontario (2003) has also defined ‘caring skill’ as: *“a fundamental nurse – client relationship”*, which means it encompasses *the behavior, actions, and attributes of a nurse that are related to clients. In this regard, clients are unique individuals whose goals are promoted by nurses. Concurrently, the College of Nurses of Ontario (2003) has published the ‘Ethic Nursing Care Standards Book’ to elaborate the values of clients. Moreover, the choices mentioned are paramount in the design and provision of care as well as personal values of the nurse that should never provoke the rights of healthcare customers. Hellriegel et al. (2006) then found that the significant competences domains for healthcare executives include healthcare operations, patient legal relations, medical ethics, and financial competent. On the other hand, some studies stressed that FLNMs should possess competent leadership and managerial skills (Beuchlin-Telutki et al., 1993; Katz, 1974; Viitanen et al., 2007). In this regard, the FLNMs’ managerial skills include technical skills (ability to understand and master a specific activity); human skills (ability to work with people); and conceptual skills (ability to see the whole picture and how the different parts work together) (Katz, 1974).*

In a Delphi study, Beuchlin-Telutki et al. (1993) identified that the best skills include abilities to maintain quality patient care, set goals, encourage unity, maintain a positive work environment, optimize human resource, establish communication, and control a budget. Viitanen et al. (2007) developed a FLNM role profile by mixing leadership and management profiles. The management dimensions are the nurturing-mother, the administrative nurse, the rational procedure, the expert, and the developer. The ‘human relation model’, ‘bureaucratic dimensions’, and, to a certain extent, the ‘open system model’ are fitted as the leadership roles. According to this profile, the nurturing-mother copes with, supports, and takes care of the staff and their welfare. The FLNM, working partly as the nurturing mother, is concurrently responsible of creating an atmosphere that cares, motivates, and supports other nurses. The administrative roles include coordinating and monitoring other nurses to maintain the nursing quality. As a negotiator, he or she moderates the link between the nurturing mother and the administrative nurse. Viitanen et al. (2007) have also stressed that the FLNMs’ rational culture has also contributed to how they understand their function. In this atmosphere, the productivity and efficiency goals

are to adhere to the schedule and give prompt and flexible services to other units. As such, the FLNM assumes the role of a developer to arrange training for the nursing staff and allocate resource provisions.

As far as the researcher finds, since the 1990s, the diverging existing research scopes together with the comparisons and summaries made on their results have made it difficult to identify the common tasks, skills, and competences of FLNMs in healthcare organizations (Firth, 2002). However, the integration of clinical and managerial roles is driving the new trends in defining the FLNMs' roles in this new era. Significantly, this requires the support from CPD, as opined by Skytt et al. (2008b), to foster the desired traits of an FLNM. Therefore, the following sections shall review some issues related to CPD to elucidate the reasons of choosing this topic as the second crucial concept of this study.

1.2.2 Continuing Professional Development (CPD) of Nurse

The terminology of CPD, as opined by Quinn (2000), is confusing where many that have been employed actually echo the same meaning. These include continuing education, continuing professional education, and lifelong learning. Jarvis (2004), to be more specific, defined 'continuing education (CE)' as: "all the learning opportunities which can be taken up after full time compulsory schooling". He further separated CE into informal education (include activities such as reading professional journals, attending meetings, joining committees, and contributing to professional trends, issues and current practices) and tailored academic programs (include in-service training or educational programs that lead to academic or professional qualifications) (Houle, 1980; Barriball et al. 1992; Grainger and Uys 1994; Dimauro, 2000). Ferguson (1994) and Barriball et al. (1992), on the other hand, had worked towards clearly separating continuing learning and CE, but both have converged into a single term, i.e., continuing professional development (CPD) or lifelong learning.

CPD is the professional learning phase that begins after a qualification or registration has been obtained which develop and maintain the skills needed to remain competent at work (Vasuthevan and Viljoen, 2003). Thus, CPD assumes three roles - the 'maintenance role' that encourages lifelong learning, the 'survival role' to guarantee continuous competence; and the 'mobility role' that enhances one's employability (Lawton and Wimpenny, 2003). The Iranian Administrative and Employment Affairs Council's (2004) legal CPD framework is developed for certified nurses who are simultaneously employed as full-time nurses in the Iranian Ministry of Health and Medical Education since 2004 (Decree No.2774 هـ / ت 30 397, 2004). This framework evaluates the practices of nurses and promotes their degree to expert or senior titles. In this circular, CPD increases motivation and confidence among nurses and improve their productivity to enhance the quality of healthcare. The CPD constructs are divided into two – the promotion of interpersonal skills and abilities and the promotion of professional performance. The former concerns improvements in in-services training, experiences gained after qualification, involvement in management and supervision, lifelong learning, and self-directed learning. The latter encompasses elevated customer satisfaction, quality of healthcare service, standards of nursing care and safety as well as new and innovative proposals and projects. Likewise, a system of legal CPD linked to licensure for professional nurses was introduced in the United States of America (USA), the United Kingdom, and the South Africa as a viable means by which nurses can remain competent in the face of the ever-increasing advances in knowledge and technology, as well as the public's demands for accountability and consumer protection (Davids, 2006; Eustace 2001).

Davids (2006) declared that this mandating CPD will ensure that all professional nurses participate in CPD activities although there is no guarantee that it will promote lifelong learning in all registered practicing nurse professionals. In fact, it was revealed that the mandating CPD was only useful for a minority of unmotivated nurses but problematic for nurses in advanced practice, education and research. In other word, Davids (2006) found that the professional nurses did not support that CPD should become compulsory for nurses, while they claimed to have used all formal and non-formal learning opportunities in terms of CPD activities. Consequently, the researcher (Davids, 2006) presented the comprehensive

conceptual framework of CPD to improve the legal CPD framework of South Africa healthcare organization by comparing the constructs of continuing education, continuing professional education, mandatory continuing professional development, and in-service education in nursing. In this framework, Davids (2006) concluded that the continuing learning that takes place in a framework of CPD will promote the continuous professional and personal development of the professional nurse practitioners and improved nursing care. In this situation, the concept of mandatory CPD emphasizes that nurses should be helped to become self-directed in their own learning (i.e., teaching and learning during lunch time, projects and learning contract, problem-based learning, and group discussions) rather than being required to provide evidence of CPD participation.

Since CPD is important, proper strategies ought to be designed to encourage nurses to participate in CPD activities (Davids, 2006). In the empirical studies, the researchers (Davids, 2006; Eustace, 2001) assessed the extent to which professional nurses participate in CPD activities (e.g., the retraining courses, workshops, distance learning, work-based learning, and self-directed learnings). The results of Davids' (2006) study indicated that the majority of professional nurses (about 70%) would prefer to receive their CPD activities in the formal and non-formal format. The reasons provided by the nurses for attending a formal course was that they wanted to be more knowledgeable about their area of specialty; to increase their confidence; to learn; to obtain an additional qualification, and also because it was a part of their career plan. The section on non-formal education indicated that a large number of professional nurses were members of a professional society, but that they did not utilize the opportunities that the professional societies provide. A significant number did not attend a workshop to achieve professional knowledge. The majority of the nurses subscribed to a professional nursing journal and had found the journal articles to be pertinent to their nursing practice. In similar manner, the researchers (Eustace, 2001; Kersaitis, 1997) found that the professional nurses have participated in the CPD activities (1) to cultivate new professional knowledge and skills; (2) to be on par with new trends in nursing practice and health; (3) to improve one-self; (4) to improve professionally; (5) to escape or provoke; and (6) to enhance credibility.

Indeed, the researchers (Davids, 2006; Eustace, 2001) concluded that the more than half of the professional nurses working at the public hospitals are aware that they have to continue learning and have a responsibility to pursue lifelong learning although there yet exist the barriers that have prevented their participations in CPD activities offered to them by either the hospitals or the professional nursing societies. These barriers are: (1) difficulty in obtaining study leave; (2) shortage of staff; (3) family and domestic responsibilities; (4) travelling inconvenience; (5) lack of financial support; (6) unawareness in training programs; (7) irrelevance of program to job scope. Regarding these findings, there are still the questions of how nurses can be supported to attend formal, non-formal and in-formal learning opportunities? and how it can be ensured that they learns continuously?

Davids (2006) recommended that the nurses need to be supported financially, timely informed, and properly led to different types learning opportunities by nursing managers of each unit. As mentioned earlier, FLNMs have a crucial role in engaging nurses in CPD practices (Gould et al., 2001). Even the Iranian legal CPD framework (2004) has emphasized that the FLNMs of each unit should attend the in-nurses' CPD assessment meetings as the board of judges. However, the effective factors that may involve FLNMs in their nurses' CPD in reaching the goals of a healthcare organization have yet to be identified, evident through studies published on the CPD of Iranian nurses.

1.2.3 Nursing Issues in Iranian Healthcare System

The Iranian nursing practices, according to Adib and Salsali (2005), serve sixty eight million people where over seventy thousands nurses work in hospitals throughout Iran. In total, there are 120,000 qualified nurses in Iran, which means that about 50,000 nurses are unemployed. However, the employed nurses are still working overtime, not to mention that their responsibilities are multiple and ambiguous. The profession is also less appreciated by the society, which means that these overworked nurses have a higher chance to develop inferiority complex and low self-esteem.

The concept of ‘empowerment’ in nursing and health services entails that a *safe and quality nursing care is provided for patients to recover fully. During the 54th World Health Congress, the community encouraged development of specific programs that promote professional development in view that the nursing industry is crucial to the healthcare industry.* Due to this reason and to promote ‘empowerment’, *Zarea, et al. (2009) conducted a qualitative study and designed the corresponding model; in short, empowerment has been found to a dynamic process arisen from two-way interaction between personal and collective traits of nurses, not to mention that the society’s culture and organization also play a crucial role. The researchers further affirmed that impediments like lack of respect from the society and also the negative image portrayed in Ancient Persian literature hinders empowerment in nursing. On the contrary, nurses should be viewed as a symbol of love, warmth, knowledge, and confidence because they are also saving lives and giving hope to unwell people (Nasrabadi et al., 2003; Stanley, 2004).*

Regarding the importance of nurses’ empowerment in Iranian healthcare system, Ebrahimi et al. (2015) declared that CPD is a necessity for Iranian nursing staff for their scientific and professional development. Furthermore, Pazokian et al. (2013) found that Iranian nurses need to participate in the comprehensive CPD programs in workplace, for it causes a reduction in nurses’ medication errors, which can, in turn, reduce the number of serious problems or even death in some cases,. Accordingly, Ebrahimi et al. (2015) performed a cross-sectional descriptive study to determine the factors influencing nurses’ participation in CPD programs. For this goal, Ebrahimi et al. (2015) collected nurses’ viewpoints on the influence of four categories of factors (i.e., personal, organizational, professional, and program) on their participation in CPD activities. The results revealed that nurses indicated that the most important factor influencing participation in CPD activities were ‘organizational and professional’ factors. In this respect, 48.4 percent of nurses stressed that setting rotating shift work in the ward is the most important organizational factor. On the other hand, 33.9 percent of nurses mentioned that professional factors (i.e., patients’ expectations from nurses and nurses’ tendencies to learn and increase their professional knowledge) have affected their participation in CPD activities.

According to the vital role of meeting patients' expectations and professional development in participation of nurses in CPD programs, Ebrahimi et al. (2015) concluded that FLNMs should support and facilitate the nurses' participation in the programs and should play an effective role in nurses' empowerment. *Likewise, Fahidy et al. (2014) found that the supportive work climate* including 'peer and FLNMs supports' with highest mean score (40.54±8.42) were the most *significant* factor influencing nurses' learning transfer (i.e., nurses' ability to apply their *knowledge and new skills to their job*) in Iranian social security hospitals.

In another recent study, Heshmati-Nabavi et al. (2015) investigated the effect of FLNMs' clinical supervision role on the effectiveness of Iranian nurses' educational activities, especially patient education by a quasi-experimental study. *These researchers (Heshmati-Nabavi et al., 2015) concluded that FLNMs may develop nurses' knowledge and professional skills in patient education by implementing clinical supervision system including observation, feedback, discussion, and investigation. Therefore, this supervision method could be regarded as an effective model for in-service education of Iranian nurses. However, more studies are yet required in order to study the effect of FLNMs' clinical supervision role on other aspects of nurses' CPD.*

In conclusion, to achieve the CPD goals of nurses, the FLNMs' *roles and involvement are crucial* (Viitanen et al. 2007; Skytt et al., 2008b). *However, FLNMs' managerial skills and duties, particularly in relation with nurses' CPD, are yet to be determined in Iranian healthcare systems* (Amini et al., 2013). *Moreover, factors that affect FLNMs' involvement in CPD of nurses has been generally discussed in previous studies (e.g., Gibb, 2003; Loo and Thorpe, 2003; Johansson, et al., 2007; Cziraki, 2012; Ebrahimi et al., 2015). The present study, on the other hand, intends to investigate this empirically.*

1.3 Problem Statement

This section clarifies the urgency to resolve some existing problems concerning the two central issues, i.e., the FLNM and the CPD of nurses.

1.3.1 Need in Practice

It has been emphasized that FLNMs directly affect the quality of nursing services and the Iranian nursing profession is intertwined with the country's culture, economy, and religion (Adib and Salsali, 2005). The poor nursing image and doubts casted upon the profession makes it difficult to believe that these nurses are graduates with a baccalaureate science in nursing from either a nursing school or medical science university (Adib and Salsali, 2005). Moreover, as mentioned by Zarea et al. (2009), less empowered Iranian nurses are more likely to suffer from the disappointment and confusion surrounding their identity and social image, thus further affects their enthusiasm in CPD (Nasrabadi et al., 2003). In truth, the profession requires one to be willing to help others and contribute to the society, which are traits promoted in CPD (Nasrabadi et al., 2003; Mooney et al., 2008, Dala et al., 2009, Milisen et al., 2010, Nathan and Becker, 2010).

From another point of view, Rahimi et al. (2015) showed that the most important factors affecting the incidence of medication errors by Iranian nurses include workplace stress, working in the intensive care units, tiredness due to work load, and inappropriate nurse-physician relationship. Regarding the importance of patient safety, it is necessary to improve positive relationship between FLNMs and nursing staff, to make close collaboration, to perform in-service training for new nurses regarding medication errors, and also to create a reporting system in hospitals' units. In other word, in order to reduce the medication errors of Iranian nurses, they should be led to participate in CPD activities (Pazokian et al., 2013). Therefore, participation in CPD is compulsory (Balogh, 2008), and the 54th World Health Congress has recommended specific programs to be developed to promote professional development. To achieve these programs' goals, some researchers

stressed that FLNMs' managerial skills *as developer roles are vital to lead and encourage nurses to grow professionally and personally* (Ebrahimi et al., 2015; Fahidy et al., 2014; Heshmati-Nabavi et al., 2015; Viitanen et al., 2007; Zarea et al., 2009).

Since the 1990s, the global healthcare system has become increasingly decentralized to shrink organizational sizes and optimize budgets to increase effectiveness and efficiency, causing the role of FLNMs to become more and more important (Carnevale, 1997; Persson and Thylefors, 1999; Johnson et al., 2003; Loo and Thorpe, 2003; Skytt et al., 2008b). *Today, their role is multidimensional where they are expected to simultaneously manage wards and care for patients* (Loo and Thorpe, 2003; Johansson et al., 2007; Skytt et al., 2008b).

The new multidimensional role has burdened the FLNMs where they are overloaded, not to mention that it is conflicting and ambiguous due to a fundamental misunderstanding in the nature of nurse management (Carnevale, 1997; Persson and Thylefors, 1999). Duffield (1991) mentioned that, *“nursing programs have prepared nurses to be good clinicians, but not to be good managers, which is why the transition from nurse to manager can result in a role ambiguity and conflict”*. *In other words, the distinction among management skills, clinical skills, and traditional managerial skills is no longer straightforward* (Herman and Reichelt, 1998). *Similarly, Viitanen et al. (2007) stated that FLNMs today have to overcome the giant barrier in developing their competencies as managers while performing operational tasks and duties. Duffield et al. (2011) further cited a Delphi study which emphasizes the ‘manager’ role (e.g., planning, staffing and supervising) and not the ‘nurse’ role (i.e., clinical nursing), which makes the overlapping of clinical and administrative duties as well as the corresponding required skills set even more so glaring. The dimensions discussed included manager skills and qualities, perceptions of role, relationship to job satisfaction of others, and professional qualification.*

In another study, Johansson et al. (2007) asserted that the lack of competent FLNM adversely affects an organization's performance. Cunningham et al. (2006) also recognized the critical roles of FLNMs. Without these managers, it directly and

indirectly induces cost impacts, which may include time taken to recruit and train replacements; potential reduction in quality and quantity of outputs due to lower morale; and loss of valuable skills and experiences (Johansson et al., 2007). These problems have encouraged Robson (2008b) to investigate the key reasons of absenteeism in public sectors regarding FLNMs' lack of managing skills in resource allocation. He extended the reasons recorded by Wooden (1990) which include job security, lack of competitiveness, generous sick leave entitlements, and low job satisfaction to the difficulties faced by FLNMs in carrying out their decisional roles as well as necessity to perform operational tasks when their nurses are absent. In order to avoid mixing up the responsibilities, Loo and Thorpe (2003) stated that FLNMs have to be well-equipped with interpersonal communication skills, managerial skills in relation to human resource development (HRD), and leadership skills. This is seconded by Johansson et al. (2007). In this respect, Robson (2008b) and Duffield et al. (2011) also asserted that FLNMs require training and development in core management of both hard and soft areas of HRM (e.g., from staffing and staff development to interpersonal communications skills) to take up the challenges of their multi-dimensional role.

*The need to clarify the roles of FLNMs has even more so emphasized in different study (Duffield, 1991, Orovi-Ogoicoechea, 1996). For example, Skytt et al. (2008b) used Mintzberg's (1973) theory of manager's working roles to categorize the FLNMs' duties in a Delphi study. They discovered that FLNMs' *current roles weight heavily on daily routine works and responsibilities towards personnel, particularly those related to empowerment and staff well-being. The researchers also described an idealistic FLNM role, which is to perform daily work that prioritizes the patients and then develop services, professional development programs, and encourage team work. In Levin and Kleiner's (1992) work, the researchers also elucidated the contribution of FLNMs in helping their organizations in defining and understanding the environment and they may be the most salient source of information in this case (Levin and Kleiner, 1992).**

Conclusively, the need to clarify the role is important. This study intends to contribute in the existing knowledge revolving two central issues via empirical testing, i.e., the roles of FLNM and the CPD of nurses.

1.3.2 Gap in Research

Changes due to the decentralization process of healthcare system have affected the roles of FLNMs, prompting researchers to qualitatively develop suitable framework or profile of FLNMs' roles to suit the adjustment (e.g., Duffield, 1991; McGillis hall and Donner, 1997; Richard, 1997; Persson and Thylefors, 1999; Nilsson, 2003). Generally, two aspects are emphasized: 1) FLNMs' responsibilities and duties (e.g., Skytt et al., 2008b; Employment Organization of the Islamic Republic of Iran, 2010; Anubama et al., 2011) and 2) FLNMs' skills and competencies (e.g., Loo and Thorpe, 2003; Johansson et al. 2007). Such development is a result of little consensus in the constructs of existing researches (e.g., Everson-bates, 1990; Cameron-Buccheri and Ogier, 1994; Gibb, 2003; Loo and Thorpe, 2003; Russell and Scoble, 2004; Maxwell and Watson, 2006; Robson and Mavin, 2009; Employment Organization of the Islamic Republic of Iran, 2010; Anubama et al., 2011; Cziraki, 2012; Ellström, 2012). In addition, these roles are changing with circumstances (Rezaeian, 1999), which means that the role is a dynamic one and it is hard to choose the appropriate FLNM roles' scales. Besides, the adoption of developed items of a specific previous study may be insufficient to achieve this. In this study, the roles of FLNM is studied by, firstly, conducting a systematic literature review on recent qualitative and Delphi studies relevant to FLNMs' roles.

Regarding the importance of managers' awareness of their roles, the theorists (i.e., Adizes, 1976; Lutanzs, 1988; Peter-Senge, 1992; Quinn et al., 2003; Yuki, 1989) have conceptualized the roles of managers. Mintzberg (1990) synthesized the different components of the managers' roles of these theories in three constructs 'Interpersonal contact (IC)', 'Information processing (IP)', and 'Decision making (DM)' (Miri et al., 2014). Since Mintzberg's (1990) theory has the capability to

figure out roles of all managers' levels, *Skytt et al. (2008b) used these constructs in a comprehensive qualitative study to categorize current and desired FLNMs roles, which are protecting the rights of patients in obtaining sound nursing and upholding the standards of care. The researchers found that the FLNMs' roles can be translated into three central constructs in accordance to Mintzberg (1990): IC, IP, and DM. The perceived value of qualitative data in resembling a quantitative construct after inverting its results (Cresswell, 2012) is well exploited in this study to explore the FLNMs' roles through content analysis on the obtained results (from year 2001 to 2012) with reference to Mintzberg's (1990) managerial theory. These constructs are used to contently analyze existing studies in a deductive manner to improve Skytt et al.'s (2008b) frames for developing proper instrument that can identify FLNMs' roles (see Appendix B). However, there are claims for performing a confirmatory expert aggregation to validate systematic literature review findings; a comprehensive quantitative study has to be done as well to analyze the most common and vital concerns of FLNMs to resolve the role conflict and ambiguity surrounding this manager level, particularly in Iranian healthcare system.*

Literature review on CPD has shown that CPD is fundamentally viewed as a lifelong learning process that a professional nurse undertakes after acquiring a qualification (Davids, 2006). The Iranian Administrative and Employment Affairs Council (2004) has divided CPD of nurses into two main categories: 1) to promote personal skills developments and 2) to promote professional performances. A review done on CPD of nurses on the converging and overlapping between some components revealed six integrated dimensions based on Iranian legal CPD framework (Iranian Administrative and Employment Affairs Council, 2004) and Davdis (2006). These are:

- 1. improving knowledge and skill relevant to fulfilling the job requirements;*
- 2. fostering the notion of lifelong learning;*
- 3. improving social skills;*
- 4. assisting with career planning;*
- 5. improving standard of nursing care; and*

6. *promoting quality and safe nursing care.*

These are commonly found in previous studies. The corresponding items of each dimension chosen after synthesizing the relevant scales are found in (see Appendix C).

The systematic literature review has also shown that FLNMs is generally viewed as having a crucial role in engaging nurses in CPD (Gould et al., 2001). Even the Iranian legal CPD framework (2004) has emphasized that FLNMs of each ward should attend nurse CPD assessment meetings as the board of judges.

Significantly, Gibb (2003) made the notion that FLNMs, when functioning as developers, should be directly involved in all aspects of the employee's CPD to cater for rapid changes in the industry. The researcher further explained that the greater the involvement, the better the ability to cope with organizational changes and ability to deal with learning and development processes. This concept is supported by Renwick and MacNeil (2002), Skytt et al. (2008b) and Viitanen et al. (2007) as an idealistic role for FLNMs, which is essential to increase the significance of their role to widen the experiences of unrelenting and turbulent change in organizations via promoting staffs' CPD and empowerment; developing service; and cooperating with others. However, some specialists view that the HR personnel should be the ones undertaking the employee's learning and development needs; but, often than not, they are not willing or do not thoroughly understand the employees' CPD. The first line managers, in this manner, are the ones who truly understand the need to continuously develop skills that correspond to changes and to keep the employees abreast of latest development. Not only that, it also prevents avoidable wastage on training budgets and working time. Gibb (2003) affirmed that changes are inevitable and, as a creative thinker, one should adapt to the unpredictable changes rather than opposing it. Conclusively, Gibb (2003) elaborated that a first line manager's perception can influence employees' CPD and its relevance to the organization goals as the immediate supervisors of non-managerial staff (Davis, 2006). This remains true even when the FLNMs' role and responsibilities remain ambiguous (Gibb, 2003; Anubama et al., 2011). Based on Gibb's (2003), it becomes interesting explore the

involvement of FLNMs in each component of a nurse's CPD. The outcome of Gibb's (2003) study and the six constructs identified earlier formed the basis of the *present study*.

Since the literature review has stressed that the FLNMs' perceptions on CPD *concept can influence their involvements in promotion of workplace learning (Ellinger and Bostrom, 2002; Gibb, 2003 Sandberg and Tarjama, 2007; Eraut, 2011; Marsick et al., 2011), the items chosen were sent for professional review by nursing managers' experts of the present study*. In continuation to this, FLNMs' involvement *in different CPD aspects were identified through an empirical study*. Another important point to note is that *this view remains valid in the study of Mintzberg (1990) in relation to the three supervision roles of FLNM as well as a handful of qualitative and Delphi studies which have identified that the involvements of FLNM in the CPD of nurses can be affected by their roles as the leader, the monitor, the resource allocator, the negotiator, and the coordinator (Levin and Kleiner, 1992; Saarikoski and Leino-kilpi, 1999; Gould et al., 2001; Gibb, 2003; Johnson et al., 2003; Cunningham et al., 2006; Sandberg and Tarjama, 2007; Skytt et al., 2008a, 2008b; Robson, 2008b; Duffield et al., 2011)*.

Saarikoski (2003) found that the relationship between ward manager and nursing staff are affected by FLNMs' interpersonal contact roles. FLNMs are able to manage a good learning environment for promoting their staffs' professional development and keeping abreast with new technologies in nursing care through team working; effective communications; attention to the physical and emotional needs of nursing staff and students; and implementing workshops and lunch time trainings. Such efforts highly demand for the FLNMs' interpersonal skills as a supporting role to attract employees' contribution in solving problems, promoting nurses' social skills and ethical issues (Renwick and MacNeil, 2002; Skytt et al., 2008; Duffield et al., 2011; Anubama et al., 2011). In this regard, Fahidy et al. (2014) found that the most of Iranian nurses (60.6%) in the social security hospitals had average attitude toward the supportive roles of FLNMs and peer to be able to apply their knowledge and new skills learned from CPD activities to their job. Accordingly, the researchers (Fahidy et al., 2014) concluded that to improve the

nurses' quality of care and productivity, it is necessary to investigate what are factors *are affecting the supportive work climate for successful transfer of learning to job among Iranian nurses.*

In some other studies, the informational process roles of FLNMs are taken as factor affecting their involvements in nurses' CPD (Levin and Kleiner, 1992; Truss, 2001; Renwick and MacNeil, 2002; Gibb, 2003; Loo and Thorpe, 2003; Jannati and Gholizadeh, 2004; Johansson, et al., 2007; Cziraki, 2012). Indeed, to promote quality and safe care, FLNMs are responsible to facilitate internal information flows among their staffs and to provide necessary reports to physicians and inspections groups to assist the management in prioritizing goals (Gibb, 2003; Loo and Thorpe, 2003; Johansson, et al., 2007; Cziraki, 2012). Meanwhile, they are mediator between official policy and personal experience to increase motivation; confidence in relationship with internal and external organization; and job satisfaction among nurses (Truss, 2001; Jannati and Gholizadeh, 2004). In addition to this, the FLNMs' decision making roles also directly affect staff work and care quality and productivity (Levin and Kleiner, 1992; Viitanen et al., 2007; Robson, 2008b; Khachian et al., 2012) to allocate resource provisions; design and generate changings and innovations for creating opportunities for supervision unit; earn other organization support; control emergency and conflict situation for leading nurses to promote their social skills; and assist with career planning and quality of nursing care services.

Similar to nearly twenty years of studies in worldwide healthcare systems, lack of clarity of FLNMs' roles is also one of the problems in Iranian healthcare systems (Amini et al., 2013). In this respect, Amini et al. (2013) have identified 56 managerial and clinical skills in assuring Iranian nursing students' management skills during their nursing management practicum, however these researchers concluded that the perceived skills have to be modified for measuring FLNM' roles in practice. Furthermore, the review of recent studies (Ebrahimi et al., 2015; Fahidy et al., 2014) asserted that FLNMs should support and facilitate Iranian nurses' participation in CPD programs for their empowerment, while it is yet unexplored what these supportive roles are in Iranian healthcare systems. Most importantly, the evidence

regarding factors affecting FLNMs' contributions *in CPD of nurses are still uncertain (Davids, 2006; Johansson et al., 2007) which has also been reported as an important issue in Iranian healthcare system (Ebrahimi et al., 2015). In fact, the literature review has indirectly confirmed the supposed positive relationship between FLNMs' interpersonal, informational, and decisional roles and their involvements in CPD of nurses, although no clear empirical studies have been done so far to support this and also to indicate which roles have strongly affected their involvements in the nurses' CPD. Thus, a correlation has to be done to accurately identify the relationship between FLNMs' roles and their involvement in nurses' CPD as well as the major roles which have affected these relations.*

1.4 Research Questions

The research questions are established for the investigation of this study. These questions are designed for investigating FLNMs' roles, as the affecting factors, on their involvements in nurses' CPD in Iranian healthcare systems. The research questions are:

1. What are FLNMs' involvements in nurses' CPD in Iranian healthcare systems?
2. What are FLNMs' roles in Iranian healthcare systems?
3. Is there any relationship between FLNMs' roles and their involvements in nurses' CPD in Iranian healthcare system?
4. *What are the major FLNM roles that have strongly affected their involvements in the nurses' CPD in Iranian healthcare systems?*

1.5 Aims and Objectives of This Research

This correctional study aims to investigate FLNMs' roles as factors *affecting their involvement in CPD of nurses in the Iranian healthcare systems. For this goal, 384 FLNMs of Iranian Medical Science University Hospitals were randomly*

selected. The relevant instrument is titled “The First Line Nurse Managers’ Roles in Continuing Professional Development of Nurse”, presented as a questionnaire. *This is developed through vigorous research and in accordance to a standard process of instrument design. Moreover, this research intends to identify and establish major FLNMs’ roles that may affect their involvement in nurses’ CPD within healthcare organizations. Therefore, the objectives of this study are as follows:*

1. To identify FLNMs’ involvement in nurses’ CPD in Iranian *healthcare systems.*
2. To identify FLNMs’ roles in Iranian healthcare systems.
3. To determine the relationship between FLNMs’ roles and FLNMs’ involvement in nurses’ CPD in Iranian healthcare systems.
4. *To identify which of the FLNM’s roles most strongly affect FLNMs’ involvement in nurses’ CPD in Iranian healthcare systems.*

1.6 Significance of the Study

Healthcare services should deliver the desired standard which is timely, of proper quality, induces minimum cost, and is accessible to patients. Nurses have a dynamic and direct influence on the quality of healthcare and satisfaction of patients. Moreover, the nursing practice of a few years ago may not be sufficient to meet today’s needs due to rapid, unpredictable, and sometimes turbulent changes (Davids, 2006). In this situation, CPD of nursing practices remain more so important so that the nurses remain both professionally up to date and personally capable of coping with the changes and stresses. In the study of Nasrabadi et al. (2003), the researchers mentioned that Iranian nurses are often forced to face challenging situations, such as increase in road crime accidents; new epidemic and degenerative diseases; rapid growth of professional knowledge and technology relevant to changes in medical and nursing practices and healthcare delivery; public inspection and demands for professional accountability; and even the new demands for involving nurses as FLNM of a unit. Therefore, exposing the professional nurse to CPD practices is central to promote this profession and the delivery of safe nursing practice in Iranian

healthcare systems as WHO (2006) requires it. In this regard, studies similar to the present study encourage all professional nurses to be involved in the strategic planning and offering of CPD programs to embrace the concept of professional and personal growth; in the long run, this benefits the nation and certainly the healthcare industry.

The new trend sees FLNMs assuming decision-making and strategic planning functions in nursing management (Tehran Medical Science University, 2013), but this can only be effectively done if they are competent. Concerning the Iranian healthcare system, Adib and Salsali (2005) once commented that the FLNMs did not seem to encourage empowerment and satisfaction among nursing staff, which brought them to stress on the importance of detecting the strength and weaknesses in FLNMs' performance through comprehensive studies. The first recommended step is to understand and elaborate the genuine nature of their roles which seems to be idealistic and unclear in the published curriculum in 2010 by the Employment Organization of the Islamic Republic of Iran. In fact, the importance of understanding the 'role' in organizations has been stressed by Mintzberg (1990) because it forms the basis for future movements and studies to improve managerial systems and reform organizational functions. Accordingly, in this study, the formulation of FLNMs' roles is based on patients' right, nursing process, and standards of care stated in Mintzberg's (1990) theory to elucidate the main roles of FLNM. On the other hand, although the connection of the FLNMs' roles to nurses' learning and professional development have mostly been tested qualitatively, there is still a lack of empirical data on the actual implementation of the idea (Gibb, 2003). Thus, the most significant contribution of this research in the existing knowledge relevant to healthcare system is the development of a model to generalize FLNMs' roles in terms of the major factors that promote their participation in the CPD of nurses quantitatively. This is to encourage healthcare administrators of Iran to plan relevant training and supportive programs to improve the essential skills and performance of management among Iranians FLNMs and also nurses. So far, this is limited to 40 hours of managerial training course only.

Another contribution of this study is in quantifying existing qualitative studies on FLNMs' roles and CPD of nurses through exploring and synthesizing accessible sources and legal documentaries for the past 20 years in a systematic, transparent and reproducible manner to analyze the most common and vital concerns of FLNMs. A questionnaire for evaluating their roles and participation in CPD of nurses has been developed in this case. This instrument is expected to assist healthcare system personnel in designing suitable HRD assessment tool to evaluate FLNMs' roles and their involvements in nurses' CPD. It also helps to determine FLNMs' role those may affect their involvement in the CPD of nurses even for different healthcare system.

1.7 Scope of Study

This section elaborates the exact span of this research based on area and participants considered for answering the research questions.

1.7.1 Scope on Healthcare System

This study focuses on the FLNMs' roles in CPD of nurses in healthcare systems. The investigation shall include the FLNMs' perceptions on their roles in terms of 'Interpersonal Contact', 'Information Process', and 'Decision Making' as factors affecting on their involvements in nurses' CPD.

Meanwhile, FLNMs' involvement in CPD of nurses refers to the degree of which the FLNM perceives himself or herself of being encouraging to his or her nursing staff to undertake CPD. The healthcare system in this study refers to the Iranian University of Medical Sciences hospitals, which are divided according to their tasks into 'Therapy', 'Therapy-Education', and 'Therapy-Education-Research'. Their delivery healthcare services can be public or private. Their operations are maintained by the Iranian Ministry of Health and Medical Sciences to deliver healthcare services to all social classes based on government annual tariffs. They also

participate in nursing and medical students' education. Each hospital has five *specialist* departments related to nursing management affairs, which are the 'Quality Control, Monitoring, and Evaluation of Nursing Services'; the 'Human Resources Nursing'; the 'Training and Empowerment of Nurses'; the 'Applied Research in Nursing'; and the 'Privacy and Patient Rights Education and Health Communications' (*Official website of Iranian Ministry of Health and Medical Sciences, 2013*). *It elaborates vast ranges of nursing management services in these hospitals that shall facilitate in answering the research questions in this study. The area of study is limited to hospitals with 'Therapy-Education-Research' and 'Therapy-Education' tasks, deliver public healthcare services, and contain at least 100 beds. This scope is chosen due to some legal limitations for data gathering in other types of Iranian hospitals.*

1.7.2 Scope of Participants' Characteristics

In this study, the registered nurses are professional nurses who are legally entitled to have their names appear on the Register maintained by the Nursing and Midwifery Council of their respective country (Royal College of Nursing (RCN), 2003). The registered nurses with at least a bachelor nursing qualification and more than five years of nursing experiences can be promoted to FLNM's position. They are the supervisors who are responsible for managing the nursing staff, equipment, and nursing services on a 24-hours basis for a unit of hospital (Employment Organization of the Islamic Republic of Iran, 2010). Furthermore, they must attend general management training course (forty hours) held by the comprehensive system of governments' personnel training.

The questionnaire for this study is distributed among Iranian FLNMs who have completed nursing education (basic nursing education, post-registration training courses) and assume the position for at least one year in a hospital of at least 100 beds, provides public healthcare services, and belongs to the 'Therapy-Education-Research' and 'Therapy-Education' types. They were asked to indicate their participation in leading nurses under their supervision into CPD in Iranian healthcare

organizations and then elaborate their perspectives on the factors affecting their involvement in such CPD.

1.8 Conceptual and Operational Definitions

This section explains the key concepts that are frequently used in this study for answering the research questions. A more complete explanation is presented in the next chapter.

Healthcare systems/organization

Conceptual definition: Healthcare system/organizations are designed to meet the health care needs of target populations (WHO, 1975). ‘Hospital’ is defined as a licensed healthcare organization that has a body or an organized team of medical staff and professional staff equipped with the right hospital tools and facilities to provide medical services to the sick and injured around the clock equipment, and provides nursing and medical services to the sick and injured around the clock (DeOnna, 2006).

Operational definition: In this study, healthcare system refers to public hospitals under the Universities of Medical Sciences and Health Services which have their organizational characteristics described as in Section 1.7.1.

First-Line Nurse Manager (FLNM)

Conceptual definition: FLNM directs and manages employees who do not perform any kind of management (Oxford dictionary, 2009). In this respect, Skytt et al. (2007) views FLNM as: “a registered nurse holding 24 hour accountability for the management unit(s) or area(s) within healthcare organizations and labour relations”.

Operational definition: A First-Line Nurse Manager, in this study, is a registered nurse with at least a bachelor nursing qualification and assume the position for at least one year in the Iranian University of Medical Sciences hospitals. He or she has ‘head nurse’ position who manages the nursing staff, equipment, and nursing services on a 24-hours basis for a unit of hospital. Furthermore, he or she is required to attend in general management training course(forty hours) held by the comprehensive system of governments’ personnel training.

Role

Conceptual definition: The ‘role’ term is defined as: “the behaviour expected of a person who has been designated a social position or status” (Encyclopedia of Britannica, 2010).

Operational definition: In this study a ‘role’ is an organized set of behaviors identified with a specific management position and therefore is measured by what individuals do in their day-to-day work.

First Line Nurse Manager’s Roles

Conceptual definition: A FLNM has full executive status and responsibility for the nursing, staffing, quality of care, budgeting, and organizational development (Duffield, 1991; Persson and Thylefors, 1999; Pedersen, 1993; Cameron-Buccheri and Ogier, 1994; Mcgillis-Hall and Donner, 1997; Nilsson, 2003).

Operational definition: In this study, the FLNM’s roles are adapted from Mintzberg’s (1990) theory of roles. The role of a manager, in this case, is multiple and needs a combination of different behaviourists balance to function at the best interest of the organization. As such, the following ten roles can be used to formulate an assessment to evaluate managers:

- 1. Interpersonal contacts –a role which concerns direct contact with the people (subordinates and external personnel) as well as other duties*

that are ceremonial and symbolic in nature. They are divided into three sub-categories:

Figurehead: he/she acts as the head of the organization and performs all social, legal, and ceremonial duties. He or she is the symbol of prestige and authority for the organization.

Leader: he/she establishes a helping working atmosphere and motivates subordinates by monitoring their progress as well as promoting and developing them.

Liaison: he/she keeps internal and external information link as well as develops and upkeeps the external network to gather information and build knowledge bases.

2. **Informational processing** – *a role that involves receiving, collecting, and disseminating information. Informational roles are all about receiving and transmitting information so that managers can serve as the nerve centers of their organization. The three sub-categories of information process are:*

Monitor: he/she gathers all valuable organizational information; evaluates internal operations problems and opportunities; scans papers and reports; and maintains interpersonal contacts.

Disseminator: he/she cascades true and valuable information to subordinates.

Spokesman: he/she represents the organization in front of the stakeholders to keep them informed.

3. **Decision making** – *a role which concerns making decisions based on collected information and resources and in accordance to one's discretion. The four sub-categories of decision making are:*

Entrepreneur: he/she identifies opportunities and potential business development areas, starts new projects, and motivates and guides teams to develop.

Disturbance: he/she solves organizational conflict by taking corrective steps in company crisis and appropriately addressing external changes.

Resource Allocator: he/she distributes and supervises financial, material, and personnel resources.

Negotiator: he/she defends departmental interests and represents the company during external negotiations.

To sum up, FLNMs' perceptions of their roles (i.e., 'Interpersonal Contact', 'Information Processes and 'Decision Making') that may affect their *involvement in* leading nurses towards CPD are considered as the FLNMs' roles, which are taken as *independent variables in this study.*

Continuous Professional Development (CPD) of Nurses

Conceptual definition: Ferguson (1994) and Barriball et al. (1992) defined continuing professional development (CPD) of nurses as lifelong learning. It presents the workplace as a mirrored learning environment. Workplace learning is the key to promote the knowledge and competencies that are required to meet increasing demands for productivity, quality, and flexibility in today's organizations (Eraut, 2000; Flanagan et al., 2000; Clarke, 2005). It takes place in a professional career after the point of qualification and/or registration.

Operational definition: CPD of nurses refers to the professional training program to promote nurses' personal skills developments as well as the professional performances regarding the modified Iranian legal CPD framework (Iranian legal CPD framework, 2004; Davis, 2006). In this framework, CPD as lifelong learning is required to increase motivation and confidence among professional nurses and improve productivity in related organization. These collectively enhance the quality of healthcare.

FLNMs' Involvement in CPD of Nurses

Conceptual definition: LMs' involvement in CPD of employee meaning that the first line managers are directly involved in all aspects of their employees' CPD to ensure its successful implementation in a rapidly changing environment (Gibb, 2003). Hutchison and Purcell (2003) and Skytt et al. (2008b) defined this level of involvement as 'discretionary behavior' or 'desired roles' respectively, namely

FLNMs' willingness to be involved in the act that is beyond their *in-role behaviors to improve performance align with an organizational goals*. Viitanen et al. (2007) also stressed that, *to be productive and efficient in nursing, the FLNM has to assume the developer role to coach or mentor as well as arrange training for the nursing staff and CPD purpose*.

Operational definition: In this study, FLNMs' involvement in CPD of nurses are taken as the dependent variable in regard to the degree of which the FLNMs perceive themselves as being encouraging to the nurses under supervision to improve their knowledge and skills relevant to the job requirements; foster the notion of lifelong learning; improve social skills; assist in career planning; improve standard of nursing care; and promote quality and safe nursing care. An important to note is that these are expected to comply with the modified Iranian legal CPD framework (Iranian Administrative and Employment Affairs Council, 2004; Davids, 2006).

1.9 Summary

This chapter introduces the issues related to FLNMs' roles and their involvement in nurses' CPD in healthcare systems. The review of previous published studies indicated that FLNMs have been exposed to the multidimensional and ambiguity roles (management and clinical skills) during the decentralization period. Accordingly, studies on FLNMs' roles have been conducted to clarify this, but little consensus has been reached so far (e.g., Russell and Scoble, 2004; Maxwell and Watson, 2006; Skytt et al., 2008b; Robson and Mavin, 2009). In addition, FLNMs have to assume the developer role to encourage the nurses under supervision to participate in CPD programs to promote their lifelong learning (Gould et al., 2001). Consequently, the review of existing knowledge on FLNMs' roles and nurses' CPD elaborated the gaps in our knowledge (i.e. what are FLNMs' roles and their involvement in nurses' CPD? Is there a relationship between these variables in healthcare systems?). To fulfill these gaps, the participants of this study were limited to Iranian FLNMs who were performing their tasks in 'Therapy-Education-Research' and 'Therapy-Education' hospitals that deliver public healthcare services, and

contain at least 100 beds. In addition, the contributions of this study were theoretically and practically explained to present how it may help FLNMs to better understand their roles and duties and to perform more effectively and intimately, particularly in relation with CPD purposes. Finally, the research variables and constructs were scientifically and operationally defined to model the conceptual definition.

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