



A foot in two camps: An exploratory study of nurse leaders in universities



Fiona Ross^{*}, Di Marks-Maran, Christopher Tye

Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, Cranmer Terrace, London SW17 0RE, UK

ARTICLE INFO

Article history:

Accepted 19 February 2013

Keywords:

Nursing academic leadership
Nursing deans
Practice discipline
University

SUMMARY

Background: Nursing education was fully absorbed into universities in the United Kingdom in the late 1990s and thus is a relatively young academic discipline. In contrast to a lively literature on clinical nursing leadership, little attention has been given to the leadership of academic nursing as these roles encompass contract management, research and teaching.

Objectives: The purpose of this study was to explore the scope and meaning of leadership from the experience of nurse leaders in universities in the United Kingdom (UK).

Design and Methods: The qualitative design used open ended telephone interviews. Interview transcripts were checked with participants. Framework analysis was used for capturing and identifying themes.

Setting and Participants: A convenience sample of academic nurse leaders (responsible for a School, Department or a Faculty) was identified through the UK Council of Deans of Health.

Results: All ten respondents were managing health care portfolios and running departments of various sizes and often with a mix of nursing and other health care disciplines. There was regional and country representation (England, Scotland and Wales) and half the respondents were employed at pre 1992 and half at post 1992 universities (the latter institutions that were previously polytechnics and gained university status in 1992). Three core issues emerged from the data: the leadership context; ways in which the deans articulated their leadership skills and the issue of legitimacy of nursing in higher education.

Conclusion: Two important issues emerged for nursing deans, firstly the university as a knowledge producer and secondly the need to create strong academic and professional identities.

The findings highlight role complexity as academic nurse leaders navigate the dichotomy between the different worlds of the university and health care practice. The legitimacy of nursing as a practice discipline in the university continues to be contested territory. There is an opportunity for nurse leaders to do more to develop a collective narrative about the contribution that academic nursing can make to the quality of the workforce.

© 2013 Elsevier Ltd. All rights reserved.

Introduction

The position of nursing as an academic discipline has had a contested history. While the first Bachelors degree in Nursing was offered by the University of Minnesota in 1909, it was another fifty years before Edinburgh University launched an integrated degree in nursing in 1965 and in 1971 established the first Chair in Nursing in the United Kingdom (UK) and in Europe. These significant developments came about through the efforts of many, such as the first Director of Nursing, Elsie Stephenson (Allen, 1990) and academic champions outside nursing. At that time the Dean of the Faculty of Arts at Edinburgh University was the eminent moral philosopher Professor John Macmurray. He argued that nursing, like education and medicine, is a profession grounded in a personal relationship and that the quality of the patient experience would be improved by nurses with degrees

and skills in reflective practice. He saw himself as the “godfather to the Nursing Studies Unit at its birth and during its earliest years” (113) and was fiercely proud of its achievements as it established itself as a practice discipline in the university (Costello, 2002).

Following Edinburgh University's lead a handful of Russell Group universities established nursing degree courses in the seventies such as Manchester, King's College London and Southampton, but it was not until the 1990s following market-led reforms, introduction of the purchaser provider split and employer-led commissioning outlined in Working Paper 10 (Department of Health (DH), 1989) alongside Project 2000 (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1986), that the mass move of nurse education from the NHS to universities was achieved (Burke, 2003, 2006). In 2012 there were 67 education providers (mostly universities) in the UK offering nursing programmes through contracts with the NHS. The expansion of student numbers in the nineties in response to acute workforce shortages has meant that the income from these contracts for mainly diploma routes to nurse qualification has been significant for the higher education sector. The move to all degree programmes has been slow with England

^{*} Corresponding author. Tel.: +44 20 8725 2155; fax: +44 20 8725 2159.

E-mail addresses: f.ross@sgul.kingston.ac.uk (F. Ross), marksmaran@btopenworld.com (D. Marks-Maran), c.tye@sgul.kingston.ac.uk (C. Tye).

(now due to implement fully by 2013) following behind the 3 other countries in the UK, and Scandinavia and North America.

The rapid expansion and fundamental reforms of nursing education has inevitably meant that universities have developed academic structures with new academic leadership roles for nursing, which are often, but not exclusively occupied by nurses. Despite this growth, Meerabeau (2005) notes that the place of nursing within the academy is largely invisible, which is borne out by the lack of literature on academic leadership. There are a few exceptions to this, for example, Salminen et al. (2010) addressed the leadership challenges of harmonising nursing education across Europe, Rafferty and Traynor (2004) explored research leadership and the United Kingdom Clinical Research Collaboration (2007) explored the development of new clinical/academic career pathways. The paucity of attention to academic nursing leadership in the literature is an interesting contrast to the growing preoccupation with nursing clinical leadership, which is often considered a key component for quality and safety in England (DH, 2010; Wong and Cummings, 2007).

It is timely then to consider the nature of leadership of nursing within higher education, especially given the size and complexity of the job to manage large education contracts, lead research, build and sustain employer relationships as well as to address external drivers facing universities such as funding, quality, social mobility and technology (Coffait, 2011). This paper reports on a study that explored the scope and meaning of leadership from the experience of nurse leaders in universities across the United Kingdom (UK).

Background and Literature Review

In the UK nurse education is delivered by universities through contracts with NHS bodies for example Strategic Health Authorities and their successor bodies (Local Education Training Boards from 2013) in England. Employer-led commissioning determines student numbers, which are subject to annual adjustments as workforce requirements change to reflect service need. Contracts are performance managed for quality, outputs and value for money, leaving universities to manage the risk to income, reputation and resources within the context of commissioning instability and a competitive market. This represents features of the quasi-market, which fit with the ideas of the new public management that emerged out of the UK Thatcher government in the 1980s and have become increasingly dominant in universities (Ferlie et al., 2008) and are likely to increase as governments withdraw public funding and destabilise the so called “slow-burn consequences of the growth of mass education systems” and knowledge society (Scott, 2011 p. 231). Therefore understanding the experience of nurse leaders has to be considered within the cultural and organisational context of this “new managerialism” (Deem, 1998).

In the UK the academic workforce is ageing (Willis Commission, 2012), career pathways are poorly defined (Salminen et al., 2010) and generally there is a lower percentage of nurses with doctoral-level qualifications, compared with other academic disciplines (Jackson and Butterworth, 2007) as nurses entered academia later in their career, having already established themselves in a clinical field. Damico et al. (2003) explored issues around how academic leaders (deans) are prepared for the role and the experience of academic deans in the United States in terms of demands, burnout and how long they stay in the role. Damico et al. (2003) referred to stages in the cycle of being a dean from (1) taking hold, (2) immersion, (3) reshaping, and (4) consolidation and refinement. Our paper develops some of these ideas for a UK context.

The impetus for this paper arose from the invitation to Fiona Ross to give the Elsie Stephenson Memorial Lecture at Edinburgh University. The idea was to explore the legacy of Elsie Stephenson's pioneering leadership in setting up the first university department of nursing through the views of present day nurse leaders (Ross, in press). In

preparing this presentation, a study was set up which involved structured conversations with Deans and Heads of Departments to explore the scope of the role and the personal, professional and academic challenges for nurses in leadership roles in universities in the UK. It forms the preliminary study to a larger piece of work, which has subsequently been commissioned by the Leadership Foundation for Higher Education.

Method

A convenience sample of nurse leaders were identified through the Council of Deans of Health, which is a UK membership organisation of all universities providing education in nursing, midwifery and allied health professions. From a possible population of 67 education providers of nursing in the UK, informal approaches and invitations to heads/deans to participate were made in person or by email. Written consent was obtained from 11 people who agreed to participate and of these 10 took part in a telephone interview during late February/early March 2012. Data were collected through structured telephone interviews. Questions asked in the interviews explored with the deans and heads:

- How they perceived their personal leadership role in the highly political worlds of the health service and higher education;
- What makes colleagues in the health service and in the university take notice of nursing;
- How they respond to challenges from higher education colleagues and from those in the health service;
- How they get things done and what sorts of skills and relationships are required;
- How they manage the tensions between the health service and the university and what advice they would give their successor.

The telephone interviews were recorded using shorthand and transcribed immediately. Transcripts were sent to respondents asking for amendments, clarification or in some cases expansion of points, and amended transcripts were then returned. Ethical approval was obtained from the Faculty of Health and Social Care Sciences Research Ethics Committee.

Results

All the respondents were managing health care portfolios and running schools/faculties of various sizes – some were managing other professional disciplines, e.g., allied health professionals and social work. Job titles differed (dean/head of faculty/school) depending on the organisational structure of the university. For convenience in this paper we use the term dean to preserve anonymity. Half of the respondents worked in pre 1992 universities (the former polytechnics gained university status in 1992 and are known as post 1992 or often new universities). The respondents were spread across Scotland (2), Wales (1) and England (7). A decision was taken not to interview deans from London, because we were interviewing at the same time as the Strategic Health Authority was running a procurement exercise for the delivery of adult nursing and physiotherapy (although one recently retired dean from a large university in London, who was not involved in the tender, was interviewed as someone who could offer valuable insights from a long career in academic nursing). Some deans interviewed were longstanding and established in their role and some were very new in post. Two had wider corporate roles as pro vice chancellors, but either did this in a combined role with being a dean or had recently left that role behind.

The transcriptions were analysed thematically using the Framework Method of analysis (Ritchie and Spencer, 1994). Three core issues/themes emerged.

Download English Version:

<https://daneshyari.com/en/article/368280>

Download Persian Version:

<https://daneshyari.com/article/368280>

[Daneshyari.com](https://daneshyari.com)