Teaching and Learning: Essential Components of the Nurse Executive Role

Susan K. Pfoutz, Lillian M. Simms and Sylvia A. Price

Administrative leadership inspires, encourages innovation, assists staff to grow and promotes and facilitates excellent nursing. Although one might argue that these activities are administrative, data collected in research at the University of Michigan suggest that they have a strong educational tone. Analysis of the data resulting from in-depth interviews in practice and education indicates that the role of the executive is on a trajectory of intrapersonal integration of the professional components of practice. The education component is vital to integrating the role and is the linchpin in linking the components of professional practice.

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The role of the nurse executive is a dynamic one requiring a high degree of leadership skill and managerial competence intricately linked with clinical nursing knowledge and research. This phase of a continuing project expands on previously reported findings and concentrates on the education-related responsibilities of the nurse executive. The education capabilities are vital to integrating the role; education is the linchpin in linking the components of professional practice.

The Executive as a Teacher/Learner

The role of nurse executives as teachers has been largely unrecognized. In their efforts to stay away from educational roles many executives may not recognize that extensive education occurs in noncredit, informal learning environments. Changing behavior in organizations is a major responsibility of the nurse executive and one that involves teaching/learning expertise.

Executive leadership inspires, encourages innovation, assists staff in the self-actualizing process and promotes and facilitates excellent nursing. In previously reported research, nursing administrators were found to be involved in personal and other-directed leadership activities with the majority of executives considering themselves to be mentors for others (Simms, Price, & Pfoutz, 1985). Other leadership activities identified in the previous report included activities as (a) an image setter, (b) spokesperson for nursing, (c) change agent, (d) people developer, (e) trouble-shooter and (f) creator of a professional practice environment. These leadership activities are in essence teaching-learning activities.

The study supported Drucker's (1980) contention that managers do many things that are not managing and spend most of their time doing things other than planning, organizing, directing and evaluating.

In addition to leadership skills, the earlier study of nurse executives reaffirmed the high degree of managerial acumen required of these clinical leaders. The nurse executive was found to function as a planner, image setter and resource allocator who facilitates rather than performs direct services. The study further supported Poulin's (1984) findings that a new nurse executive role is emerging that requires clinical nursing knowledge and research as well as leadership and managerial skill.

Previous reports of this research focused on administrators in acute, long-term and home care settings. Realizing that a major component of the administrative function included education-related activities, the project was expanded to include interviews with nurse executives in colleges of nursing. The setting for executive practice was reconceptualized to include education as well as service settings. The work of Mintzberg (1973), Price (1984), Poulin (1984) and Stevens (1981) were used in developing the original interview schedule. During the expanded phase of the project, the interview schedule was further refined for use in the education setting.

This research addressed the following questions:

1. What are the characteristics of nurse executives in practice and education?
2. What are the education-related responsibilities of these executives?
3. How do selected functions differ between educational and practice settings?
4. What are the trends in educational responsibilities?

Methods

This research conceptualizes nursing administration as a professional practice discipline that articulates and integrates the essential components of clinical practice, research, education and administration. The nurse executive is conceived to

SUSAN K. PFOUTZ, R.N., M.S.N., *Rho,* is a doctoral candidate and Research Associate at The University of Michigan School of Nursing; **LILLIAN M. SIMMS,** R.N., Ph.D., *Rho,* is Associate Professor of Nursing Administration, The University of Michigan School of Nursing and Project Director, Role of the Nurse Executive Project; **SYLVIA A. PRICE,** R.N., Ph.D, *Rho,* is Associate Professor of Nursing Administration at the College of Nursing, University of Tennessee and was a Research Associate for this Project. The research on which this article is based was conducted at The University of Michigan and was supported by a Division of Nursing Research Emphasis/Doctoral Program Grant and an NIH Biomedical Research Support Grant. Correspondence to Prof. Simms, The University of Michigan School of Nursing, Room 2174, 400 North Ingalls, Ann Arbor, MI 48109.
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be the top nurse administrator in any health-related service or educational enterprise. The constant comparative method of Glaser and Strauss (1967) was used as an inductive approach to develop grounded theory. Data sources included a) literature review, b) taped interviews, c) biographic forms, d) monthly calendars and e) organizational charts. The data were categorized according to conceptual categories identified in the previous research, and related properties and interrelationships were studied (Simms, 1981).

Sample

A convenience sample of 36 nurse executives was selected from 10 acute care institutions, 10 homecare agencies, 10 long-term care facilities and 6 educational facilities. Previously collected data from service settings were pooled with data from executives in the educational settings—research universities and two-year and four-year colleges. Registered nurses serving in executive roles were selected for interviews. These settings were selected because they are considered to be representative of both education and service settings, locally and nationally.

Data Analysis

Following collection of the data, tapes were transcribed and data were converted to responses on the interview forms. The responses were then coded and converted to cards for each identified category and question. For this phase of the research, coded data were analyzed according to the education-related research questions.

The data results were described according to characteristics of the subjects, perceived educational functions, variation between education and service settings and trends in education responsibilities.

Characteristics

The 36 executives in this study were predominantly female and between the ages of 30 and 65. The majority of the executives in long-term care, home care and educational settings were in their 40s and 50s, while the majority in acute care were in their 30s. Most of the executives in education were doctorally prepared and married; the majority of executives in practice were single. There was a marked difference between the levels of preparation of the long-term care executives and other executives : 78 percent were prepared at the undergraduate level (predominantly Associate degree and diploma), and all of the subjects in acute care, home care and educational settings were prepared at the graduate level (see **Table 1**).

Although several of the executives in service settings had adjunct faculty appointments, only the educational executives cited joint faculty and administrative titles. One dean and professor was also the director of Nursing Services; one associate hospital administrator was also an assistant dean. Without exception, all titles reflected the single top nursing leader within the setting.

Perceived Educational Activities

All perceived educational activities were identified and clustered according to previously identified and emerging categories: a) personal learning, b) direct teaching, c) institutional and d) external activities. In this manner, several activities not previously noted in the literature became evident including:

Homework/self-study
Credentialing activities
Data analysis
Student supervision
Scholarly writing
Consultation
Peer collaboration
Lecture/seminar/paper presentation

TABLE 1. Characteristics of Nurse Executives According to Setting

Characteristic	Long-Term Care % (N = 10)	Acute Care % (N = 10)	Home Care % (N = 10)	Education % (N = 6)
Age:				
30s	22.2	55.6	33.3	16.6
40s	22.2	11.1	33.3	33.2
50s	33.3	22.2	22.2	33.2
60+	22.2	11.1	11.1	16.6
Marital Status:				
Single	66.7	66.7	88.9	16.6
Married	33.3	33.3	11.1	83.3
Education Level:				
Diploma/Associate Degree	55.5	-	-	-
Bachelor's Degree	22.2	-	-	-
Master's Degree	22.2	100.0	90.0	-
Doctorate	-	-	10.0	83.3
Doctoral Candidate	-	-	-	16.6
Nurse Executive Title:				
Director of Nursing	80.0	40.0	30.0	-
Administrator	20.0	10.0	40.0	-
Vice President/ Executive Director	-	50.0	30.0	-
Professor and Dean	-	-	-	66.6
Associate Dean of Allied Health	-	-	-	16.6
Professor and Department Director	-	-	-	16.6

Note: Percentages adjusted to 100 when data missing.

Table 2 summarizes the educational activities identified by participants. Of particular note are the homework activities described by corporate executives. The personal learning activities were described as being absolutely essential to maintaining competence and included regular self-learning experiences about such topics as computer use, financial/data management, negotiation/bargaining and reimbursement policies. Daily preparation for meetings and speaking engagements was considered mandatory.

It is particularly noteworthy that most subjects described individual or collaborative activities for self-development rather than formal education, which depends on a higher authority. Such networking activities may have been part of a larger organization or developed by individuals within a given geographical area.

Direct educational activities included teaching inside as well as outside of the organization. As one would suspect, the education administrators were more likely to be involved in formal classroom teaching. Interestingly, long-term care executives were also heavily involved in direct teaching activities and as a group they were the least prepared for this activity. In addition to teaching activities, executives in all settings were involved in the planning and facilitation of educational programs within their organization.

TABLE 2. Educational Activities of Nurse Executives

Personal Learning Activities	External Activities of Influence
Homework/self-study	Collaborative activities between service and education
Networking for mutual growth and development	Presentations to community groups
Formal education	Work with health occupation students
Continuing education (conferences, workshops)	New program planning (hospice, geriatrics, nursing models)
Reading	Service on review boards and advisory committees
Scholarly efforts/publishing	Organizational memberships
Report writing	Health teaching in community
	Patient/client education programs
	Participation in policy setting at national, state and local levels
	Networking for organizational responsibilities
Indirect Teaching Opportunities	**Direct Teaching Activities**
Establishing standards for credentialing	Credit course instruction
Preparation for accreditation	Adjunct faculty responsibilities
Grant writing	Information sharing (journal routing, memos, other)
Committee meetings	Role modeling
Plan/support educational services	Public speaking
Facilitate educational opportunities for subordinates	Mentoring/preceptorship
Staff/faculty development	Student/staff supervision
Program evaluation	Presentation of papers and speeches
Deliver educational services	Occasional lecture/seminar
Orientation of new personnel to organizational and nursing goals	
Policy development for clinical practice	

The corporate executives had a broad scope of educational influence with lectures, presentations and numerous activities beyond their own organization. These executives belonged to nursing and nonnursing organizations including hospital administration, medical and public health organizations, indicating a high level of involvement and opportunity for an extensive sphere of influence. In addition to the traditional nursing organizations, the corporate executives belonged to:

American Public Health Association
The Association for the Advancement of Science
American Hospital Association
State Board of Nursing Home Administrators
Institute of Medicine
American Society for Health, Manpower and Training.

Importance of Educational Activities

Another way to examine educational activity is to look for indicators of its relative importance to nurse executives. During the interviews, questions were asked about the central focus of the subjects' role as well as the most important and most satisfying aspects of that role. In addition, the subjects were asked to identify barriers and inhibitors to various aspects of their work.

The subjects were able to identify multiple, important aspects of their roles. Quality of care was the most frequently cited issue of importance in all practice settings. Some executives in all practice settings cited staff recruitment and development as important aspects of their role in providing quality care or education.

Another approach was to inquire what inhibits or facilitates executives in reaching their goals. In many cases the desired characteristic was identified as a facilitator, while its absence was identified as an inhibitor. The need for qualified staff was recognized consistently as being important to achieving goals.

The executives were also asked what was the *most* satisfying aspect of their role: 20 percent of the long-term care executives, 70 percent of the acute care executives, 40 percent of the home care executives and 33 percent of the educators responded by citing staff growth and staff relationships. Recognizing that more than 70 percent of long-term executives were involved in staff development, the satisfaction rate of only 20 percent is of concern.

Overall, these findings suggest that the majority of nurse executives do not link staff development with maintaining a well-qualified staff. Only in acute care was staff growth recognized as the most satisfying aspect of the role by the majority of the respondents. The question arises as to why nurse executives in education did not view this aspect more favorably. Rapidly changing health care environments should be mandating a high level of growth and development among faculty members in education as well as in practice settings. The presence of well-qualified staff members who are able to meet the changing needs of their organizations is critical in all settings.

Trends in Education Responsibilities

We believe that we have only scratched the surface of education-related activities. Although formal educational programs were for the most part perceived as inservice education, there was a growing awareness of new program development requiring proposal writing and staff education. As shown in **Table 3**, the majority of executives perceived themselves as being mentors or preceptors, suggesting that the role of creator of learning environment is not yet well developed. In addition, the executives saw themselves as learners with an emerging awareness of personal growth and development. To further personal development, means beyond formal education programs and continuing education were being used. These reflected a more collaborative and peer-oriented focus. Executives in all settings have major responsibility for setting standards for credentialing of nurses. All executives share the responsibility for creating environments that prepare and retain professional competence and expertise through policy setting.

TABLE 3. Variation Across Settings

Activity	Long-Term Care	Acute Care	Home Care	Education
Mentor	80.0	90.0	60.0	66.6
Staff development	77.3	90.0	60.0	33.3
Self development:				
Formal education	-	20.0	-	16.7
Continuing education	77.8	50.0	44.4	16.7
Program development	75.0	88.9	100.0	100.0
Educational services	70.0	80.0	87.5	100.0
Direct teaching	60.0	33.3	37.5	83.4
Grant writing	-	-	12.5	100.0

According to several executives, having a functioning, productive staff was considered to be the most satisfying part of their role. The idea of ongoing development as a part of productivity emerged especially in the larger hospitals and home care and education settings. Personnel were recognized as a valuable resource worthy of development to meet new and changing organizational needs.

Nurse executives in practice and education settings play a unique role in creating the environment in which professional practice can occur and endure. As Lodge and Pietraschke (1986) note, executives can determine what professional nursing is and how it should be practiced. They hold the keys to maximizing the use of nursing knowledge and to continued growth and development of the staff. This is the essential ingredient of a professional practice environment in any setting.

Summary

The results of this study support previous findings of a new executive role that demands advanced education in administration and clinical leadership as well as educational skills. The need for advanced education is especially noted in long-term care settings where for the most part executives are not prepared adequately for the leadership responsibilities that they have assumed.

This exploration suggests that the nurse executive plays a strong role of influence, blending teaching and learning expertise in formal and informal patterns. Strong patterns of self-development emerged from the data over and over, sometimes in professional organization memberships and other peer networking, sometimes in continuing education, sometimes in public speaking and most of all in individual homework activities.

Respondents described the need to be updated in financial management, bargaining, reimbursement policies, data management and computer applications. Preparation time for meetings and speaking engagements increased incrementally according to level of responsibility and position at the corporate level. Although one might argue that these activities are all administrative, these data suggest a strong educational tone. The opportunity to influence staff development is apparent in all settings. Executives function as role models and mentors, teachers, and facilitators of personal development. Future studies will undoubtedly question in greater depth the importance of activities identified by a few individuals, for example, consultation and service on advisory committees and review boards since these are emerging as important activities for other executives.

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