How Italian nurses perceived their nursing managers twenty years after their establishment: an historical observational perception study

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Abstract. The nursing manager role and the function that it has in health organizations is a topic that is becoming very important in the latest years. The present study aimed to evaluate the nursing management impact and perception in nursing staff by specifically investigating human resource development and training, human resource management, work organization leadership and listening. A total of 739 nurses were enrolled in the study. Data showed a very low perception level of the nursing manager role. Therefore, twenty years after its institution, the "distance" between nurses and nursing management still existed.

Key words: Nursing Management; Nurses; Perception.

Introduction

The nursing management found its origins in Great Britain thanks to Florence Nightingale and her collaborators who defined it in 1860. During the Nightingale school, training was not only oriented to clinical disciplines but also to a discipline inherent in both the management and organizational sphere (1).

In Italy there was a slow evolution over the years: the boarding school institution in 1925 for the achievement, after a course of two-years, to achieve the nursing diploma. In boarding schools, it was possible to institute a third year of the course for the qualification in executive functions. This qualification was necessary to carry out the directional function in training schools, while for the role of head nurse (today nursing coordinator) were sufficient to attend a course of two years, even if the achievement of the third year was a guarantee of preference (2).

In 1965, the Presidential Decree of 24 May instituted the first school for Nursing Executives for special issues was established at the Institute of Hygiene of the "La Sapienza" University of Rome.

The introduction of the nursing managerial figure took place with the law 12 February 1968, no.132, which initiated the hospital reform, however the powers conferred on this figure were very limited and, certainly, was not really included in the health management.

An important step for the executive nurse was represented by the law 13 September 1988, which defined the hospital staff standards in the Article no.4, letter c. A managerial professional operator was foreseen for every 500 beds. This figure was included in the healthcare management and represented a first important step for the insertion of the manager nurse within the health management and for the establishment of the Nursing Service (3).

In Italy, the nursing service birth passed through various legislative references up to the Law 251/2000 (4).

Since, the Legislative Decree no. 502/1992 and subsequent amendments, in the Article no.15 regulated the healthcare role management, from which nursing professionals were still excluded (5). In the Article no.15 paragraph no.2, amended by the Article no.16 of the Legislative Decree no. 517/1993 (6), the management, to which the medical staff and other health professionals belonged, was divided into two levels: i) First level, which consisted of the support, collaboration and co-responsibility functions, with the recognition of the

specific areas of professional autonomy, in the structure to which they belong, in compliance with the directives of the manager; ii) Second level, which consisted in management functions and the structural organization, implementing also through directives to all the personnel working in the same, and the adoption of measures for the correct performance of the service.

Thanks to the Legislative Decree no. 229/99 it was entailed further changes for the management, no longer divided into two distinct levels, but into a single level, according to the different professional responsibilities. Nurses, with this legislative decree, were still excluded from the management (7). In 2000, thanks to the Law no. 251, called as "Discipline of the nursing, technical, rehabilitation, prevention and obstetric professions", it was marked a turning point for the nursing profession and for the other health professions, allowing the access to the nursing management.

There were two fundamental elements of the law:

  i.   the professional nursing autonomy;
  ii. the establishment of the "SITRA" (nursing, technical and company rehabilitation service).

Furthermore, the Nursing Manager figure was officially established and, in the article no.5, paragraph no.1, it was found that nurses with the qualifications belonged to the previous systems (university diploma or equivalent qualification by law) could access to the second level degree in Nursing and Midwifery Sciences. From this data, university courses were activated.

The Article no.7 of the same law gave a very specific indication for the Regions, namely that in establishing the figure of the manager within hospitals and defining access to management through public competitions, and to improve the results and qualification of resources, the SITRA was established, as already mentioned above. The SITRA organized and coordinated the nursing, obstetric, technical-health, rehabilitation, and prevention staff, as well as healthcare support operators. The management was entrusted to a nurse, or a manager of the healthcare professions mentioned.

Successively, the Law no. 43, 1st February 2006 (8), named as "Provisions relating to nursing, midwifery, technical, rehabilitative, technical-health professions and prevention and delegation to the Government of the related professional orders", contained important elements for the nursing management, including the articulation of graduate personnel belonging to the health professions (Article 6 paragraph 1) in: i) Graduated professional with a degree or equivalent qualification; ii) Professional specialist, in possession of the first level master; iii) Coordinating professional, with a master's degree in coordination or management and at least three years of service as an employee; iv) Executive professional, with specialist/master's degree and five years of service as an employee.

Aim

The purpose of the present study was to evaluate the nursing perception in their practical profession with reference to the introduction of the nursing manager figure. Specifically, we wanted to evaluate whether nurses perceived the figure of the nursing manager as an improvement effect or not in their profession, twenty years after its introduction.

Materials and Methods

The strategy approach

An "ad hoc" questionnaire was created and online administered to all nurses employed in Italy to understand how they perceived the nursing manager figure in their professions in relation to their work contexts. To evaluate this, it was decided to divide the sample into two subgroups: nurses who worked less than 20 years and nurses who worked more than 20 years who experienced the change with the introduction of the figure of the nursing manager, than the other younger colleagues.

The questionnaire contained two main sections: the first one collected some socio-demographic data, such as: sex, age (divided into four classes, as: until 29 years, from 30 to 39 years, from 40 to 49 years and higher than 50 years), instruction levels (as: Regional Diploma, University degree, three-year degree, Master's degree and P.h.D.), years of work experience (divided into two groups: until 20 years and higher than

21 years), and Region of Italy (as: North, Centre and South of Italy), where the respondent worked at the moment of the research.

The second part of the questionnaire contained a total of 19 multiple choice questions, created "ad hoc" thanks to the book of Carlo Calamandrei as a reference: "Management Manual for health professions" (9) which analyzed the different aspects of the nursing leadership's skills by highlighting the nursing perception relating these skills. Specifically, the second part of the questionnaire was divided into 4 macro-areas, as: the first part, which investigated the human resource development, from question 1 to question no.3; the human resources management section from question no.4 to question no.7; the work organization section from question no.8 to question no.11 and the leadership and listening skills section from question no.12 to question no.18. The last question concerned the nursing evaluation on how the figure of the nursing manager had in some way determined a better consideration of the nursing figure by general population. For each question it was possible to give only one answer, chosen from: very bad, poor, sufficient, discreet, good. Subsequently, each of these answers was associated with a numerical value according to the Likert scale from 1 to 5. The questionnaire was developed through the Google Moduli function and administered from July to September 2019.

Ethical Consideration

The purpose of the present research was amply illustrated to the participants who, only having given their consents, answered the questionnaire. The study was approved by the Ethics Committee of the Policlinic Hospital of Bari, Italy. The questionnaire was anonymous, and no form of data return was presented.

Data analysis

The data were collected in an Excel worksheet and subsequently analyzed thanks to the SPSS program, version 20. Socio-demographic data, being categorical variables, were grouped into frequencies and percentages.

Differences between the two groups in relation to the number of years of working activity were calculated thanks to the *chi square* test and, within the same sub-dimension, differences between the two groups were evaluated with a multimodal regression model. All p values <0.05 were considered statistically significant.

Results

739 Italian nurses answered the online questionnaire. All sampling characteristics were described in the Table 1.

Table 2 reported the answers given to the questionnaire for the first three items investigating the aspect of the "Human resource development and training" of the nursing manager. In all and among the given items there was a statistically significant difference in a poor or at most sufficient perception (p<0.001; p=0.036; respectively), except for the item no.3, as the

Table 1. Socio-demographic characteristics of participants (n=739).

Characteristics	Frequencies (n;%)
Sex:	
Female	581; 78.6%
Male	158; 21.4%
Age:	
Until 29 years	138; 18.7%
30-39 years	190; 25.7%
40-49 years	225; 30.4%
>50 years	186; 25.2%
Instruction level:	
Regional Diploma	190; 25.7%
University degree	52; 7%
Three-year degree	47.5%
Master's degree	140; 18.9%
P.h.D	6; 0.8%
Years of work experience:	
0-10 years	292; 39.5%
11-20 years	149; 20.2%
21-30 years	185; 25%
>31 years	113; 15.3%
Region of Italy:	
North of Italy	414; 56%
Centre of Italy	162; 21.9%
South of Italy	163; 22.1%

Table 2. Responses obtained on the perception of the human development and training among nurses according to years of experience.

Item / Answers Human resource development and training:	Bad	Poor	Enough	Discreet	Good	pvalue[a]
1. Permanent training and professional updating of personnel through the planning, supervision and evaluation of specific training interventions: 0-20 years ≥21 years	60;8.12% 31;4.19%	173;23.41% 112;15.56%	127;17.18% 60; 8.12%	59;7.98% 74;1.01%	22;2.98% 21;2.84%	<.0001*
2. Attention to the constant professional development of the operators: 0-20 years ≥21 years	107;14.48% 61;8.25%	185;25.03% 114;15.43%	94;12.73% 60; 8.12%	43;5.82% 48;6.49%	12;1.62% 15;2.03%	.036*
3. Involvement of personnel in the organization of training events based on specific skills: 0-20 years ≥21 years	101;13.67% 63;8.53%	203;27.47% 122;16.51%	81;10.96% 54;7.31%	41;5.55% 44;5.95%	15;2.03% 15;2.03%	.131
pvalue[b]						.025*

a=x^2 test; b=Multinomial Regression test; *=p value<0.05.

responses given between the two groups were not different (p=0.131). Older nurses felt a lower perception level than their younger colleagues (p=0.025).

Table 3 suggested the answers given to the questionnaire for the fourth to the seventh item investigating the aspect of the "Human resources management" of the nursing manager.

For no items there was a statistically significant difference between the two groups (p=0.411). Most of the answers given for both groups were "bad" to "enough". Also in this aspect, the perception of an improvement intervention by the nursing manager was perceived in a more negative than positive way.

Table 4 showed data concerning the nursing perception on work organizations. Also for this aspect there were no significant differences between the two groups for the whole sub dimension (p=0.368). Also for all the items contained in the section there were no statistically significant differences between the two groups. Furthermore, the perception that nurses have on this aspect of the questionnaire varied from "bad" to "enough" for most, for both groups of respondents.

Table 5 explained the results obtained on the perception that nurses had on the "Leadership and Listening" skills of the nursing manager. For the whole

dimension, between the two groups, there were no statistically significant differences (p=0.539). The same trend was recorded considering each item of the questionnaire section. Also in this case the perception that both groups of nurses had on the leadership and listening skills of their nursing managers varies from "bad" to "enough" for the most of the cases.

Finally, for the latest question of the questionnaire concerning the perception that general people had on the nursing figure and how this could have been changed with the advent of the nursing manager figure, the responding nurses also recorded low perception levels in this case, for both groups (p=0.582).

Discussion

This study wanted to underline how Italian nurses perceived the nursing manager figure after twenty years from the introduction.

Data collected showed a very low level of the nursing manager perception and very often this perception did not differ between the younger and the older nurses. The nursing manager figure increased a very strong impact both on patient care and on staff

Table 3. Responses obtained on the perception of the human resources management among nurses according to years of experience.

Item / Answers Human resources management:	Bad	Poor	Enough	Discreet	Good	pvalue[a]
1. Allocation of personnel based on correct planning: 0-20 years ≥21 years	151;20.43% 88;11.91%	170;23% 117;15.83%	83;11.23% 60; 8.12%	30;4.06% 24;3.25%	7;0.95% 9;1.22%	.483
2. Definition of paths and criteria for the acceptance, orientation and inclusion of newly hired personnel: 0-20 years ≥21 years	110;14.88% 62;8.39%	151;20.43% 100;13.53%	115;15.56% 78;10.55%	48;6.50% 40;5.41%	17;2.30% 18;2.43%	.394
3. Attention to the advanced training of nurses, placing them in areas of competence for which they were trained: 0-20 years ≥21 years	182;24.63% 93;12.58%	158;21.38% 125;16.91%	68;9.20% 59;7.98%	20;2.71% 14;1.89%	13;1.76% 7;0.95%	.066
4. Control over the design and management of shifts (regularity of shifts, holidays, adequate rest, etc.): 0-20 years ≥21 years	117;15.83% 66;8.93%	122;16.51% 88;11.91%	126;17.05% 88;11.91%	58;7.85% 33;4.46%	18;2.435 23;3.11%	.164
pvalue[b]						.411

a=x^2 test; b=Multinomial Regression test; *=p value<0.05.

Table 4. Responses obtained on the perception of the work organization among nurses according to years of experience.

Item / Answers Work Organization:	Bad	Poor	Enough	Discreet	Good	pvalue[a]
1. Analysis and planning or collaboration to improve nursing documentation 0-20 years ≥21 years	75;10.15% 36;4.87%	157;21.24% 103;13.94%	122;16.51% 103;13.94%	66;8.93% 41;5.19%	21;2.84% 15;2.03%	.206
2. Analysis and design or collaboration in the drafting of protocols and work plans to standardize the assistance and uniformity of the operators' behavior: 0-20 years ≥21 years	80;10.82% 50;6.77%	155;20.97% 89;12.04%	120;16.24% 102;13.80%	66;8.93% 43;5.82%	20;2.71% 14;1.89%	.325
3. Analysis and design of new organizational care models 0-20 years ≥21 years	100;13.53% 61;8.25%	172;23.27% 115;15.56%	107;14.48% 78;10.55%	49;6.63% 31;4.19%	13;1.76% 13;1.76%	.780
4. Monitoring and improvement of the working organization of nurses: 0-20 years ≥21 years	135;18.27% 91;12.31%	166;22.46% 118;15.96%	103;13.94% 57;7.71%	30;4.06% 27;3.65%	7;0.95% 5;0.68%	.587
pvalue[b]						.368

a=x^2 test; b=Multinomial Regression test; *=p value<0.05.

Table 5. Responses obtained on the perception of the leadership and listening among nurses according to years of experience.

Item / Answers Leadership and Listening skills:	Bad	Poor	Enough	Discreet	Good	pvalue[a]
1. Ability to transmit a vision, to motivate and incentive collaborators 0-20 years ≥21 years	174;23.54% 116;15.70%	168;22.73% 111;15.02%	67;9.07% 45;6.09%	21;2.84% 20;2.71%	11;1.49% 5;0.68%	.774
2. Ability to create a positive working atmosphere where nurses feel welcomed, listened to and valued for what they do 0-20 years ≥21 years	178;24.09% 128;17.32%	166;22.46% 106;14.34%	67;9.07% 43;5.82%	19;2.57% 13;1.76%	11;1.49% 8;1.08%	.964
3. Representation of the nursing profession with greater consideration at the company level through the expression of the needs and point of view of the profession 0-20 years ≥21 years	161;21.79% 113;15.29%	157;21.24% 114;15.43%	99;13.40% 49;6.63%	16;2.16% 16;2.16%	8;1.08% 6;0.81%	.295
4. Greater possibility of permanent training and paid overtime thanks to his contribution to managing the budget available to the nursing / midwife management 0-20 years ≥21 years	175;23.68% 118;15.97%	145;1962% 105;14.21%	86;11.64% 49;6.63%	26;3.52% 19;2.57%	9;1.22% 7;0.95%	.853
5. Participation, by the nursing management, in meetings with the nursing coordinators of departments and wards, with nursing and support staff 0-20 years ≥21 years	156;21.11% 92;12.45%	149;19.62% 114;15.43%	87;11.77% 60; 8.12%	31;4.19% 18;2.43%	18;2.43% 14;1.89%	.644
6. Increase of staff motivation and reduction of drop-out rate through the involvement of nurses in company objectives 0-20 years ≥21 years	190;25.71% 120;16.24%	170;23% 118;15.97%	60; 8.12% 48;6.50%	15;2.03% 11;1.49%	6;0.81% 1;0.13%	.531
7. Ability to listen to the problems of nursing staff with the implementation of appropriate corrective measures 0-20 years ≥21 years	171;23.14% 117;2.30%	166;22.46% 118;15.97%	34;4.60% 25;3.38%	61;8.25% 30;4.06%	9;1.22% 8;1.08%	.617
pvalue[b]						.539

a=x^2 test; b=Multinomial Regression test; *=p value<0.05.

results, and on the success of the organization. The responsibility for supervising hospital patient care units directly influenced on the shoulders of nursing managers with the expectation of producing high quality care at low costs (10). This complex role embraced several responsibilities, including the management of clinical practice, resources, finances, along with staff development and strategic planning. To achieve this

Table 6. Responses obtained on the perception of the leadership and listening among nurses according to years of experience.

Item / Answers	Bad	Poor	Enough	Discreet	Good	pvalue[a]
1. Greater consideration by the common people of the nursing figure 0-20 years ≥21 years	 147;19.89% 101;13.67%	 178;24.09% 108;14.61%	 81;10.96% 61;8.25%	 29;3.92% 20;2.71%	 6;0.81% 8;1.08%	 .582

a=x^2 test; *=p value<0.05.

goal, nursing managers should perform and constantly update their knowledge in both clinical and leadership skills (11,12). Nursing managers played a central role in creating healthy work environments and had responsibility for the care provided to patients. They must do their work in such a way as to be influential leaders and create optimal work environments (13). The nursing staff involvement and commitment was associated with the nursing manager (14), suggesting the importance of the synergy between nurses and nursing managers and highlighting the key role of the nursing manager by creating an organizational culture that determined the nursing involvement, too (15).

By exploring the nursing management perception, it allowed us to study certain aspects related to the same, such as: human resource development and training, human resource management, work organization, leadership and listening. Very few studies in both Italian and foreign literature analyzed the nursing perception on the impact of the nursing leadership since it was introduced. The study by Saifman et al. (16) agreed with the assumption that studies presented in the literature on the nursing leadership were very few and therefore, few studies were the experiences to be able to refuse. In this study, 25 young nursing managers were interviewed. It emerged that the objectives to be pursued by the nursing managers were summarized in the following principles: the management entering role, the learning role, the support role, by having a significant impact to help nursing staff succeed and manage the change. These goals were in agreement with our study, which emphasized these different aspects in the questions proposed to nurses to understand their perception levels. From our data, it emerged a homogeneity of nursing perception on management without any substantial difference between the two groups. In fact, our results revealed a mostly negative perception in nurses towards nursing

management. In fact, the trend of the results was mostly negative, with a management which did not focus on the professional development and human resources, by understanding the inability to adequately allocate the personnel according to a correct planning and the scarce attention to the competences acquired by nurses inserting them in specific areas depending on the skills acquired; a management that had a poor positive impact on the work organization and in particular on improving the nursing work organization. An important aspect to consider was the cultural level of the nursing professionals who answered the questionnaire. In literature, in a study by Patricia Banner (17) carried out in a pediatric operative unit, the manager's perception of nursing professionals was assessed with respect to some salient issues of the surgery units. The results showed that the perception differed between the manager and the professionals and this difference was directly related to the level of education of the nursing professionals. In our study we also considered the work experience variable. Future perspective studies surely will include the nursing instruction levels to confirm or refuse our actual results. However, the nursing management perception appeared to be generally negative in the four macro areas of the study: in particular, the "ability to leadership and listening" was perceived in a rather negative way by nurses in all its aspects (questions 12-18). It was a significant issue since leadership and listening skills were more linked aspect to individual abilities than organizational ones. These qualities appeared to be in line with the Ogbolu et al. study (18) which underlined the importance of the listening skills quality for the nurse manager and how this should be addressed to patients and nursing professionals to try to weigh up the level of communication to those who showed up in the services. Considering "leadership and listening", on the other hand, the vision was that leadership was often unable to create a positive working

atmosphere, to transmit a vision, to motivate its collaborators, a leadership that participated little in meetings with coordinators and the staff and, consequently, little able to listen to the problems of the nurses. A cross-sectional study conducted in Italy on the "relationship between the leadership styles of senior nurses and the perception of patients on the quality of care provided by nurses" (19) showed how nurses satisfied with the leadership of their managers to positively influence patient perception on the quality of care provided. Therefore, the leadership and listening skills of managers, not only had repercussions on nursing staff, but also on patients. Exploring the other three macro areas, it was clear how the impact "on the organization of work" (questions 8-11) by the nursing leadership was the point that received the greatest response from nurses, especially in the participation of the management in the analysis and planning for the improvement of the nursing documentation and for the drafting of protocols and work plans to standardize the assistance. Taking into consideration "the development of human resources and training" (questions 1-3) and the "management of human resources" (questions 4-7) the results appeared as negative even if it was possible to grasp some aspects perceived less negatively than others such as: the control over the planning and management of shifts (question 7), the definition of paths and criteria for the reception, orientation and insertion of newly hired personnel (question 5), the attention payed to the constant professional development of the nursing staff (question 2) and the personnel involvement in the training events organization based on specific skills (question 3). Analyzing the other aspects, such as: the ability to transmit the vision and the mission (question 12), a greater possibility to paid and permanent training nurses thanks to the contribution of the nursing manager in budget management (question 15) and increasing in nursing motivation with consequent reduction in the dropout rate through involvement in corporate objectives (question 17), the results did not show substantial differences in the perception of nurses among the different groups. The latest question of the study, outside the four macro areas already analyzed, assessing whether the birth of the nursing leadership determined over the years a better consideration of the figure of the nurse by the citizens. Despite the

evolution of the nursing profession in the university education and the birth of management, nurses interviewed did not perceive a better consideration of the citizens of the nursing profession, in fact our results were overall negative.

Conclusion

In conclusion, twenty years after birth of nursing management, the "distance" between nurses and nursing management still existed. In other words, the vision that emerged was that the nursing management was not very attentive and not very close to the problems of the nursing staff, a management that was not able to better represent the needs and difficulties of the professionals by being a spokesman for them both at the company level, but also at national level.

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