ORIGINAL ARTICLE

Role and working conditions of hospital nurse managers: A binational study from Peru and Mexico

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Abstract

Purpose: To examine perceptions and experiences of nurses working in Peru and Mexico about their management role and working conditions at the hospital.

Methods: Twenty four focus groups were conducted with 164 nurses. Participants were recruited using a convenience sampling. Data were analyzed using a content analysis technique.

Results: Themes identified were: regarding their perception of their role identifies two aspects: management and nursing staff and resources and motivation and commitment to the management function of nursing care, with regard to working conditions are identified: workload and number of nurses deficiency, deficiency in resources to perform the work of nurses and a need for recognition in its management function, also was identified an issue related to the training of undergraduate and graduate students, by identifying a disagreement with current training in undergraduate nursing professionals, as well as the need for continuing education in the management function.

Conclusion: Further research is needed to understand the impact of nursing management in patient care and outcomes at hospitals in Latin America.

Implications for practice: Understanding the role and working conditions of nurse managers could inform management policies in Peru and Mexico and address the nurse shortage affecting Latin America.

Key words

Nursing management, Qualitative, Hospital

1 Introduction

In the past decades there have been changes in nursing and healthcare, including increased work loads with fewer resources and time, higher role stress, and job dissatisfaction. Research indicates these changes negatively affect the quality of care as well as nursing competencies, productivity, and effectiveness, all which are necessary to provide adequate and humane care [1, 2]. Healthcare reform and poor nursing working conditions affect the nursing management function, which is defined as the application of professional judgment to plan, organize, motivate, and supervise nursing care services, and which it is performed by trained nursing department heads, supervisors, and hospital services

supervisors [3]. Nurse managers deal with the shortage of nurses, decreased resources, increased pressure to meet the needs of healthcare users, and increased productivity demands; and yet they have to ensure quality of nursing care for patients. Some initiatives have been implemented to ensure that the nursing management role at hospitals is well performed despite healthcare reforms. One initiative proposes that instead of having a nursing management based on division of labor under rigid organizational structures it should be based on teamwork or patient-centered care [3]. Although evidence shows that patient-centered care improves nursing quality care and reduces costs [4, 5]; there is debate about the effectiveness of this model in relation to hospitalization costs and timely availability of nurse staffing in every hospital room [6]. Research conducted in Nordic countries indicates that nurse supervisors experience a high level of stress [7], but research also found that nursing management has a positive impact on nurses that provide direct patient care. Supervised nurses have great self-confidence in decision making processes when caring for their patients and have opportunities to learn from experience [8-11]. Research in the United States found that having an adequate nurse-patient ratio, nursing care protocols, and a clear nursing management role has a positive impact on 30-day mortality rates [12, 13]. There is scarce research in Latin America examining the nursing management role. A meta-analysis from Brazil found that nursing management is characterized by a traditional hierarchical model, obedience to norms, work frustration, and limited autonomy among nurse managers. The meta-analysis indicates that nurse managers have to deal with short-term crises leaving patient care second and having constant intervention by executive directors. Nurse managers' decisions are subject to administrators favoring staff supervision (*e.g.* checking for tardiness, absences), costs reduction, and norm compliance over quality of patient care [14, 15]. Another study in Chile underlines the importance of nursing management and the challenges posed by the nurse shortage, and it proposes an organizational model based on categorizing nursing care and adequate delegation of activities done by others under nurse supervision [3]. Research in Brazil shows that a lack of autonomy among nurses is problematic and is due to physicians' power, work overload, submissiveness, and lack of confidence [16]. Still, there is a paucity of research focusing on the nursing management role in Latin America.

How do nurse managers deal with nurse shortages and lack of resources? What are the strengths and weaknesses nurse managers perceive at work? Addressing these issues from the perspective of nurse managers will help to understand their reality and ways to make it better. It will also contribute to the body of knowledge about the nursing management function and how to improve it. The purpose of this binational study conducted in Peru and Mexico was to examine: 1) perceptions of nurse managers working at state hospitals about their role and 2) their attitudes and experiences related to their working conditions.

2 Methods

2.1 Design and sample

This was an exploratory study based on a qualitative design and an ethnographic approach using 24 focus groups in Peru and Mexico (12 focus groups in each country with six to seven participants per group). The sample consisted of 164 nurses (84 from Peru and 84 from Mexico) and was recruited from four state hospitals (two from each country and an average of 40 nurses per hospital). Hospitals included in this study were those funded by the Health Ministry or Social Security, the most representative in each city (the oldest in the city), and those having between 800 and 1,000 beds. Hospitals in the study had a hierarchical organizational structure with nursing department heads, supervisors, floor supervisors, nurse aides, and nurse technicians. A convenience sampling technique was used to select and recruit participants, using saturation to complete the sample [20]. Participants' inclusion criteria were: having a nursing bachelor's degree, holding a management position (supervisor or head ward), and volunteering to participate in the study. Participants signed a consent form before participating in focus groups. Participants were invited to participate in meetings held either in the morning, afternoon or night. The ethics committees of participating hospitals, the National Professional Association of Nurses of Peru, Tamaulipas Autonomous University, School of Nursing Tampico, approved this study.

2.2 Data collection

Focus groups lasted approximately two hours. Participants were asked questions from a standardized theme guide including job descriptions and job-related strengths, opportunities, and weaknesses. Before focus groups were conducted, the theme guide was validated through a pilot test with two focus groups (8 participants per group) in Mexico and Peru. The theme guide was tested for comprehension among nurses, item consistency, and congruency with the purpose of the project. Group moderators were nurses with extensive experience in research and were knowledgeable of hospital nursing management. The moderators were part of the research team. The moderators have extensive experience in conducting focus groups; meetings were previously held to homologate terms, and procedures for conducting the focus group. None of the moderators worked at the settings from which participants were recruited. All participants recruited accepted to participate. Data collection and analyses were conducted between 2009 and 2010. Professional transcribers transcribed verbatim focus group discussions from audiotape. There was also one individual taking notes during sessions. The number of focus groups was determined based on saturation, which was reached when there is no new information in the sessions.

2.3 Data analysis

Research team used the methodology by Hamersley & Atkinson, *et al*. [20] for data analysis. Researchers removed all respondents' identifiers from the transcripts to ensure confidentiality. Transcripts were imported into ATLAS V 6 to code and manage data. Data analysis was conducted in three stages: (1) data reduction consisting of an initial codification of the data; (2) data presentation identifying data meanings and developing structured summaries, conceptual maps, and diagrams; and (3) synthetizing data meanings by comparing and contrasting concepts, identifying and grouping theme patterns, and validating findings with participants.

Study integrity

A number of techniques were used to ensure the study integrity [21, 22]. First, participants were debriefed on the study findings and asked if these were consistent or not with their views and opinions. Second, findings were compared and contrasted with previous research. Third, data coding was conducted simultaneously by two research team members to determine coding agreement. In cases of disagreement on key themes, the team discussed the issue until reaching a consensus. If no consensus emerged, the principal investigator's decision prevailed.

3 Results

Table 1 presents demographic characteristics of participants. The mean age of participants from Mexico and Peru was 41 and 45 years, respectively. The participants' average number of years of management experience was similar for both Peruvian (12 years) and Mexican (14 years). Regarding courses taken in nursing administration or management, in Peru 100% of nurses participating in the study, have a course on management, unlike nurses from Mexico, where only 75% have completed a course on management as part of their continuing education. Table 2 shows the main themes that emerged from focus groups:

Table 1. Demographic profile of participants by country (n = 83)

	Peru	**Mexico**
Age (mean, SD, range)	M = 41, *SD* = 6; Range = 27-63	M = 45; *SD* = 8; Range = 31-56
Years of professional experience as public health nurse (mean, SD, range)	M = 9; *SD* = 7; Range = 1-35	M = 12; *SD* = 5; Range = 2-20
Percentage of nurses with a postgraduate degree in nursing administration/management	100%	75%

3.1 Perception of the role of nursing care management

Participants from both countries identified at least two salient functions of nursing management: management of nursing staff and resources and motivation and commitment.

Table 2. Major emerging topics similar for both countries

Emerging Issues	
Perception of the role of nursing management	Management of nursing and resources and logistical aspects in the service
	Motivation and commitment to the role of nursing management
Conditions which performs the function of nursing care management	Work overload / deficiency in number of nurses
	Deficiency in resources and logistics service
	Absence nurse performance evaluation
	Need for recognition of their managerial role
Training of professional nurses in undergraduate and specialty care management in nursing	Dissatisfaction with current training in undergraduate nursing professional
	Need for continuing education in the management function

3.1.1 Management of nursing staff and resources

The participant testimonies described below identify what they perceived as the most important function they perform, this function covering most of their time.

"This is about solving the problem by placing the most suitable person to cover that area so that everything continues to run with the highest efficiency". Mexico

"But it is that, let' say, getting resources to provide the service, benefits for the service to improve patient care, that is our main goal as department heads". Peru

3.1.2 Motivation and commitment

The testimonies that were identified by all participants by justifying the reason why they perform the role of management or administration of nursing care, either as chief or supervisor.

"I love being the chief of nursing service, but if I was put in a difficult position tomorrow and they told me, 'you will be the supervisor,' me, personally, I don't know if I would want to become one, not because I could not do it, but I like very much the face-to-face relationship with the patient or the staff, it is like, how can I say it? It is very satisfying to see people coming from other areas, and if they come from prestigious schools and then see, for instance, how they excel every day. Or when they are about to abate, that they can no longer go on, and to tell them, 'keep it up, we will help you' or 'you will see today three patients less but don't drop out of school'. The truth, it is very nice to see that attitude when she starts to grow as a nurse and then hearing her saying, 'thank you because you were the only one who believed in me', or because 'you were very supportive of me', that is more than enough for me, I enjoy it". Mexico.

"Training, their values, the values that a nurse acquires in training, the discipline, the responsibility because definitely the commitment, the permanence, all of which are not seen among other professionals in management positions, due to a nurse's training and values she learns through her career, she is responsible, disciplined, dedicated, there is no time, there is no space, that I think is the advantage we have over other managing professionals….. I believe that besides the nursing training and the interest of always to keep up with updated knowledge". Peru.

3.2 Working conditions

Challenges identified in the testimonies, were related to working conditions, these for both countries were identified: nurse shortage/work overload, deficient resources and service logistics, lack of performance evaluation of work, and need for recognition of their role as manager. We present testimonies of each of these categories.

3.2.1 Nurse shortage / work overload

Work overload was mainly due to nurse shortage. This shortage is the result of a limited number of nurses in management positions as well as moving nurses around to cover shifts in response to staff absences. This situation did not differ between the two countries. Participants shared their perceptions as follows:

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"We continue to increase the work overload with the same personnel". Mexico.

"It's my job to supervise the surgery room, for me the weakness has to do with the nursing staff as another focus group participant said, we only have one team, how is it possible that there are three surgeries, one orthopedic surgeon, two anesthesiologists, and only one nursing team, this is incongruent, only one nursing team against all physicians and anesthesiologists, and one more thing, they schedule five and six patients for surgery, plus emergencies, very weak on staff". Mexico.

"Limited resources and time because first you have to evaluate processes related to the service itself, for instance, on the field providing patient care, and when we have to take care of administrative process or logistics, the time is gone, and well, we try to extend our working hours for more than six hours, eight hours, etcetera, time is very limited". Peru.

"In my opinion, for instance, there should be two night shift supervisors; there should be two because it's only one supervisor for the entire hospital, that is a lot". Peru.

3.2.2 Deficient resources and service logistics

Participants commented on the lack of material resources, equipment purchases that do not meet the requirements suggested by nurses, hospital infrastructure deficiencies and, in some cases, an inequitable distribution of administrative staff and computers or typewriters.

"I believe what happens is that here in the hospital, since it was established; the nursing department was not given that opportunity of providing us with a typewriter to be exclusively used in our department". Mexico.

"It is essential that a nurse is involved with logistics, I processed the purchase of medical material, … is essential because some people go and buy things that are not needed". Peru.

3.2.3 Lack of nursing evaluation

A theme emerging among nurses from both countries was the lack of nursing evaluations. Participants said that evaluation focuses on monitoring absences and tardiness. In addition, performance evaluations do not have any impact at the institutional level. Participants explained that evaluation is only departmental procedure or service area, and it is not helpful to earn institutional recognition.

"Well, here evaluation is somewhat subjective because more than anything, human resources assesses three areas to provide us with that incentive, they are checking if you worked your eight hours at the institution and with that you are assessed as being productive". Mexico.

"But it only takes place within the department, so then those evaluations are not reported beyond the service area". Peru.

3.2.4 Need for recognition of their role as manager

Participants from both countries underlined the need for work recognition not only amongst colleagues, but also within the institution in general. Participants mentioned that there is a need to praise and value nurse managers and take into account their opinions in decision-making processes to improve the service. There are no financial recognitions, and in the case of Peru this means that nurse managers have lower wages than nurse aides because they are not on-call.

"Is a very noble profession, but with a lot of sacrifices, a lot of dedication, and above all applying our knowledge for the patient, to do research for the benefit of our patients and, it is unfortunate that we don't get recognized". Mexico.

"And as we just said we would not be on duty we would get 800 to 1000 soles less (200 to 200 dollars) in comparison to nurse aides, who also have three days for themselves (between shifts), we only accumulate one day. We are on duty and

the next we have a shift; we have to do it out of necessity, we have to stay three, four, five, six more hours, sometimes a little bit later than our regular schedule". Peru.

3.3 Training in nursing management

Participants talked about undergraduate training and continuing education. There are differences between Mexico and Peru in terms of undergraduate education. In Mexico, education levels are:

- Auxiliary Nurse: nine years
- General/Technical Nurse: 12 years (no studies in college) sometimes performs BSN tasks N
- Degree in Nursing: 16 (4 years college)

The last two levels can study a major in management and with that major they could become shift head or hospital head nurse.

In Peru, education levels are:

- Nursing Assistant: 12 years
- General/Technical Nurse: 14 years (no studies in college) This staff never do functions of BSN
- Degree in Nursing: 16 (four years college)

Only licensed nurse can perform specialized studies in management services and can hold positions of head at a service or hospital.

These differences related to the performance of functions of the licensed nurse by the general nurse usually causes discontent to the head nurse of the service, because for them it means extra work that requires more oversight activities to ensure quality care.

Participants said that they needed training in decision-making, leadership, personal relationships, the use of computers, internet, and management software.

3.3.1 Nursing undergraduate training

The testimonies indicate discomfort with the current educational system in Mexico, as they perceive differences between educational preparations, demonstrating this in the number of years of training and even then are recognized by the health system. Regarding Peru, discontent is related to the decrease in the hours of practice and the mystical in training, presents some of the testimonies:

"Because sometimes there are people in charge who have no training or studies to hold some managing positions, however, they have them, it's like if they don't take into account the training background". Mexico.

"There is a new generation and the solidarity to support another colleague is not there anymore. Where is this nursing mysticism getting lost? It may be the training, maybe it is due to the massive training of nurses because before nursing students came every week to do their practicum, but not anymore, now one day nurses come from one university, the next day they come from another university and then another university, they are here only by the hour, then the models are also disintegrated, what can we expect from nursing?" Peru.

3.3.2 Specialty training in nursing management

Likewise, the evidence shows a need for continuing education particularly related to the use of technology to facilitate the management and leadership aspects, though there is a difference between the two groups with relation to whether they

have received nursing management courses in the hospitals, the needs expressed are the same, here we present some of the testimonies:

"I will tell you what I see; I think 80% do not know how to use the computer". Mexico.

"I think human relationships because we want to be as good or want to be as scientific as that we have forgotten that the focus of attention is the patient". Mexico.

"Internet use we don't know that so well, it an opportunity to use it". Peru.

4 Discussion

This exploratory study aimed to understand better the management role and working conditions of nurses working in state hospital settings in Peru and Mexico. Although the objective of the study was not to establish a comparison between countries, our findings show that there are similarities in the role and working conditions among nurse managers in Peru and Mexico. One main finding is that participating hospitals work under a hierarchical organization structure with clear lines of authority from department heads to supervisors, service supervisors, nurse aides, and nurse technicians. This organizational model is based on task assignments and is a traditional nursing model [4, 5]. Brazil hospitals have this same traditional structure [14]. It is worth noting that limitations of this model include a decision-making process based on institutional norms and lack of autonomy among nurses. There are at least three nursing organizational models found in the literature: tasks-based model, in which tasks are assigned according to the training level of each nurse; a nursing team-based model, in which a group of patients is assigned to a nursing team heterogeneous in training and tasks are distributed among members, but the responsibility relies within the entire team; and a patient-centered care model, in which patients are assigned to one nurse who is responsible for their care during their hospital stay. Research conducted in developed countries (US, England, and Norway) shows that the patient-centered care model has a positive impact on the health status of hospitalized patients [5, 10], but the model is still controversial in relation to cost-effectiveness and the feasibility of making timely decisions about employee assignments [5, 6]. Staff-assignment for all hospital services is one of the main responsibilities of nursing service heads and supervisors; however, this activity is becoming much more difficult to perform due to the world-wide nursing shortage [23, 24], which is also true for Peru and Mexico [17-19, 25, 26] as shown in our results. Nursing service heads and supervisors in Peru and Mexico have to spend most of their time assigning staff and solving any issues that may arise due to a lack of personnel, situations that results in work overload. Many Latin American countries are seeking ways to address this problematic situation. For example, in Chile there is a proposal by Benoit-Smullyan to implement an organizational model based on division of labor. This model proposes to categorize services delegating them to other nursing positions according to certain criteria, and also having a nursing care management center making all nursing decisions. The model assumes that this process would avoid duplication of roles and increase patient safety and quality of nursing care [3]. To date, there are no studies examining the effectiveness of this model.

This study indicates the role of nurse managers in Peru and Mexico is affected by the lack of resources. Participants revealed that the staff in charge of hospital purchasing buys nursing equipment that does not meet nursing requirements and, therefore, making the role of nursing managers difficult. Previous research in Latin America confirm these results [14-16]. Our findings suggest that two main activities of nursing managers: staff-assignment and equipment distribution, which are critical activities to ensure quality care. These two main activities cause other important activities that affect quality care and health outcomes, to be set aside [27, 28]. Previous research shows that adequate nursing management and having leadership designing, supervising, and assessing patient care is associated with less complications, reduced hospital stays, a decrease in 30-days mortality rates, better decision-making in relation to the patient, and increased productivity among nurses [6, 8, 12, 13, 29-31]. Study findings highlight several factors that may explain the decreased number of nurses interested in management positions: a deteriorated professional image of nursing

management perceived by nurses and other hospital staff, the need of professional and economic recognition, and the lack of an evaluation system. These findings resonate with previous research [17, 18, 28]. Nevertheless, it is worth noting that despite these barriers, nurse managers are motivated and committed to doing their work, characteristics typical of the nursing field [18] and which may explain why nurse managers continue to take care of the needs of hospitalized patients.

Findings in this study highlight the need to strengthen the training of nurse managers at both undergraduate and postgraduate levels, particularly in Mexico where the organizational structure must be modified to ensure congruency between positions and academic level of the personnel. Previous studies show that filling positions with staff that is not adequately trained is associated with staff frustration and it affects the quality of nursing care [14, 18, 32].

5 Conclusion

To the best of our knowledge this is the first binational study in Latin America on nursing management providing instructional insights on the nursing management role from the perspective of Mexican and Peruvian nurses. The role and working conditions among nurse managers participating in this study were similar in Peru and Mexico. This study identified organizational factors nursing managers perceive as influencing the working conditions of nurse managers in hospitals and suggests a number of challenges to be addressed. The role of nursing managers is very limited which results in meeting only the minimum standards of nursing care. State hospitals' working environments many challenges to nursing managers, including limited personnel and resources and lack of professional and financial recognition. It is critical to strengthen the nursing management training at both undergraduate and postgraduate levels. Further research is warranted to examine the impact of a limited nursing manager role on quality of nursing care and patient outcomes. Based on these findings additional research is warranted to identify if similar themes can be identified in other Latin American countries, which if identified is of great concern due to the potential consequences this may have on the health status of hospitalized patients.

Conflict of interests

The authors declare that they have no competing interests.

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