Chapter Seven
DISCUSSION, CONCLUSIONS AND IMPLICATIONS

7 Introduction

In the previous two chapters, the stories of the NUMs who participated in this study were explored, using a voice-centred relational approach to data analysis. In this chapter, the conclusions from this study are presented and discussed. These are directly related to the purpose and aims of this study, which were to explore the construct of power within the NUM's role by: 1) exploring what it is like to be a nursing unit manager in the context of the New South Wales public healthcare system; and 2) gaining insight into the participants' perceptions of the preparation and support they received for the role of NUM. While the three conclusions discussed in this chapter all concern the construct of organizational power, each conclusion is discussed separately for the purpose of clarity.

The first conclusion relates to the finding that the NUMs in this study had difficulty integrating their nursing and managerial responsibilities. This is linked to their strong nursing identity and the duality of the clinician–manager role. The second major conclusion is that the NUMs were unprepared and unsupported to make the transition from nurse to manager. This is reflected in their lack of formal preparation and support for the role. The third major conclusion is that the NUMs lack organizational power. This conclusion is based on the findings that the NUMs have limited access to the structural determinants of organizational power, as described by Kanter (1977). Collectively, the three major conclusions expose the assumptions that exist in healthcare workplaces, which underpin the NUMs' lack of access to organizational power. While numerous earlier studies, discussed in Chapters Two and Three, indicate that nurses lack organizational power, no previous studies were found that explored the construct of power specifically for NUMs. Furthermore, this study has added a new perspective on the construct

of power for NUMs by linking it to the challenges of a clinician–manager role and the lack of preparation and support for the NUM's role in the Australian public healthcare context.

Following the discussion of the conclusions, their implications for policy and practice are provided and areas of potential research are identified. This chapter concludes with a summary of the study's purpose and outcomes.

7.1 Discussion and major conclusions

The feminist methodology used in this study has assisted in uncovering the construct of power embedded within the NUM's role and relationships in the healthcare context. Furthermore, by using a voice-centred relational approach to data analysis, four different aspects of the participants' stories have revealed how their nursing identity and lack of voice limits their access to the structures of organizational power. In keeping with feminist principles, each of the NUMs' stories are considered unique. In presenting the conclusions of this study, I rejected the idea that the participants' experiences are reflective only of women's stories, as such a stance simply reinforces the divide between genders (Speedy 2004). Rather, because NUMs are part of the organizational culture of healthcare, their stories expose how NUMs of both genders collectively lack power and voice in a patriarchal healthcare system.

7.1.1 The duality of the NUM's role

The first aim of this study was to explore what it is like to be a NUM in the context of the New South Wales public healthcare system and all three conclusions address this broad aim. The first major conclusion is that collectively the NUMs in this study found the dual aspects of the clinician–manager role challenging. The findings indicate that the respondents felt torn between trying to manage costs and meet budget requirements while also trying to care for patients and staff. The NUMs described having an expanding role, in which they saw themselves primarily as nurses. That is, they spent far less time on the managerial aspects of their job than they did on their clinical duties. As previously discussed in the literature, the conflict that clinician–managers' experience is not unique to nursing, but is evident in other professions where practitioners assume a

managerial role (Brown & McCartney 2000; Fulop & Eastman 2004; McConnell 2002). However, I believe that the conflicts faced by the NUMs also reflect an incompatibility between the strongly gendered nature of nursing's image and the business mindset found within healthcare organizations.

Just as Eastman and Fulop (1997) found that the nature of the organizational culture of healthcare creates strong divisions between clinical and managerial functions, this study identifies the value gap between nursing and management. Thus, because the participants in this study retained and valued their nursing identity, and because a managerial role represents to them a very different set of values they had difficulty integrating the dual aspects of their role. According to McConnell (2002), professionals who assume management positions commonly respond in the same way as these NUMs, preferring to identify themselves as members of their profession, rather than as managers. However, as well as dealing with the conflicts inherent in a dual role, the participants in this study also faced the gender-based inequalities that exist between the traditional images of nurses, medical staff and managers.

In this study, it was found that the respondents all retained a strong nursing identity, probably because most of the participants had been nurses for more than 20 years. One of the reasons why these NUMs found it so difficult to integrate the dual aspects of their role is that they continued to feel and think like nurses and did not wish to abandon their nursing role, values or identity. As a result, the NUMs experienced incongruence between the organizational expectations of them and their role as professional nurses. As discussed in Chapter Three, organizational assumptions about the scope of certain roles are created and reinforced by those with most power within an organization (Burnes 2000). This is borne out in the literature, which provides ample evidence that nurses are an oppressed group and are devalued, ignored and unheard within healthcare organizations (Buresh & Gordon 2000; Darbyshire 2000; Speedy 2000). Similarly, these NUMs felt disempowered because they did not wish to, or were not able to, abdicate their nursing identity or values to adopt a traditionally masculine managerial mindset.

There are a number of reasons why the NUMs in this study had difficulty integrating the clinical and managerial aspects of their role. First, as nurses, they face the well-documented systemic gender-based oppression in an organizational culture where the scope of nursing roles is limited by these patriarchal assumptions (Diers 2004; Daly, Speedy & Jackson 2006). In addition, the NUMs were also subjected to the subtle but pervasive discrimination against women as managers in a system where women have traditionally been subservient, while managers are, according to Speedy and Jackson (2004:57), 'generally associated with masculine characteristics'.

The findings suggested that the NUMs' perceptions of management roles were also rooted in traditional masculine assumptions about managers. For example, the NUMs' believed that managers are disconnected from people and are more focused on cost containment than on caring, with quite a few of the NUMs saying that managers care only about budgets, paperwork and money. In light of their lack of management training, it seems that their perceptions of managers are the result of stereotypic masculine images of managers, in the same way that nursing roles carry a traditional image, and they clearly had no desire to integrate this managerial image into their nursing role. According to Schein (1992:81), assumptions are at the core of organizational culture because they dictate the 'rules of power allocation'. Thus, such assumptions, together with the gendered image of nurses, made it difficult for the NUMs to identify themselves as managers.

I also concluded that a further consequence of having a strong nursing identity is the difficulty that other members of the organization have in seeing these NUMs as anything but nurses. Over a decade ago, Speedy (1987:28) warned that nurses would continue to 'fight the same battles', if they did not overthrow organizational assumptions about their subservience and powerlessness. Similarly, according to Glass (1998), nurses remain an oppressed group because they have developed a powerless image of themselves over time, based on a traditional view of nurses as caring and obedient females. More recently, Daly, Speedy and Jackson (2006) call for nurses to reinvent themselves in order to develop a more powerful image. Their traditional image clearly not only influences nurses' self-perceptions, but also pervades the organizational culture of healthcare, creating

assumptions about nurses' roles. These assumptions were certainly evident in my study and I suspect that even if they wanted to, the participants I interviewed would have little chance, in the short term, of discarding their gendered nursing identity within an organizational culture underpinned by such entrenched assumptions and beliefs about nurses' roles.

Furthermore, the NUMs in this study also had difficulty integrating the dual aspects of their role because of the inner conflicts they experienced in trying to do their best for patients in an organizational culture focused on cost containment. Thus, I conclude that the duality of the NUMs' role causes discordance between the caring values and gendered perceptions of nurses and the organizational expectations of them as managers. This discordance is mediated by, and reflected in, the prevailing organizational culture of healthcare which, according to Schein (1992), encompasses embedded assumptions, values and artefacts that dictate the power of certain roles. I find it easy to understand why these NUMs, as nurses, experienced great difficulty in trying to assimilate both aspects of their demanding role.

The effects of the duality of the role could be heard in all the NUMs' narratives in the internal conflict they experienced when having to choose between performing nursing or administrative duties. The participants had a clear preference for the nursing aspects of their role, and described how managerial tasks took them away from patient care. At the same time, they also reported an increase in their administrative load, citing additional documentation and report writing. However, because they had insufficient time to meet all the demands placed on them, the NUMs tended to spend less time on the administrative tasks and more on clinical duties. This led to feelings of stress and a sense of inadequacy in their role performance. It was interesting to note that even those participants who did not actually have a clinical load as part of their role said that they preferred spending time on clinical duties. This preference for clinical duties is also evident in some of the early Australian studies conducted in the 1980s and 1990s, in which the NUMs' managerial responsibilities were ranked lower by a panel of senior nurses than patient care duties (Duffield 1989b; Duffield, Donoghue & Pelletier 1996).

As a result of the overwhelming demands of their dual role, the NUMs felt overworked and frustrated as they struggled to achieve all that was expected of them. The link between being overworked and feeling dissatisfied with a job is well established in the nursing literature (Buchanan & Considine 2002; Jones & Cheek 2003). In fact, Borbosi and Jackson (2005:6) suggest that in today's world, people do not enjoy their work because they are expected to work harder than ever before, in negative working environments 'beset by conflict, hostility and bullying'. Similarly, Speedy (2000) believes that nurses not only work in a culture that devalues them, but that they also tend to display hostile and bullying behaviours towards each other in response to the oppressive culture in which they work. Interestingly, in this study, hostility and bullying between the NUMs was not evident. In fact, the opposite seemed to be the case. The participants' described having positive relationships with each other in which they gave and received support. The NUMs described feeling a deep connection to their nursing colleagues, based on shared values and mutual support. In fact, the relational landscape of their working lives was sharply defined by positive and negative work relationships, in that they described their relationships with other nurses as positive, while those with medical staff and administrators were not. So, on one hand this finding clearly reflects the traditional divisions between medical and nursing staff, while on the other it is cause for guarded optimism, as the NUMs supported each other in a culture that tends to breed hostility and bullying.

The conclusion that the duality of the NUMs' role causes them conflict is significant, because it reinforces evidence in the literature that, like other healthcare professionals, these participants had difficulties with a clinician–manager role. In addition, this study also recognises the effects of the underlying organizational and gender-related factors that contribute to the NUMs' difficulty in integrating the dual aspects of their role. I am not suggesting that the NUMs' dual responsibilities can never be effectively integrated; only that, based on the existing assumptions that underpin the role, these NUMs will continue to have difficulty with integration. As previously stated, because the participants retained a strong nursing identity their values were clearly at odds with the organizational expectations of them

as managers, and until this conflict is resolved the situation will remain. This is further discussed later in this chapter.

In summary, this conclusion is supported by those of earlier studies, in which it was found that, internationally, the NUM's role has continued to expand, causing NUMs to feel torn between being a nurse and a manager (Apker 2002; Bolton 2003; Duffield et al. 2001; Jones & Cheek 2003; Loo & Thorpe 2004; Wilmott 1998). According to a number of authors, internal conflict and dissatisfaction are inherent in dual roles (Fulop & Eastman 2004; McConnell 2002). In this study, the reasons and effects of the duality of the NUM's role have been exposed to further explain the dissatisfaction they experience.

Finally, an understanding of the impact that a dual role has on the NUMs' working lives is also relevant to an understanding of the construct of power within their role, and this will be discussed later in this chapter.

7.1.2 Preparation and support for NUMs

The second conclusion from this study is that the NUMs are poorly prepared and unsupported for their role. This conclusion addresses the second study aim and is based on the findings that a majority of the participants lacked any formal management qualifications or organizational support. A lack of suitable preparation and support limited the participants' ability to function as managers and impaired their development of a managerial identity. The duality of the role caused the NUMs' inner conflict, not only because of the conflicting values and identity issues described in the first conclusion, but also because they lacked adequate education, preparation and support to assume the role in the first place. This conclusion is clearly linked to the first. However, it adds another layer of understanding about why the NUMs avoided the managerial aspects of their role, as their stories demonstrate a lack of adequate preparation in financial and human resource management. Greater preparation, in the form of educational opportunities, would have provided the NUMs with more skills and confidence to perform the managerial responsibilities of their role.

The demographic profile of study participants, provided in Table 5.2 in Chapter Five, indicated that few of the NUMs in this study had completed or

were pursuing management qualifications. This is consistent with the results of earlier studies, which showed that NUMs lack the motivation, opportunity, time and support to gain relevant management qualifications (Buchanan & Considine 2002; Courtney et al. 2002; Scoble & Russell 2003; Waters at al. 2003). In this study, the participants' lack of enthusiasm for gaining formal management qualifications may be linked to their heavy workloads which result in a lack of time to study. It seems that as well as a lack of time and opportunity for study, the participants lacked enthusiasm for management studies because of their perception that managers focus more on budgetary issues, rather than patient care. Also, as nurses, it may be that these participants did not want to distance themselves from their caring role in favour of adopting a traditional managerial persona.

This conclusion needs to be considered in light on evidence that the organizational culture of healthcare oppresses and disregards nurses, and provides few incentives for NUMs to gain managerial qualifications. I suspect that this is because of an organizational assumption that NUMs, as nurses, need nothing more than their clinical expertise to assume a nursing management role. As discussed in Chapter Three, the patriarchal assumptions that underpin the status of nurses in the healthcare context compound the problem by creating a mindset that limits educational opportunities for nurses. This mindset also influences nurses' own expectations of themselves and, as Speedy (1987) suggests, socialises nurses into subservience. The conclusion that these NUMs had difficulty developing a managerial identity is clearly linked to their retention of a strong nursing identity, in that the participants felt torn by the duality of their role, but in addition to this they were not provided with any opportunities to develop a workplace identity in which they could integrate their nursing values with their managerial functions.

According to Kanter (1983), adequate preparation, education and support are vital if a worker is to make a successful transition from technical expert to manager. In this study, the NUMs spoke about lacking such support. It is interesting to note that in the formal job description provided in Chapter One, NUMs are required to have to relevant clinical qualifications, but there is no requirement to have a similar level of managerial skills. The NUMs' lack of

appropriate preparation for their role is further compounded by the fiscal constraints and nursing staff shortage within the Australian healthcare system, which limits the time and resources allocated for education and support of all staff. I also believe that the lack of organizational support for the NUMs reflects the pervasive disregard that healthcare organizations have for the needs of nurses.

Based on the finding that the NUMs in this study lack appropriate preparation, education and support, their ability to develop a managerial identity is made extremely difficult. This conclusion supports the findings of earlier studies. For example, Courtney et al. (2002), Jones and Cheek (2003) and the NSW Health Department (2001) all reported that NUMs are poorly prepared and not well supported in their role. Reedy and Learmonth (2000) also found that the types of management courses commonly offered to NUMs are often irrelevant to the needs of nurses as managers. I believe that this is one of the reasons for the poor uptake of management courses by the NUMs in this study. As the NUMs' stories demonstrate, they rejected traditional managerial values, such as focusing on budgetary concerns, in favour of retaining their nursing values as the core of their role. Therefore, for any management training to be attractive to the participants in this study, it would need to acknowledge their nursing values as a legitimate basis from which to build managerial expertise. As previously stated, this second conclusion is clearly linked to the first, in that the difficulties the NUMs experience with the duality of their role reflect not only their retention of a strong nursing identity, but also their lack of the managerial education and organizational support needed to develop a managerial identity. Further compounding this problem is their overwhelming workload, and the well-documented nursing staff shortage, which would make it even more difficult to pursue further study while working as a NUM.

The finding that the NUMs lacked adequate preparation, education and support refers to the inadequacy of formal support structures and educational opportunities sanctioned by the organization. Interestingly, while the NUMs in this study said they felt poorly prepared for their role and unsupported by the organization, most felt well supported by other nurses. A majority of the

participants indicated that they sought and found support in informal networks and mentorships with nursing colleagues at all levels.

This is heartening, as the nursing literature indicates that horizontal violence is rife in nursing, caused by the oppression that nurses suffer within the healthcare system (Speedy 2000). That the NUMs in this study assist and support each other is a significant finding, as I believe it reflects a growing awareness of the need to act collectively. Furthermore, evidence that the NUMs in this study support each other suggests that even when faced with the systemic oppression of the healthcare context, they were able to work together to care for each other's needs. This informal support may influence the retention rate of NUMs, because the literature clearly indicates that peer support contributes to job satisfaction (Courtney et al. 2002; Lindholm & Uden 1999; NSW Health Department 2001;Waters et al. 2003).

However, because the NUMs only received support from within their own ranks, their nursing identity is further reinforced, which in turn compounds their reluctance to develop a managerial identity. It is also significant to note that while the NUMs are supported by other NUMs and nursing colleagues, the value of this support was not recognised by the organization, evidenced by the fact that there were no mechanisms in place for establishing supportive groups.

A lack of adequate preparation, education and support for NUMs also indicates the degree to which the organization values the role. The participants' stories were full of examples where they were ignored and disregarded. For example, their efforts to provide quality care for patients and staff, while struggling with an overwhelming role, went, for the most part, unacknowledged and unrewarded, causing the NUMs to feel unheard, frustrated and powerless. Further evidence of the way in which a lack of preparation and support creates powerlessness is evident in their stories of having to learn on the job, without the benefit of formal education or support programs, and the lack of feedback they received on their performance. Speedy (2000:140) indicates that 'nurses may experience feelings of powerlessness and eventual burnout, as a result of suppression of their own feelings and needs'. There was certainly no sense, in the NUMs' stories that

the organization attempted to meet their workplace needs. The final conclusion, discussed next, links the findings of this study to the construct of power, and demonstrates how the two earlier conclusions have contributed to an understanding of the power issues faced by the participants.

7.1.3 The construct of power within the NUM's role

The third major conclusion from this study is that the NUMs lack access to organizational power, based on Kanter's (1977) structural determinants. As already stated, power is the unifying construct for all three conclusions reached in this study, as the conflicts that result from the duality of the NUM's role, combined with their lack of education and support, limits the NUMs' organizational power and voice within their working world. This third conclusion specifically addresses the overarching purpose of this study and demonstrates how the NUMs' stories expose the nature of their organizational role and clearly illuminate the construct of power within it.

According to Kanter (1979:66), first-line managers of both genders often find themselves in powerless positions, because they lack access to adequate opportunities and lines of information, support and resources. This type of management role is generally perceived to be powerless by superiors, peers and subordinates. The findings indicate that the NUMs in this study lack organizational power commensurate with their role responsibilities because they do not have adequate access to organizational opportunities, time, staff, information and resources. While only one of the NUMs mentioned power explicitly, saying that power resides 'upstairs', all the stories demonstrated that organizational power is not embedded within their role.

Kanter (1977) suggests that a lack of access to the structural determinants of power renders a worker powerless. This is congruent with the findings of Eastman and Fulop's (1997) study of clinician–manager roles, in which even medical doctors, who are recognized as having more power and status than nurses in healthcare settings, were rendered ineffective as managers if they lacked access to appropriate levels of support, resources and information. For the participants in this current study, their organizational powerlessness is a reflection of their lack of access to the structural determinants of power, caused by the traditional systemic oppression of nurses.

It was not surprising that while the NUM's role has expanded in response to organizational change in the healthcare sector, for these participants there has not been a corresponding expansion in their organizational power. The NUMs' stories indicate that they are responsible for the human, physical and financial management of their wards, yet they did not have any more organizational power than other nurses. Speedy and Jackson (2004:56) make a similar observation when discussing the role of nurses, saying that despite the fact that nurses make up the bulk of the healthcare workforce, 'this dominance does not translate into significant organizational power'. The literature also indicates that nurses are not adequately represented on the decision-making or financial committees of healthcare organizations. For example, Speedy and Jackson (2004) found that while nurses sit on committees that monitor organizational functions, such as quality committees, they are subject to imposed change, as important organizational decisions are imposed on, rather than made in, consultation with nurses. As a consequence 'when employees fail to be heard, they are effectively silenced' (Speedy 2004:12). This lack of voice was evident in all the NUMs' stories where they described a role that requires them to attend meetings, monitor activities and complete a multitude of reports, but which gives them no voice or power in decisions that affect their wards.

Because the NUMs were unheard and disregarded by the organization it was difficult for them to achieve the organizational expectations of them. They struggled with an overwhelming role in an environment where they had no authority to make changes. As Hau (2004) observed, if nurses had the power to change or influence the organizational culture in which they worked, it is likely that they would refocus the goals of the organization onto the provision of patient care, rather than cost containment, and this was certainly heard in the NUMs' stories in this study.

While Buresh and Gordon (2000) and a number of other authors have linked nurses' powerless roles and lack of input into healthcare decisions to the traditional gendered and subservient image of nursing, I believe that the findings of this study demonstrate how organizational assumptions about nurses' roles limit the power of NUMs. Using Kanter's (1977) theory as a framework, it can be seen that patriarchal assumptions limit the power

embedded in the NUM's role. Schein's (1992) concept of organizational culture adds to an understanding of how organizational assumptions affect the scope and authority of work roles, and these assumptions about scope in turn limit the organizational power of the incumbent. Therefore, the findings that the participants in this study lack time, staff, information and resources contributed to the conclusion that their role is constructed within the organization as a powerless one.

As I described in the preceding chapter, a number of the NUMs had workspaces that were shabby. I found that when their working environment was considered from an organizational power perspective, it became another indicator of their lack of power. Furthermore, observation of workspaces is considered a useful source of data in feminist studies because it exposes the 'social location of the respondent in the power structure of an organization' (Marx 2001:131). Thus, by observing the NUMs' working environment, I was able to reflect on the visual evidence of a lack of power within their role.

As previously discussed in Chapter Three, the management and business literature indicates that the status and power embedded in a position is communicated to other members of the organization by means of power symbols, such as office size, furnishings, clothing, rewards and other outward trappings of success (Denton 1991; Ettorre 1995; Fried et al. 2001; Hofestede 1994; Pristin 2004; Speedy & Jackson 2004). In this study, evidence in the NUMs' narratives that they are unheard and undervalued could also be seen in the lack of symbols of power in their working environment. Authors such as Speedy and Jackson (2004) and Manias and Street (2001) raised my awareness of how symbols such as office space, clothing and rewards indicates who has organizational power in healthcare. Very little has been written about nurses' workspaces, so in this feminist study observation of the participants' working environment assisted in further situating the NUMs into a contextual landscape.

As well as considering symbols such as physical office space, I also observed the NUMs' nursing uniforms. Schein (1992:151) states that artefacts such as the 'style embodied in clothing' are the visible indicators of the day-to-day operating principles of an organizational culture. Thus, the NUMs' nursing

uniforms further reinforced their nursing identity, and powerlessness, which was communicated to all members of the organization. Just as Daly, Speedy and Jackson (2006) suggest, the popular image of a nurse is a socially constructed concept that is internalised by others, including nurses, and this contributes to their subservient role in the patriarchal healthcare system.

In summary, findings from the NUMs' stories plus the visual evidence gathered via observation of their working world, demonstrates the participants' lack of opportunities, information, support and resources and exposes the construct of organizational power within their role. According to Kanter (1979), and as previously discussed, formal and informal organizational power is embedded in the organization's definition of a role and is evident in the way a manager is able to command access to the determinants of power. Powerful managers believe they have a rightful entitlement to an adequate budget, staff, equipment, consumables, time and space. The findings suggest that the NUMs in this study did not feel they had this entitlement. In addition, the NUMs' role description, presented in Chapter One, further reflects a role in which little formal power is evident. From a feminist perspective, the conclusion that the NUMs lack access to organizational power reflects the oppression they experience in their working lives. Thus, while there is clear evidence in the literature that gender bias and the traditional nursing image are negative influences on nurses' professional identity, this study has found that the NUM's role is also limited by these factors. Suggestions and strategies regarding how NUMs could begin the process of empowerment are discussed later in this chapter.

When the three major conclusions of this feminist study are considered together, a picture emerges of a group of NUMs who are oppressed and powerless within the organizational culture of healthcare. By considering these three conclusions from within the construct of organizational power, their role is seen to lack access to the structural determinants needed to empower them. Formal and informal power, according to Kanter (1977) flows from having formally sanctioned authority and the support of other organizational members, particularly those who have power themselves. Power is dependant on having enough information, resources, support and opportunities to do a job effectively. In this study, the NUMs were poorly

prepared for a role in which they had little authority and no support from the organization, and as a result, no access to the structural determinants of power. In addition, the NUMs did not contribute to organizational decisions, nor were they able to access sufficient time or staff to manage their wards as they would like. Above all, their stories demonstrate a pervasive organizational disregard for the caring values that underpin nursing knowledge and practice.

By considering the NUMs stories from within Kanter's (1977) framework of organizational power, it became clear why evidence of job satisfaction and high morale are missing in their stories. Rather than reaping the benefits of empowerment, the NUMs in this study, suffered the opposite effects, such as dissatisfaction, low morale and stress. In the current financially constrained public healthcare system in Australia, such dissatisfaction further compounds the well-documented negative workplace culture, which has serious consequences for the ongoing recruitment and retention of nursing staff.

The three conclusions of this study demonstrate how the construct of power is interwoven throughout the NUMs' working lives, evidenced by their lack of power and status, their inability to command resources and an inadequate level of preparation and support. This study used Kanter's (1977) theory to understand how the construct of power is embedded in the findings and I have modified the conceptual map originally provided in Chapter Three (Figure 3.1) to indicate how the three conclusions relate to the determinants of organizational power. In Figure 7.1, a power pole and light bulb have again been used to represent how the flow of access to formal and informal organizational power is blocked by insufficient access to resources, information, opportunity and support. As a result of both a lack of formal and informal power, the participants do not feel empowered.

Figure 7.1 (on the next page) provides a visual representation of the causes and effects of powerlessness on the NUMs in this study, as revealed in the NUMs' stories and as further evidenced by my observations of their working environment. To create this figure I inserted boxes that indicate how the NUMs' stories reflect their lack of organizational power. For example, all the NUMs told of a lack of time, staff and money to do their job effectively, while

my observations also suggested a lack of adequate workspace. In addition, the NUMs did not have access to a flow of information from the senior administration of the organization, nor were they able to contribute to decisions that affected their wards. They lacked adequate training and education for the role, plus there were no formal support structures in place to assist them in making the transition from nurses to managers. Thus, their stories have provided evidence of their lack of access to the four structural determinants of organizational power. According to Kanter (1977), a lack of access to organizational power has a negative effect on both the individual worker and the organization.

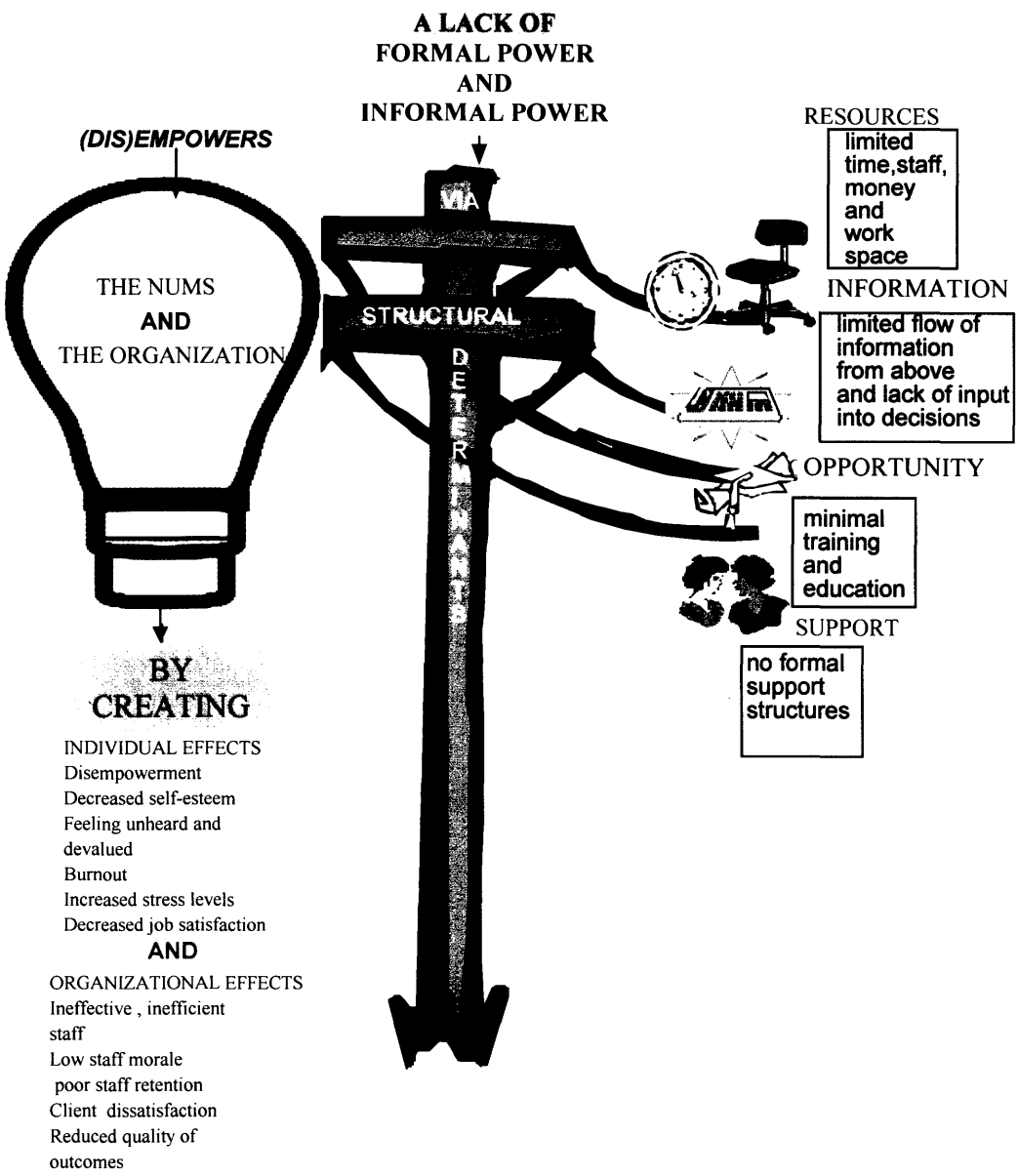

Figure 7.1 THE CAUSES AND EFFECTS OF THE NUMS' LACK OF ORGANIZATIONAL POWER

(Paliadelis 2005)

The major conclusions of this study reflect and reinforce the findings of a number of earlier studies regarding the expanding role of the NUM. However, my study also provides valuable new insights into their working world. Collectively, the conclusions of previous studies as well as those of my research demonstrate how the construct of organizational power is linked to assumptions about the nature and scope of nurses' roles. This is significant because the findings of my study not only build on the existing literature, but they also demonstrate how the traditional image and role of nurses has contributed to the organizational powerlessness of nurses who are managers.

Furthermore, because the findings of this study flow from a feminist approach, the study offers an emancipatory perspective that raises awareness of the reasons for the oppression, which is a core aim of feminist research.

In summary, evidence that the NUMs in this study felt unheard and undervalued by the organization demonstrates the oppressive forces that operate in the healthcare environment. While the impact of the subservient image of nurses on the status and power of NUMs has not previously been explored, it can be seen from this study that the participants are not valued by their employing organization, yet they are expected to manage an expanding workload, which not only includes the provision of quality patient care but also the management of a ward. Based on the findings of this study, it can therefore be argued that the socially constructed role of a nurse also limits the power and authority of the NUM's role. Finally, the findings indicate that for these NUMs, caring is devalued in the male-voiced culture of healthcare as a feminine trait, or even a weakness, but caring, for the NUMs in this study, was a strength that they saw as the core of their professional identity and practice. In the next section, implications are presented for policy and practice, at both a macro and micro level. The need for a dual-level approach is discussed, to demonstrate how the NUMs could become empowered to gain access to a level of organizational power commensurate with their role responsibilities.

7.2 The implications for policy and practice

It is vitally important that feminist studies raise awareness of oppression and indicate how the research findings can assist participants to be emancipated and empowered (Jackson, Clare & Mannix 2003; Olesen 2000). I acknowledge that while it is not within the scope of this thesis to discuss the empowerment process, the implications discussed in this section may contribute to an improvement in the working world of NUMs.

Glass (1998) believes that nurses, at all levels, need to break free from their Nightingale image if they are ever to make a significant difference to the healthcare system. Of course, the quote provided at the beginning of Chapter One indicates that Nightingale (1859/1946) fought against the subservient

image of nursing. Thus a move away from the Nightingale image does not mean a shift away from caring, but an acknowledgement that caring is a strength that needs to be more valued and rewarded. In this study, the findings suggest that the NUMs are clearly frustrated and dissatisfied in their role. However, powerlessness is not unique to NUMs, but is evident in the systemic oppression of all nurses. There is thus an urgent need for all nurses to become empowered. However, a detailed discussion of strategies needed to address the oppression of nurses is beyond the scope of this thesis, as the focus of this study is NUMs. Nevertheless, some mention of recent moves that will enhance the image and status of nurses, and therefore NUMs, will be made. Apart from acknowledging the need to improve the status of nurses generally, this section will focus primarily on identifying changes to policy and practice that can specifically enhance the power and voice of NUMs. The implications are presented at the macro and micro levels, to address the dysfunctionality of the NUM's role within the healthcare system.

At the macro level, it is my hope that each new study that exposes the oppression of nurses within a patriarchal healthcare system will add to a growing awareness of a need for change, and that nurses will collectively use this knowledge to gather their political strength and challenge the status quo. I believe that the image of nurses, which includes these NUMs, will only change if media campaigns by peak nursing bodies such as the State and Territory Nurses' Registration Boards, the Royal College of Nursing, Australia, the Australian Nursing and Midwifery Council, and nursing unions more strongly portray nursing in a positive light, and market it as a professional and challenging career for both genders. To further achieve this goal, the use of empowerment strategies in the healthcare system, such as appreciative inquiry, could highlight the positive aspects of nursing (Cohn et al. 2005). Appreciative inquiry, which focuses on a positive vision of the future, provides an alternative to problem solving as a means of harnessing the positive aspects of an organization to drive organizational change (Cooperrider & Whitney 2003). In addition, the appointment of a national nursing leader, drawn from the ranks of existing senior nursing executives may help to raise the profile of all nurses at State and Federal level and could also contribute to the creation of a more positive image of nursing.

One recent development aimed at achieving a more positive nursing image is being undertaken by the National Nursing and Nursing Education Taskforce (2005). This taskforce is charged with improving the image of nursing across Australia. To this end, forums are currently being organized in each State and Territory to examine nursing images and to identify strategies to promote a more contemporary image of nurses at all levels. Another development that might also contribute to encouraging nurses to use their potential strength is the recent formation of a Health Action Party in NSW (ABC News 2005), aimed at encouraging political action. Such a move could raise awareness within the community of the consequences of understaffing and dissatisfaction in healthcare workplaces.

Campaigns such as these could eventually alter the socially constructed image of nurses, and contribute to a greater recognition of the nursing profession as an empowered partner in the planning and delivery of healthcare services. However, before change can occur, NUMs need to better 'understand their world' (Glass 1998:122), so that they can acknowledge the oppression embedded within their role. According to several feminist authors, an awareness of oppression and the social construction of oppressive roles is the first important step in empowering the oppressed to make changes (Glass 1998; Jackson, Clare & Mannix 2003; Olesen 2000; Speedy 1987). NUMs themselves need to drive this heightened awareness, as there is no incentive or obligation for those in positions of power to do so.

Once a need for change is firmly on the NUMs' agenda, then the challenge will be to plan and implement change in the current healthcare culture, which is defined by the rivalries of competing professional groups. This will not be an easy task and it will take a long time. For example, nearly two decades have passed since Speedy (1987) urged nurses to align themselves with feminism if they wished to develop a more powerful professional image, but still nurses are unheard and disempowered. This disempowerment impacts negatively on all nurses, and macro changes will not occur in the prevailing healthcare organizational culture unless, as indicated by Buresh and Gordon (2000) and Diers (2004), nurses believe they have a right to become more influential in healthcare contexts. By becoming more aware of oppression and by discarding the dysfunctional, disempowered elements of their role, NUMs

are more likely to demand greater access to the structures of organizational power, and will then reap the benefits of empowerment.

Also at the macro level, NUMs need to consider how they can focus their energy on altering the traditional balance of power in healthcare, based on formulating a collective vision of a new image and uniting to achieve it. Cohn et al. (2005:54) suggests that the empowerment of nurses will not occur by 'focusing on history'. Rather, change is more likely to be accepted if it built on a vision that highlights the strengths and positive potential of such changes. The first step in the process of empowerment is to create a greater awareness of the way in which the construct of power is traditionally embedded in the NUM's role, and then use this to construct a more powerful image that exemplifies the values important to them as NUMs. The findings of this study indicate that the participants found it difficult to stand up for their values and for what nurses want, so a plan of action is needed to raise awareness of this within NUM ranks. By disseminating the findings of feminist studies such as this, via conference presentations, articles in scholarly nursing journals, and in the media, and by gaining greater media exposure, NUMs will have a platform to challenge the power inequalities they experience.

As part of a new, more powerful vision of the NUM's role, the job description requires critical review and reconceptualisation as the first steps in operationalising a new and more emancipated and empowered role. Such a review should incorporate an exploration of the NUM's access to opportunity, support, information and resources. Following this review, a more realistic role description can be developed, one which recognises nursing values and embeds formal organizational power into the role. At present, and as previously discussed in Chapter One, the role description, indicates that NUMs are responsible for many functions, but lack the power and authority needed to perform them. In addition, by critically reviewing the NUM's role, a strong case can be made for making explicit in a policy document the contribution that NUMs can make to achieve the goals of the organization. Again, such introspection will only happen if NUMs demand it, because as already stated, suggested changes to organizational culture will only occur when the oppressed first recognize their oppression and then collectively challenge the status quo.

At the micro level, to implement such significant changes to healthcare workplace culture, new policies would need to guide practice. As with any new policies, strategies for communicating the changes to all staff members would need to be included, and this should incorporate mechanisms for evaluating the workplace responses to the changes, as the oppression of NUMs is a reflection of the pervasive oppression of all nurses in the healthcare system (Speedy & Jackson 2004). In addition to new policy formulation, the organization would also need to actively encourage a culture of open communication between all levels and professions of healthcare workers if such changes are to have any chance of success. For example, if new policies also included clear practice guidelines that are effectively communicated to all staff via educational forums and constantly reinforced and upheld by the organization, then the existing relationships between groups of healthcare workers will gradually improve. It needs to be noted that resistance to changes in the balance of organizational power is likely to be strong, as those with greater power may oppose such changes. However, sweeping changes such as these are possible, evidenced by the recent development of more empowered roles for some nurses, for example, nurse practitioners. Thus, by formalising the organizational power of the NUM's role into policy and practice, the stress and frustration experienced by the NUMs in this study would be reduced, which in turn would contribute to a more satisfied, productive and stable nursing workforce.

As previously stated, the suggested strategies for empowering NUMs within the healthcare system will only occur if they demand such reforms. At the micro level, to achieve this goal NUMs need to enlist support from powerful individuals within their organization, to assist them to gain greater access to relevant and appropriate educational opportunities. According to Kanter (1983), support from powerful colleagues is a key component of building informal organizational power. One example Kanter (1983:163) uses is the success story of one manager who had the support of his boss. This manager was able to gain more access to power because his boss 'backed him when he asked for it, gave him latitude, and perhaps more importantly, wanted him to succeed'. Sullivan (2004) offers suggestions about how nurses can change the rules of the game to gain support and become more influential, and most of

these revolve around becoming more politically savvy and assertive. Therefore, I suggest that if NUMs are to become more effective managers then they need to gain support for changes at the micro level from powerful colleagues.

Other changes, at the micro level, would also contribute to an increase in the NUMs' level of formal and informal power. For example, the provision of adequate office space and equipment would not only make NUMs' administrative load easier, but would also enhance the visible status of the NUM's role. I am not suggesting that within the fiscally constrained context of public healthcare in Australia NUMs be furnished with luxurious offices, or have administrative assistants, as this would be beyond the capacity of the system. However, by making visible the increased formal organizational power of NUMs, via appropriate office space and equipment, and by giving NUMs the time and opportunity to contribute to the decision-making processes of the organization, their access to resources, staff and information could be greatly enhanced.

Two other important areas where new policy could enhance practice concern the educational opportunities and support provided to NUMs. First, based on the development of a more realistic role description in consultation with relevant stakeholders, strategies for better preparing and supporting potential and newly appointed NUMs need to be made explicit. The finding of this study that the majority of NUMs have no formal management qualifications is significant. The participants were not required or encouraged to undertake management courses; rather, they were promoted on the basis of their clinical expertise, which left them ill equipped to perform as managers. Therefore, new policies would need to clearly reflect organizational strategies for the support and education of NUMs.

Second, to ensure that NUMs are educationally prepared for their role, the attainment of formal management qualifications would need to become compulsory and rewarded. The current role description, provided in Chapter One, states that the NUM needs to have, or to be working towards, or to be willing to work towards a qualification in health management or a related discipline (New England Area Health 2004). Such loosely worded criteria are

unlikely to encourage many NUMs to gain managerial qualifications, particularly as there is no discernable benefit to gaining such qualifications. Furthermore, it needs to be noted that for any nursing management educational program to be accepted and respected by NUMs it must reflect and build on their caring values as nurses. Daly, Speedy and Jackson (2006:7) suggest that 'women have specific leadership skills that can be harnessed, although they are traditionally disparaged'. The same could be said for nursing management styles, which are based on interconnectedness and relationships, rather than traditional masculine traits such as aggression and dominance.

It is my belief that the compulsory nature of essential job criteria, while not welcome by some people, automatically accords more status to a role. For example, if one could gain a promotion in the academic world based on vague, non-compulsory criteria, such as those in the role description of NUMs, then academic position would not carry the same level of status and prestige. Accordingly, because the organization does not demand that NUMs in NSW have formal qualifications, the status of the role is diminished. By requiring NUMs to attain a management qualification, the status of the role would be enhanced over time, and this would be communicated to other organizational members. The long-term outcomes of compulsory management qualifications would be a greater recognition of NUMs' authority and an empowerment of the NUM workforce.

However, if management qualifications for NUMs are to be made compulsory then there would need to be adequate study leave provision and organizational financial assistance to support this change. Criteria would need to be established that would allow for an equitable and transparent allocation of time and resources to all employees wishing to gain formal qualifications. Furthermore, if the acquisition of relevant qualifications were linked to rewards, such as increased status and remuneration, then the NUMs in this study may have been more likely to pursue such studies. As discussed in Chapter One, the remuneration for the three levels of NUMs is to be found in the NSW Public Hospital Nurses (State) Award (2003:6). The pay rates for Levels One and Two do not compare favourably with similar positions in other service-orientated professions, such as teaching and law enforcement,

and only Level Three NUMs have an income similar to these other professionals. Furthermore, it needs to be noted that when nurses are promoted to the position of NUM, they lose their shift penalty rates, as most NUMs work from Monday to Friday during business hours, so there is no financial incentive for nurses to assume a NUM's position. It is hardly surprising that these jobs are hard to fill.

If NUMs were to receive assistance and support to attain managerial qualifications, then it is likely they would become more confident in integrating the dual aspects of their role, which in turn could enhance their job satisfaction. Another area where changes to policy could guide practice at the micro level relates to the provision of in-service training and mentoring arrangements. For example, if the existing informal support structures between NUMs, identified in this study, were more actively endorsed and encouraged by the organization, then the benefits of such networks would be available to more nurses and NUMs.

In summary, policy changes, driven by NUMs and the nursing profession, at the macro and micro levels would be needed to guide practice if NUMs are to gain access to organizational power. The valuable insights into the NUM's role provided by this feminist study could enhance NUMs' awareness of their oppression. As previously stated, a raised awareness of the oppression inherent in work roles is the first step towards empowering these NUMs to reject their traditional subservience. Change is essential if NUMs are to gain access to an appropriate level of organizational power. However, as previously stated, change must be driven by NUMs if empowerment is to be achieved. What makes this challenging is that cultural assumptions are notoriously slow to change, evidenced by the gradual and still evolving changes to the image of women in society.

Finally, while many other authors have made suggestions about how nurses can best break free from their historical baggage, a study of the construct of power for NUMs has not previously been attempted. While a feminist perspective has rarely been applied to studies of nursing workforce issues, this study was conducted within a feminist paradigm in order to more clearly uncover the construct of power embedded within the working world of the

NUMs and encourage positive cultural change in the healthcare environment. The emancipation of NUMs is possible through raising awareness of the factors that contribute to their lack of power and by adopting the abovementioned strategies to improve working conditions.

7.3 New directions for further research

This study has paved the way for further research into this field of study, and as a result of the findings of this study four recommendations for new directions are proposed. The first important area of investigation would be to explore NUMs' leadership styles in relation to organizational power. As mentioned in Chapter One, a study of leadership styles was beyond the scope of this study, so an exploration of the relationship between nurses' access to organizational power and their leadership styles could add to what is known about nurses in management positions. Clare and Hofmeyer (2004:349) note that 'many nurse leaders are caught between the need to support traditional hierarchical management styles expected in organizations and the need to demonstrate more current attitudes of leadership'. Thus, by studying nurses leadership styles, as suggested by Speedy (2004), insights about their personality traits, attitudes and behaviours could then be linked to the construct of organizational power embedded in their roles.

The second potential area of future research that would build on the findings of this study is an exploration of whether nurses who have reached senior levels of management in healthcare organizations still retain a nursing identity, or whether they have discarded their nursing identity in favour of a managerial image. Such a study, based on interviews with senior nursing executives, could add to an understanding of how the integration of these two roles has been negotiated, and explore how nursing and managerial roles can be successfully married.

A study could also be conducted to build on the findings of this research by interviewing a sample of NUMs employed in private healthcare facilities in NSW. Such a study would aim to discover whether NUMs employed in the private healthcare sector face similar challenges and power issues to their counterparts in the public healthcare system. In addition, a national survey,

based on both sets of findings, could be sent to a large sample of NUMs employed in both public and private sectors in Australia, to determine if organizational powerlessness is indeed widespread.

Finally, the fourth potential area of future research could be to interview NUMs who have left their positions. Such a study would shed further light on some of the findings in this study, particularly in relation to the link between a lack of organizational power and job stress and dissatisfaction. To do this, invitation letters could be forwarded to the NSW Nurses and Midwives Board to be forwarded to the last known addresses of NUMs who had left their positions. If this strategy yielded a poor response rate then snowball sampling could also be utilised. In this proposed study, geographical distances may make it necessary to conduct telephone interviews with any willing ex-NUMs.

7.4 Final thoughts

This chapter has identified and discussed the three major conclusions of this study. The results of this study have shown that within the construct of organizational power, the participants lacked authority and voice commensurate with their role responsibilities. The reasons for the NUMs' lack of power were grounded in their strong nursing identity and values, their lack of preparation and support for the role, and their lack of access to opportunities, resources, support and information. Furthermore, the duality of the NUM's role caused study participants inner conflict as they struggled to achieve all that was expected of them, while still striving to stay true to the caring values that are at the core of their professional nursing identity. The NUMs in this study experienced oppression in the form of being silenced. In addition, their efforts to manage an overwhelming workload went unrewarded, and their wealth of knowledge about healthcare practice and policy remained untapped.

Following a discussion of the major conclusions, implications for policy and practice were discussed, as one of the core aims of feminist research is to serve the interests of the participants by raising awareness of oppression, exploitation and dominance. To raise awareness of the powerlessness of

NUMs, this study made recommendations for changes to policy and practice, from a macro and micro perspective, which could assist in facilitating the process of empowerment and emancipation for the participants.

In summary, the first chapter of this thesis introduced the topic and the purpose, aims and significance of this feminist study. As described in Chapter One, this study focused solely on an exploration of the construct of power, so the concept of leadership was not explored. From the review of the literature in Chapter Two, it was seen that the NUMs' role is poorly defined and understood in a healthcare culture dogged by financial constraints, an increasing nursing shortage, and decreasing morale amongst nurses. Such challenges contribute to the poor recruitment and retention of the nursing workforce. In Chapter Three, Kanter's (1977) theory of organizational power was presented as the theoretical framework underpinning the study. The organizational culture of healthcare and the image and identity of nurses were also discussed, in order to situate NUMs within a cultural, political and organizational healthcare context. The feminist research methodology and the voice-centred relational method of data analysis described in Chapter Four assisted in uncovering the different voices of the participants, and enabled this study to expose the construct of power within the NUM's role. In Chapters Five and Six, an analysis of the NUMs' stories based on four distinct but related readings highlighted the pervasive nature of the powerlessness experienced by these NUMs, which was further reinforced by my interpretations and reflective observations.

This study has made a significant contribution to the body of knowledge regarding the organizational power inequalities experienced by a group of NUMs. The study found that the NUMs were promoted to their current positions without adequate or relevant preparation, and then left to sink or swim with no formal organizational support. The central construct underpinning the major conclusions is organizational power, and the results have provided valuable insights from a feminist vantage point. The findings of this study have reflected and reinforced the findings of earlier studies, while providing new information about the powerlessness of the NUM's role in an oppressive workplace culture. Specifically, this study's main contribution to the body of literature regarding the role of the NUM is a

compelling insider view of how a group of NUMs experience the construct of power within a healthcare context, in an area health region of New South Wales, Australia.

Finally, this study set out to explore the working world of NUMs from a feminist perspective, in an effort to understand more about their role, their power and their voice within the healthcare context. While I acknowledge that the findings of this study cannot empower the participants, I believe that my conclusions can assist in creating the conditions needed for the NUMs to demand changes, which can start the empowerment process. I wish to thank the NUMs who so willingly gave of their time. It has been my intention throughout this thesis to tell the NUMs' stories in a credible and plausible way. I believe that the findings of this study will resonate with other NUMs and with nurses generally, and my hope is that this study will raise their awareness of the oppression they face, so they can recognise the need for change. I believe that this study reinforces the value of hearing the subtleties in the NUMs' stories of work experiences as a way of exposing embedded biases and assumptions that underpin organizational cultures. The final determination of whether this has been achieved rests with the readers of this work.

REFERENCES

ABC News (video recording) 2005, *Health Action Party,* 21 August, ABC Television.

Acker, J. 2003, 'Hierarchies, jobs, bodies: A theory of gendered organisations', in *Reader in Gender, Work and Organization,* eds R. Ely, E. Foldy & M. Scully, Blackwell, Malden pp. 49-61.

Acker, S. 2001, 'In/out/side: Positioning the researcher in feminist qualitative research', *Resources for Feminist Research,* vol. 28, no. 3-4, pp. 153-174.

All Saints (video recording) 28 September 2004, Prime (Channel 7) Television.

Alvesson, M. 2002, *Understanding Organizational Culture,* Sage, London.

Anderson, M. 1994, *National Nursing Competencies and Assessment Framework,* University of New England Press, Armidale.

Andrews, I., Sullivan, G. & Minichiello, V. 2004, 'The philosophical and theoretical context of qualitative research', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G. Sullivan, K. Greenwood & R. Axford, Pearson Education, Sydney, pp.59-70.

Anthony, M., Standing, T., Glick, J., Duffy, M., Paschall, F., Sauer, M., Sweeney, D., Modic, M. & Dumpe, M. 2005, 'Leadership and nurse retention: The pivotal role of nurse managers', *Journal of Nursing Administration (JONA),* vol. 35, no.3, pp. 146-155.

Apker, J. 2002, 'Front-line nurse managers roles, job stressors, and coping strategies in a managed care hospital', *Communication Quarterly,* vol. 50, no. 2, pp. 75-81.

Armstrong, F. 2002, 'Not just women's business: Men in nursing', *Australian Nursing Journal,* vol. 9, no. 11, pp. 24-26.

Aroch, G. 1996, 'The style of power', *Fortune,* vol. 134, no. 9, pp. 96-97.

Ashburner, L. 2001, 'Methodological innovations and the implications for research: Reflections on the future of organisational behaviour and organisational studies in health', in *Organisational Behaviour and Organisational Studies in Healthcare,* ed L. Ashburner, Palgrave, New York, pp. 279-295.

Ashburner, L. (ed) 2001, *Organisational Behaviour and Organisational Studies in Healthcare,* Palgrave, New York.

Australian Bureau of Statistics 2001, 'Australian Standard Classification of Occupations (ASCO)', 2nd edn, *Australian Bureau of Statistics.* Retrieved 26 March 2004 from
http://www.abs.gov.au/Ausstats/abs@.nsf/0/6C1A339A4608D3A6CA25697E001851DB?Open

Australian Health Ministers' Conference 2004, *National Health Workforce Strategic Framework,* National Health Workforce Secretatiat, Sydney.

Australian Healthcare Summit 2003, *Communique for Health Reform.* Retrieved June 26, 2004 from http://www.healthsummit.org.au/

Australian Health Workforce Advisory Committee 2004, *Nursing Workforce Planning In Australia – A Guide To The Process And Methods Used By The Australian Health Workforce Committee, AHWAC Report 2004.1,* Sydney. Retrieved 30 November 2004 from http://www.healthworkforce.health.nsw.gov.au

Australian Nursing Journal 2003, 'The ANJ asked men what they thought about nursing as a career choice', *Australian Nursing Journal,* vol. 9, no.11, p 26.

Australian Nursing & Midwifery Council (ANMC) 2002, *National Competency Standards for the Registered Nurse,* ANMC, Canberra. Retrieved 24 August 2005 from www.anmc.org.au

Australian Nursing & Midwifery Council (ANMC) 2003, *Code of Professional Conduct for Nurses in Australia,* ANMC, Canberra. Retrieved 24 August 2005 from www.anmc.org.au

Barrett, M. & Hede, A. 2003, 'Principles and practice of gender diversity management in Australia', in *Individual Diversity and Psychology in Organizations* eds M. Davidson & S. Fielden, Wiley, Chichester, pp.113-129.

Beanland, C., Schneider, Z., LoBiondo-Wood, G. & Haber, J. 1999, *Nursing Research: Methods, Critical Appraisal and Utilisation,* Mosby, Sydney.

Beaumont, L. 2004, 'Nurses win public's trust', *Age,* 8 January, p.7.

Beil-Hildebrand, M. 2002, 'Theorising culture and culture in context: Institutional excellence and control', *Nursing Inquiry,* vol. 9, no. 4, pp. 257-274.

Bell, E. & Nkomo, S. 1992, 'Re-visioning women managers' lives', in *Gendering Organizational Analysis,* eds A. Mills & P. Tancred, Sage, California, pp.235-247.

Benhabib, S. 1994, 'The paradigm wars of feminist theory' *From Identity Politics to Social Feminism: A Plea for the Nineties,* Retrieved 26 July 2004 from http://www.ed.uiuc.edu/EPS/PES-Yearbook/94_docs/BENHABIB.HTM

Blatchford, C. 2003, 'Militant angels of mercy', *National Post,* 7 June, p. 17.

Bleich, M. 1999, 'Managing and leading,' in *Leading and Managing in Nursing,* ed P. Yoder-Wise, Mosby, St. Louis, pp. 2-20.

Bloomfield, J. 1998, 'The changing image of Australian nursing', St. Vincent's Hospital Monographs, *NSW Clinical Information Access Project.* Retrieved 15 June 2004 from http://www.cininfo.health.nsw.gov.au

Bloor, G. 1999, 'Organisational culture, organisational learning and total quality management: A literature review and synthesis', *Australian Health Review,* vol. 22, no. 3, pp. 162-179.

Bloor, G. & Dawson, P. 1994, 'Understanding professional culture in an organisational context', *Organizational Studies,* vol. 15, no.2, pp. 275-295.

Blue, I. & Fitzgerald, M. 2002, 'Interprofessional relations: Case studies of working relationships between registered nurses and general practitioners in rural Australia', *Journal of Clinical Nursing,* vol.11, no. 3, pp314-321.

Bolton, S. 2003, 'Multiple roles? Nurses as managers in NHS', *International Journal of Public Sector Management,* vol. 16, no.3, pp. 122-130.

Bone, D. 2002, 'Dilemmas of emotional work in nursing care under market-driven health care', *The International Journal of Public Sector Management,* vol. 15, no.2, pp. 140-150.

Borbasi, S., Jackson, D. & Langford, R. 2004, *Navigating the Maze of Nursing Research,* Mosby, Sydney.

Borbasi, S. & Jackson, D. 2005, 'Nursing leadership: Power, politics and gender: The role of emotional intelligence (EI)', *Collegian,* vol. 12, no. 1, pp.5-6.

Boucher, C. 2001, 'Making the transition from clinician to manager: Describing the first six months', in *Emerging Forms of Representing Qualitative Data,* eds C. Boucher & R. Holian, RMIT University Press, Melbourne, pp. 3-48.

Boucher, C. & Holian, R. (eds) 2001, *Emerging Forms of Representing Qualitative Data,* RMIT University Press, Melbourne.

Bradley, C. 2001, 'Image is everything', *Nurseweek.* Retrieved 21 July 2004 from http://nurseweek.com/ednote/01/110501print.html

Braynion, P. 2004, 'Power and leadership', *Journal of Health Organization and Management,* vol. 18, no. 6, pp.447-463.

Brayton, J. 1997, 'What makes feminist research feminist? The structure of feminist research within social science', *University of New Brunswick,* Retrieved 20 January 2005 from www.unb.ca/PAR-L/win/feminmethod.htm

Brewer, A. & Lok, P. 1995, 'Managerial strategy and nursing commitment in Australian hospitals', *Journal of Advanced Nursing,* vol. 21, no. 4, pp. 789-799.

Brewis, J. & Linstead, S. 2004, 'Gender and management', in *Management and Organization: A Critical Text,* eds S. Linstead, L. Fulop & S. Lilley, Palgrave Macmillan, New York, pp. 56-92.

Brighman, B. & Moran, J. 2001, 'Managing organizational priorities', *Career Development International,* vol. 6, no. 5, pp. 244-288.

British Medical Journal 2000, 'Editors Choice- Doctors and nurses: A new dance?', *British Medical Journal,* April, vol. 320. Retrieved 26 July 2004 from http://bmj.com

Brooks, I. & MacDonald, S.2001, 'Power differentials and professional dynamics: Insights from the experiences of overseas nurses and doctors', in *Organisational Behaviour and Organisational Studies in Healthcare,* ed L. Ashburner, Palgrave, New York, pp. 132-151.

Brown, C. 2002, 'A theory of the process of creating power in relationships', *Nursing Administration Quarterly,* vol. 26, no. 2, pp. 15-34.

Browne, J. 2004, 'Grounded theory analysis: Coming to data with questioning minds', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G. Sullivan, K.Greenwood & R. Axford, Pearson Education, Sydney, pp.625-673.

Brown, L. & Gilligan, C. 1992, *Meeting at the Crossroads,* Ballantine Books, NewYork.

Brown, R. & McCartney, S. 2000, 'Professionalism definitions in 'managing' health services', in *Professionalism, Boundaries and the Workplace,* ed N. Malin, Routledge, London, pp. 178-194.

Buchanan, J. & Considine, G. 2002, *Stop Telling Us to Cope!: NSW Nurses Explain Why They are Leaving the Profession,* NSW Nurses' Association, Sydney.

Buckenham, J. & McGrath, G. 1983, *The Social Reality of Nursing,* Health Science Press, Sydney.

Buresh, B. & Gordon, S. 2000, *From Silence to Voice,* Cornell University Press, New York.

Burnes, B. 2000, *Managing Change: A Strategic Approach to Organizational Dynamics,* Prentice Hall, Harlow.

Byrne, M. 2001, 'Linking philosophy, methodology, and methods in qualitative research', *Association of Operating Room Nurses (AORN) Journal,* vol.73, no. 1, pp. 207, 209-210.

Callaghan, M. 2003, 'Nursing morale: What is it like and why?' *Journal of Advanced Nursing,* vol. 42, no. 1, pp. 82-89.

Campbell, R. & Wasco, S. 2000, 'Feminist approaches to social science: Epistemological and methodological tenets,' *American Journal of Community Psychology,* vol. 28, no. 6, pp. 773-787.

Calpin-Davies, P. 2000, 'Nurse manager, change thyself', *Nursing Management,* vol. 6, no. 9, pp. 16-20.

Canadian Nurses' Association (CNA) 2002, *Ethical Guidelines for Registered Nurses,* CNA, Ottawa.

Carney, M. 2004, 'Middle manager involvement in strategy development in not-for profit organizations: The director of nursing perspective – how organizational structure impact on the role', *Journal of Nursing Management,* vol. 12, no. 1, pp. 13-21.

Carson, A. & Fairburn, G. 2002, 'The whole story: Towards an ethical research methodology,' *Nurse Researcher,* vol. 10, no. 1, pp. 15-30.

Cartwright, D. (ed) 1959, *Studies in Social Power,* Institute for Social Research, University of Michigan, Ann Arbour.

Ceci, C. 2004, 'Gender, power, nursing: A case analysis', *Nursing Inquiry,* vol. 11, no. 2, pp. 72-81.

Center for Nursing Advocacy 2003, 'The center ranks best and worst media portrayals of nursing for 2003', *Center for Nursing Advocacy.* Retrieved 21 July 2004 from http://www.nursingadvocacy.org

Chan, C. 2001, 'Implications of organizational learning for nurse managers from the cultural, interpersonal and systems thinking perspectives', *Nursing Inquiry,* vol.8, no. 3, pp. 196-199.

Chandler, G. 1991, 'Creating an environment to empower nurses', *Nursing Management,* vol. 22, no. 8, pp. 20-24.

Chang, A. 2005, 'Effectiveness of nursing interventions,' in *Evidence for Nursing Practice,* ed M. Courtney, Elsevier, Sydney, pp. 91-102.

Chang, E. & Daly, J. (eds) 2001, *Transitions in Nursing,* MacLennan & Petty, Sydney.

Cheung, J. 2004, 'The decision process of leaving nursing', *Australian Health Review,* vol. 28, no. 3, pp. 340-348.

Clare, J. & Hamilton, H. 2003, *Writing Research: Transforming Data into Text,* Churchill Livingstone, Edinburgh.

Clare, J. & Hofmeyer, A. 2004, 'Nursing leadership: Trust and reciprocity', in*Nursing Leadership,* eds J. Daly, S. Speedy & D. Jackson, Churchill Livingstone, Sydney, pp, 345-355.

Clare, J., Jackson, D. & Walker, M. 2001, 'The gendered world of nursing practice: A discussion of issues and directions', in *Transitions in Nursing,* eds E. Chang & J. Daly, MacLennan & Petty, Sydney, pp.169-183.

Clinton, M. 2004, 'Overview of the Australian healthcare system,' in *Management in the Australian Healthcare Industry,* 3rd edn, ed M. Clinton, Pearson Education, Sydney, pp. 3-2.

Clinton, M. (ed) 2004, *Management in the Australian Healthcare Industry,* 3rd edn, Pearson Education, Sydney.

Clinton, M. & Scheiwe, D. (eds) 1995, *Management in the Australian Healthcare Industry,* Harper, Sydney.

Cohn, K., Algeo, S., Stackpoole, K. & Bowkley, C. 2005, 'Overcoming abrasive interfaces: Implications for nurses in leadership positions', *Nurse Leader,* August, pp. 53-56.

Cook, J. & Funow, M. 1986, 'Knowledge and women's interest: Issues ofepistemology and methodology in feminist sociological research', *Sociological Inquiry,* vol. 56, no. 1, pp. 2-29.

Cooper, R., Frank, G., Gouty, C. & Hansen, M. 2002, 'Key ethical issuesencountered in healthcare organizations: Perceptions of nurse executives', *Journal of Nursing Administration (JONA),* vol. 32, no. 6, pp. 331-337.

Cooperrider, D. & Whitney, D. 2003, 'A positive revolution in change: Appreciative inquiry', *Appreciative Inquiry.* Retrieved 24 November 2005 from http://appreciativeinquiry.cwru.edu/intro/whatisai.cfm

Corser, W. 1995, 'First-line managers – What do nurses expect?' *Nursing Management,* vol. 26, no. 4, pp. 32-36.

Courtney, M. (ed) 2005, *Evidence for Nursing Practice,* Elsevier, Sydney.

Courtney, M., Nash, R. & Montgomery, J. 2002, 'Strategy and organisational design in health care', in *Managing Health Services- Concepts and Practice,* eds M. Harris & Associates, MacLennan & Petty, Sydney, pp. 253-280.

Courtney, M., Nash, R. & Thornton, R. 2004, 'Leading and managing in nursing practice: Concepts, processes and challenges', in *Nursing Leadership,* eds J. Daly, S. Speedy & D. Jackson, Churchill Livingstone, Sydney, pp, 3-18.

Courtney, M., Yacopetti, J., James, C., Walsh, A. & Finlayson, K. 2002, 'Comparison of roles and professional development needs of nurse executives working in metropolitan, provincial, rural or remote settings in Queensland', *The Australian Journal of Rural Health,* vol. 10, no. 4, pp. 202-208.

Courtney, M., Yacopetti, J. & Rickard, C. 2001, 'Understanding organisational culture in the hospital setting', in *Transitions in Nursing,* eds. E. Chang & J. Daly, MacLennan & Petty, Sydney, pp. 60-78.

Cronenwett, L. 2001, 'Educating health professional heroes of the future: The challenge for nursing', *Frontiers of Health Service Management,* vol. 18, no. 2, pp. 15-32.

Crossan, F. 2003, 'Strategic management for nurses: Building foundations', *Journal of Nursing Management,* vol. 11, no. 5, pp. 331-335.

Crotty, M. 1996, *Phenomenology and Nursing Research,* Churchill Livingstone, Melbourne.

Currie, G. 1996, 'Contested terrain', *Personnel Review,* vol. 25, no. 5, pp. 8-22.

Cutler, L. 2004, 'Ethnography', in *Qualitative Research in Healthcare,* ed C. Bassett, Whurr, London, pp. 115-153.

Daiski, I. 2004, 'Changing nurses' dis-empowering relationship pattern', *Journal of Advanced Nursing,* vol. 48, no. 1, pp. 43-50.

Dallimore, E. 2000, 'A feminist response to issues of validity in research', *Women's Studies in Communication,'* vol. 23, no. 2, pp. 157-182.

Daly, J., Speedy, S. & Jackson, D. (eds) 2000, *Contexts of Nursing,* MacLennan & Petty, Sydney.

Daly, J., Speedy, S. & Jackson, D. (eds) 2004, *Nursing Leadership,* Churchill Livingstone, Sydney.

Daly, J., Speedy, S. & Jackson, D. (eds) 2006, *Contexts of Nursing,* 2nd edn, Elsevier, Sydney.

Daly, J., Speedy, S. & Jackson, D. 2006, 'Presenting nursing...a career for life', in *Contexts of Nursing* 2nd edn, eds J. Daly, S. Speedy & D. Jackson, Elsevier, Sydney, pp.1-12.

Darbyshire, P. 2000, 'Heroines, hookers and harridans: Exploring popular images and representations of nurses and nursing', in *Contexts of Nursing,* eds J. Daly, S. Speedy & D. Jackson, MacLennan & Petty, Sydney, pp.39-50.

Davidson, M. & Fielden, S. (eds) 2003, *Individual Diversity and Psychology in Organizations,* Wiley, Chichester.

Davies, C. 2004, 'Political leadership and the politics of nursing', *Journal of Nursing Management,* vol. 12, no. 4, pp. 235-241.

Dendaas, N. 2004, 'The scholarship related to nursing work environments: Where do we go from here', *Advances in Nursing Science,* vol. 27, no. 1, pp. 12-20.

Denton, D. 1991, ' What's wrong with these employees?' *Business Horizons,* vol.34, no. 5, pp. 45-50.

Denzin, N. & Lincoln, Y. (eds) 2000, *Handbook of Qualitative Research,* Sage, Thousand Oaks, California.

Department of Education, Science & Training (DEST) & The Department of Health and Aging 2002, *National Review of Nursing Education,* Australian Government Publishing Service, Canberra.

DePoy, E. & Gitlin, L. 1998, *Introduction to Research,* Mosby, St. Louis.

Des Jardin, K. 2001, ' Political involvement in nursing - education and empowerment', *Association of Operating Room Nurses (AORN) Journal,* vol. 74, no. 4, pp. 468-482.

deVaus, D. 1995, *Surveys in Social Research,* 4th edn, Allan & Unwin, Sydney.

Diers, D. 2004, *Speaking of Nursing: Narratives of Practice, Research, Policy and the Profession,* Jones & Bartlett, Massachusetts.

Dingel-Stewart, S. & LaCoste, J. 2004, 'Light at the end of the tunnel: A vision for an empowered nursing profession across the continuum of care', *Nursing Administration Quarterly,* vol.28, no. 3, pp. 212-216.

Doucet, A. & Mauthner, N. 1998, 'Voice, reflexivity, and relationships in qualitative data analysis: Background paper for workshop on 'Voice in qualitative data analysis' *Demystifying Data Analysis.* Retrieved 13 November 2003 from http://www.coe.uga.edu/quig/proceedings/Quig98_Proceedings/doucet_mauthner.htm

Drach-Zahavy, A. & Dagan, E. 2002, 'From caring to managing and beyond: An examination of the head nurses' role', *Journal of Advanced Nursing,* vol. 38, no.1, pp. 19-28.

Duckett, S. 2000, *The Australian Healthcare System,* Oxford University Press, South Melbourne.

Duckett, S. 2005, 'Health workforce design for the 21st century', *Australian Health Review,* vol.29, no.2, pp. 201-210.

Duffett-Leger, L. 1996 'Dr Kalisch speaks on the image of nursing', *The Canadian Nursing Students' Association.* Retrieved 21 July 2004 from http://www.ensa.ca/publications/connection/1996april/article9.php

Duffield, C. 1989a, 'The role of nursing unit managers in New South Wales – A Delphi survey', *Australian Health Review,* vol. 12, pp. 14-32.

Duffield, C. 1989b, 'The competencies expected of first-line nursing managers-an Australian context', *Journal of Advanced Nursing,* vol. 14, pp. 997-1001.

Duffield, C., Aitken, L., O'Brien-Pallas, L. & Wise, W. 2004, 'Nursing: A stepping stone to future careers', *Journal of Nursing Administration (JONA),* vol. 34, no. 5, pp. 238-245.

Duffield, C., Donoghue, J. & Pelletier, D. 1996, 'Do clinical nurse specialists and nursing unit managers believe that the provision of quality care is important?' *Journal of Advanced Nursing,* vol. 24, no. 2, pp. 334-340.

Duffield, C. & Franks, H. 2001, 'The role and preparation of first-line nurse managers in Australia: Where are we going and how do we get there?' *Journal of Nursing Management,* vol. 9, no. 2, pp. 87-91.

Duffield, C., Moran, P., Beutel, J., Bunt, S., Thornton, A., Wills, J., Cahill, P. & Franks, H. 2001, 'Profile of first-line nurse managers in New South Wales, Australia, in the 1990s', *Journal of Advanced Nursing,* vol. 36, no. 6, pp. 785-793.

Duffy, C. & Chan, C. 2001, 'Pressures and stress in a Western Australian hospital', *Personnel Review,* vol. 30, no. 2, pp. 227-239.

Eastman, C. & Fulop, L. 1997, 'Management for clinicians or the case of bringing the mountain to Mohammed', *International Journal of Production Economics,* vol. 52, pp.15-30.

Ellis, M. 2003, 'Leaders and managers: gaining nursing management skills and qualifications in the workplace'. *Nursing Review,* December, pp.6-8.

Ellis, N. 2002, *Quality of Working Lives for Nurses: Report on Qualitative Research,* Commonwealth Department of Health and Aging, Australian Government Publishing Service, Canberra.

Ely, R., Foldy, E. & Scully, M. (eds) 2003, *Reader in Gender, Work and Organization,* Blackwell, Malden.

Emberson, M. & Read, P. 2000, 'Power points', *Nursing Management,* vol. 7, no. 5, pp. 8-11.

Erikson, E. 1950, *Childhood and Society,* Norton, New York.

Ettorre, B. 1995, 'When the walls come tumbling down', *Management Review,* vol. 84, no. 11, pp. 33-38.

Everson-Bates, S. & Fosbinder, D. 1994, 'Using an interview guide to identify effective nurse managers: Phase I, Qualitative tool construction and testing', *Journal of Nursing Administration (JONA),* vol. 24, no. 4S, pp.33-38.

Fagermoen, M. 1997, 'Professional identity; values embedded in meaningful nursing practice', *Journal of Advanced Nursing,* vol. 25, no. 3, pp.434-441.

Fairbairn, G. 2002, 'Ethics, empathy and storytelling in professional development', *Learning in Health and Social Care,* vol. 1, no. 1, pp. 22-32.

Fealy, G. 2004, 'The good nurse: Visions and values in images of the nurse', *Journal of Advanced Nursing,* vol. 46, no. 6, pp. 649-656.

Fedoruk, M. & Pincombe, J. 2000, 'The nurse executive: Challenges for the 21st century', *Journal of Nursing Management,* vol. 8, no. 1, pp.13-20.

Finegan, J. & Spence Laschinger, H. 2001, 'The antecedents and consequences of empowerment: A gender analysis', *Journal of Nursing Administration (JONA),* vol. 31, no. 10, pp. 489-497.

Fitzgerald, M. & Field, J. 2005, ' Qualitative research designs', in *Evidence for Nursing Practice,* ed M. Courtney, Elsevier, Sydney, pp.63-72.

Fitzpatrick, J. & Wallace, M. (eds) 2006, *Encyclopedia of Nursing Research,* 2nd edn, Springer, New York.

Flynn, L. & Aiken, L. 2002, 'Does international nurse recruitment influence practice values in US hospitals?' *Journal of Nursing Scholarship,* vol. 34, no. 1, pp. 67-73.

Fontana, A. & Frey, J. 2000, 'The interview: From structured questions to negotiated text', in *Handbook of Qualitative Research,* 2nd edn, eds N. Denzin & Y. Lincoln, Sage, California, pp.645-672.

Force, M. 2005, 'The relationship between effective nurse managers and nursing retention,' *Journal of Nursing Administration (JONA),* vol. 35, no. 7/8, pp. 336-341.

Formella, N. & Rovin, S. 2004, 'Creating a desirable future for nursing, part 2: The issues', *Journal of Nursing Administration (JONA),* vol. 34, no. 6, pp. 264-267.

Fosbinder, D., Everson-Bates, S. & Hendrix, L. 2000, 'Using an interview guide to identify effective nurse managers: Phase II, outcomes', *Nursing Administration Quarterly,* vol. 24, no 2 pp. 72-82.

Foucault, M. 1978, *The Archaeology of Knowledge,* Tavistock, London.

Freda, M.C. 2001, 'Who are we?' *The American Journal of Maternal/Child Nursing,* vol. 26, no. 4, p. 175.

Freda, M.C. 2004, 'Hospitals are nursing institutions', *The American Journal of Maternal/Child Nursing,* vol. 29, no. 3, p. 143.

French, J. & Raven, B. 1959, 'The bases of social power', in *Studies in Social Power,* ed D. Cartwright, Institute for Social Research, University of Michigan, Ann Arbour. pp. 150-167.

Fried, Y., Slowik, L., Ben-David, H. & Tiegs, R. 2001, 'Exploring the relationship between workspace density and employee attitudinal reactions: An integrative model', *Journal of Occupational and Organizational Psychology,* vol. 74, no. 3, pp.1-12.

Fulop, L. & Eastman, C. 2004, Leadership and the clinical manager - A critical review, paper presented to Australian New Zealand Academy of Management (ANZAM) Conference, Dunedin, December.

Fulop, L. & Linstead, S. 2004, 'Power and politics in organizations', in *Management and Organization: A Critical Text,* eds S. Linstead, L. Fulop & S. Lilley, Palgrave Macmillan, New York, pp.182-209.

Gabel, S. 2002, 'Leading from the middle: Surviving the squeeze of apparently irreconcilable forces', *Leadership and Organisational Development Journal,* vol.23, no. 7, pp. 361-371.

Gerber, R. & Moyle, W. 2004, ' The role of theory in health research', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G.Sullivan, K.Greenwood & R. Axford, Pearson Education, Sydney, pp.34-58.

Gershon, R., Stone, P., Bakken, S. & Larson, E. 2004, 'Measurement of organizational culture and climate in healthcare', *Journal of Nursing Administration (JONA),* vol. 34, no. 1, pp. 33-40.

Gilligan, C. 1982, *In a Different Voice,* Harvard University Press, Cambridge, Massachusetts.

Gilmartin, M. 2001, 'Humanism in healthcare service: The role of stakeholder management', *Nursing Administration Quarterly,* vol. 25, no. 3, pp. 24-37.

Girvin, J.1998, *Leadership and Nursing,* Macmillan, London.

Glass, N. 1997, 'Breaking a social silence: Registered nurses share their stories about tertiary nursing education', *International Journal of Nursing Practice,* vol. 3, no. 3, pp. 173-177.

Glass, N. 1998, ' Becoming de-silenced and reclaiming voice', in *Nursing Matters: Critical Sociological Perspectives,* eds H. Keleher & F. McInerney, Churchill Livingstone, Sydney, pp. 121-138.

Glass, N. & Davis, K. 2004, 'Reconceptualizing vulnerability: Deconstruction and reconstruction as a postmodern feminist analytical research method', *Advances in Nursing Science,* vol. 27, no. 2, pp. 82-92.

Gordon, J. 2004, 'Managing finances in the nursing practice setting', in *Nursing Leadership,* eds J. Daly, S. Speedy & D. Jackson, Churchill Livingstone, Sydney, pp. 221-232.

Grbich, C. 1999, *Qualitative Research in Health,* Allen & Unwin, Sydney.

Grbich, C. 2004, ' Qualitative research design', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G. Sullivan, K. Greenwood & R. Axford, Pearson Education, Sydney, pp.151-175.

Green, E. & Cassell, C. 1996, 'Women managers, gendered cultural processes and organizational change', *Gender, Work and Organization,* vol. 3, no. 3, pp. 168-178.

Greenwood, K. 2004, 'Measurement: concepts, tools and issues', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G.Sullivan, K.Greenwood & R. Axford, Pearson Education, Sydney, pp.319-346.

Hale, M. 1999, 'He says, she says, gender and lifework', *Public Administration Review,* vol. 59, no. 5, pp. 410-424.

Halford, S. & Leonard, P. 2003, ' Space and place in the construction and performance of gendered nursing identities', *Journal of Advanced Nursing,* vol. 42, no. 2, pp. 201-208.

Harris, L. 2004, 'Asking quantitative research questions', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G. Sullivan, K. Greenwood & R. Axford, Pearson Education, Sydney, pp.70-92.

Harris, M. & Associates (eds) 2002, *Managing Health Services: Concepts and Practice,* MacLennan & Petty, Sydney.

Hau, W. 2004, 'Caring holistically within new managerialism', *Nursing Inquiry,* vol. 11, no. 1, pp. 2-13.

Hayek, F. 1952, *The Sensory Order,* University of Chicago Press, Chicago.

Hayes, J., Allinson, C. & Armstrong, S. 2004, 'Intuition, women managers and gender stereotypes', *Personnel Review,* vol. 33, no. 4, pp. 403-417.

Hegney, D., Plank, A. & Parker, V. 2003, 'Nursing workloads: The results of a study of Queensland nurses', *Journal of Nursing Management,* vol. 11, no. 5, pp. 307-314.

Helgesen, S. 2003, 'The Female Advantage: Women's Ways of Leadership' in *Reader in Gender, Work and Organization,* eds R. Ely, E. Foldy & M. Scully, Blackwell, Massachusetts, pp. 26-33.

Helms, M. & Stern, R. 2001, 'Exploring the factors that influence employees' perceptions of their organisational culture', *Journal of Management in Medicine,* vol. 15, no. 6, pp. 415-429.

Herda, E. 1999, *Research Conversations and Narrative,* Praeger, Westport.

Hofstede, G. 1994, 'Business cultures; every organization has its symbols, rituals and heroes', *UNESCO Courier,* April, pp. 12-17.

Houweling, L. 2004, 'Image, function and style: A history of the nursing uniform', *American Journal of Nursing,* vol. 104, no. 4, pp. 40-48.

Hunt, J. 1998, 'Feminism and nursing' St, Vincent's Hospital Monographs, *Clinical Information Access Program.* Retrieved 1 July 2004 from http://www.clininfo.health.nsw.gov.au/hospolic/stvincents/stvin9

Huntington, A. & Gilmour, J. 2006, 'Power and politics in the practice of nursing', in *Contexts of Nursing,* 2nd edn, eds J. Daly, S. Speedy & D. Jackson, Elsevier, Sydney, pp. 170-183.

Hymowitz, C. 1999, 'Do employees judge worth by office size?' *Wall Street Journal,* Retrieved 14 July 2004 from http://www.careerjournal.com

Ingersoll, G., Olsan, T., Drew-Cates, J., DeVinney, B. & Davies, J. 2002, 'Nurses' job satisfaction, organisational commitment, and career intent', *Journal of Nursing Administration (JONA),* vol. 32, no. 5, pp. 250-263.

International Council of Nurses (ICN) 2000, *Code of Ethics for Nurses,* International Council of Nurses, Geneva.

Jacobs, B. 2001, 'Respect for human dignity: A central phenomenon to philosophically unite nursing theory and practice through consilience of knowledge,' *Advances in Nursing Science,* vol. 24, no. 1, pp.17-35.

Jackson, D. & Borbasi, S. 2006, 'Nursing care and nurse caring: issues, concerns, debates', in *Contexts of Nursing,* 2nd edn, eds J. Daly, S. Speedy & D. Jackson, Elsevier, Sydney, pp. 73-85.

Jackson, D., Clare, J. & Mannix, J. 2003, 'Feminist and critical approaches,' in *Nursing Research: Methods, Critical Appraisal and Utilisation,* eds Z. Schneider, D. Elliot, C. Beanland, G. LoBiondo-Wood & J. Haber, Mosby, Sydney, pp. 205-212.

Janesick, V. 2000, 'The choreography of qualitative research design', in *Handbook for Qualitative Research,* eds N. Denzin & Y. Lincoln, Sage, Thousand Oaks, California, pp.379-399.

Johnson, G. 1988, 'Rethinking incrementalism', *Strategic Management Journal,* vol.9, pp. 75-91.

Johnstone, P. 2003, 'Nurse manager turnover in New South Wales during the 1990s', *Collegian,* vol.10, no. 1, pp. 8-15.

Joiner, T. & Bartram, T. 2004, 'How empowerment and social support affect Australian nurses' work stressors', *Australian Health Review,* vol. 28, no. 1, pp. 56-64.

Jones, J. & Cheek, J. 2003, 'The scope of nursing in Australia: A snapshot of the challenges and skills needed', *Journal of Nursing Management,* vol. 11, no.2, pp.121-129.

Judkins, S. & Ingram, M. 2002, 'Decreasing stress among nurse managers: A longterm solution', *The Journal of Continuing Education in Nursing,* vol. 33, no. 6, pp. 259-267.

Kane, D. & Thomas, B. 2000, 'Nursing and the "F" word', *Nursing Forum,* vol. 35, no.2, pp. 17-25.

Kanter, R.M. 1977, *Men and Women of the Corporation,* Basic Books, New York.

Kanter, R.M. 1979, 'Power failure in management circuits', *Harvard Business Review,* vol. 57, July/August, pp. 65-75.

Kanter, R.M. 1983, *The Change Masters,* Unwin, London.

Kanter, R.M. 2003, 'Men and women of the corporation', in *Reader in Gender, Work and Organization,* eds R. Ely, E. Foldy & M. Scully, Blackwell, Massachusetts, pp. 34-48.

Kanter, R.M., Stein, B. & Jick, T. 1992, *The Challenge of Organizational Change,* Free Press, New York.

Kany, K. 2004, 'Nursing in the next decade: Implications for healthcare and for patient safety', *Online Journal of Issues in Nursing,* vol. 9, no. 3. Retrieved 13 May 2005 from www.nursingworld.org/ojin/topic24/tcp24-3.htm

Keleher, H. & McInerney, F (eds) 1998, *Nursing Matters: Critical Sociological Perspectives,* Churchill Livingstone, Sydney.

Kirpal, S. 2004, 'Work identities of nurses', *Career Development International,* vol. 9, no. 3, pp. 274-304.

Kitchener, M. 2000, 'The 'bureaucratization' of professional roles: The case of clinical directors in UK hospitals', *Organization,* vol. 7, no.1, pp. 129-154.

Kleinman, C. 2003, 'Leadership roles, competencies, and education: How prepared are our nurse managers?' *Journal of Nursing Administration (JONA),* vol. 33, no. 9, pp.451-455.

Kleinman, C. 2004a, 'Leadership and retention: Research needed', *Journal of Nursing Administration (JONA),* vol. 34, no. 3, pp. 111-113.

Kleinman, C. 2004b, 'Understanding and capitalizing on men's advantage in nursing', *Journal of Nursing Administration (JONA),* vol. 34, no. 2, pp. 78-82.

Koch, T. & Harrington, A. 1998, 'Reconceptualizing rigour: The case for reflexivity', *Journal of Advanced Nursing,* vol. 28, no. 4, pp. 882-890.

Kolb, D., Fletcher, J., Meyerson, D., Merill-Sands, D. & Ely, R. 2003, 'Making change: A framework for promoting gender equity in organizations', in *Reader in Gender, Work and Organization,* eds R. Ely, E. Foldy & M. Scully, Blackwell, Massachusetts, pp. 10-15.

Kramer, M. & Schmalenberg, C. 2003, 'Securing "good" nurse/physician relationships', *Nursing Management,* vol 34, no. 7, pp. 34-38.

Kuhse, H.1997, *Caring: Nurses, Women and Ethics,* Blackwell, Oxford.

Kuokkanen, L. & Leino-Kilpi, H. 2000, 'Power and empowerment in nursing: Three theoretical approaches', *Journal of Advanced Nursing,* vol. 31, no. 1, pp.235-241.

Kupperschmidt, B. 2004, 'Making a case for shared accountability', *Journal of Nursing Administration (JONA),* vol. 34, no. 3, pp. 114-116.

Lawler, J. 1997, 'Knowing the body and embodiment: Methodologies, discourses and nursing, in *The Body in Nursing,* ed. J. Lawler, Churchill Livingstone, Melbourne, pp.31-51.

Lawler, J. (ed) 1997, *The Body in Nursing,* Churchill Livingstone, Melbourne.

Lawson, J. & Rotem, A. 2004, *From Clinician to Manager,* McGraw-Hill, Sydney.

Letvak, S.2003, 'The experiences of being an older perioperative nurse.' *Association of Operating Room Nurses (AORN) Journal,* vol. 78, no. 4, pp. 635-647.

Lewis, J. 2004a, 'Health service management: Theory and practice', in *Management in the Australian Healthcare Industry,*3rd edn, ed M. Clinton, Pearson Education, Sydney, pp. 97-119.

Lewis, J. 2004b, ' Health service management in rural and remote Australia', in *Management in the Australian Healthcare Industry,*3rd edn, ed M. Clinton, Pearson Education, Sydney, pp. 53-73.

Lincoln, Y. & Guba, E. 2000, 'Paradigmatic controversies, contradictions, and emerging confluences', in *Handbook for Qualitative Research,* eds N. Denzin & Y. Lincoln, Sage, Thousand Oaks, California, pp.163-188.

Lindholm, M., Dejin-Karlsson, E., Ostergren, P. & Uden, G. 2003, 'Nurse managers' professional networks, psychosocial resources and self-rated health', *Journal of Advanced Nursing,* vol. 42, no. 5, pp. 506-515.

Lindholm, M. & Uden, G. 1999, 'Influence on nursing management education on management direction and role', *Journal of Nursing Administration (JONA),* vol. 29, no. 10,pp. 49-56.

Lindholm, M. & Uden, G. 2001, 'Nurse managers' management direction and role over time', *Nursing Administration Quarterly,* vol. 25, no. 4, pp. 14-29.

Linstead, S., Fulop, L. & Lilley, S. (eds) 2004, *Management and Organization: A Critical Text,* Palgrave Macmillan, New York.

Llewellyn, G., Sullivan, G. & Minichiello, V. 2004. 'Sampling in qualitative research', in *Research Methods for Nursing and Health Science,* eds V. Minichiello, G.Sullivan, K.Greenwood & R. Axford, Pearson Education, Sydney, pp.210-241.

Loo, R. & Thorpe, K. 2004, 'Making female first-line nurse managers more effective: a Delphi study of occupational stress', *Women in Management Review,* vol. 19, no. 2, pp. 88-97.

Lumby, J. & Picone, D. (eds) 2000, *Clinical Challenges,* Allen & Unwin, Sydney.

Lyons, L. & Chipperfield, J. 2000, '(DE)constructing the interview: A critique of the participatory model', *Resources for Feminist Research,* vol. 28, no. 1, pp. 33-50.

MacDougall G. 1997, 'Caring – a masculine perspective', *Journal of Advanced Nursing,* vol. 25, no. 4, pp. 809-813.

Malin, N. (ed) 2000, *Professionalism, Boundaries and the Workplace,* Routledge, London.

Manias, E. & Street, A. 2001, 'Rethinking ethnography: Reconstructing nursing relationships', *Journal of Advanced Nursing,* vol. 33, no. 2 , pp. 234-242.

Manion, J. 2005, 'Supporting nurse managers in creating a culture of retention', *Nurse Leader,* April, pp. 52-56.

Marquis, B. & Huston, C. 1992, *Leadership Roles and Management Functions in Nursing,* Lippincott, New York.

Marx, M. 2001, 'Invisibility, interviewing and power: A researcher's dilemma', *Resources for Feminist Research,* vol. 28, no. 3-4, pp. 131-155.

Matthews, S. 2001, 'Registered male: a discussion on men in the nursing profession', *Contemporary Nurse,* vol. 11, no. 2/3, pp. 231-235.

Mauthner, N. 2002, *The Darkest Days of my Life,* Harvard University Press, Cambridge, Massachusetts.

Mauthner, N. & Doucet, A. 1998, 'Reflections on a voice-centred relational method' in *Feminist Dilemmas in Qualitative Research,* eds J. Ribbens & R. Edwards, Sage, London, pp.119-146.

McConnell, C. 2002, 'The health care professional as a manager: Finding the critical balance in a dual role', *The Health Care Manager,* vol. 20, no. 3, pp. 1-11.

McLoughlin, V. & Leatherman, S. 2003, 'Quality or financing: What drives design of the healthcare system?' *Quality and Safety in Healthcare,* vol. 12, no. 2, pp. 136-142.

McVicar, A. 2003, 'Workplace stress in nursing: A literature review', *Journal of Advanced Nursing,* vol. 44 no. 6, pp. 633-642.

Mickan S. & Boyce, R. 2002, 'Part 2: Organisational environments – impact on health service managers and organisations' in *Managing Health Services; Concepts and Practice,* ed M. Harris & Associates, MacLennan & Petty, Sydney pp.49-74.

Mills, A. 1992, 'Organization, gender and culture', in *Gendering Organizational Analysis,* eds A. Mills & P. Tancred, Sage, California, pp.93-111.

Mills, A. & Tancred, P. (eds) 1992, *Gendering Organizational Analysis,* Sage, California.

Minichiello, V., Sullivan, G., Greenwood, K. & Axford, R. (eds) 2004, *Research Methods for Nursing and Health Science,* Pearson Education, Sydney.

Moloney, M. 1992, *Professionalization of Nursing,* Lippincott, New York.

Mosedale, S. 2005, 'Assessing women's empowerment: Towards a conceptual framework', *Journal of International Development,* vol. 17, pp. 243-257.

Mrayyan, M. 2004, 'Nurses' autonomy: Influences on nurse managers' actions', *Journal of Advanced Nursing,* vol.45, no. 3, pp.326-336.

National Health & Medical Research Council of Australia 1999, *National Statement on Ethical Conduct Involving Humans,* Retrieved 30 June 2003 from http://www.nhmrc.gov.au/publications/synopses/e35syn.htm

National Nursing and Nursing Education Taskforce 2005, 'Our duty of care –Recommendation 9: Image of nursing', *Australian Health Minister's Advisory Council.* Retrieved 22 August 2005 from www.nnnet.gov.au/work/rec9.htm

Nay, R. & Pearson, A. 2001, 'Educating nurses to protect the past or to advance healthcare?: A polemic', *Australian Journal of Advanced Nursing,* vol. 18, no. 4, pp. 37-41.

Neuhauser, P. 2002, ' Building a high-retention culture in health care', *Journal of Nursing Administration (JONA),* vol.32 , no. 9, pp. 470-478.

New England Area Health, 2004, *Position Description: Nurse Unit Manager,*Tamworth Base Hospital Nursing Division. Retrieved July 12 2004 from http://www.neahs.nsw.gov.au/web/

Nightingale, F. 1946 (1859), *Notes on nursing: What it is and what it is not.* London, Churchill Livingstone.

NSW Health Department 2001, *NSW Nursing Workforce Action Plan,* Ministerial Standing Committee on the Nursing Workforce, NSW Health Department, NorthSydney.

NSW Health Department, 2004a, 'Nursing Vacancies in NSW', *NSW Health Department.* Retrieved on 13 July 2004 from http://www.health.nsw.gov.au/healthjobs/index.html

NSW Health Department, 2004b, 'Area Health Services', *NSW Health Department.* Retrieved 2 September 2004 from http://www.health.nsw.gov.au/iasd/areas/

NSW Nurses & Midwives Board 2005 'Functions of the NSW Nurses and Midwives Board' *NSW Nurses & Midwives Board.* Retrieved 26 July 2005 from http://www.nursesreg.nsw.gov.au

NSW Public Hospital Nurses (State) Award 2003, *NSW Public Hospital Nurses (State) Award.* Retrieved 12 July 2004 from www.health.**nsw**.gov.au/jobs/empcond/**award**-files/**nurses**/Nurses03.pdf

Nursing Unit Managers' Society of New South Wales 2003, 'Letters to the editor', *Nursing Unit Managers' Society of New South Wales Newsletter,* vol. 5, no. 1, p.4.

O'Brien-Pallas, L., Duffield, C. & Alksnis, C. 2004, 'Who will be there to nurse: Retention of nurses nearing retirement', *Journal of Nursing Administration (JONA),* vol.34, no. 6, pp. 298-302.

Olesen, V. 2000, 'Feminisms and qualitative research at and into the millennium', in *Handbook for Qualitative Research,* eds N. Denzin & Y. Lincoln, Sage, Thousand Oaks, California, pp. 215-255.

Oroviogoicoechea, C. 1996, 'The clinical nurse manager: A literature review', *Journal of Advanced Nursing,* vol. 24, no. 6, pp. 1273-1280.

Osborne, S. & Gardner, G. 2005, 'Developing a culture of inquiry to sustain evidence-based practice', in *Evidence for Nursing Practice,* ed M. Courtney, Elsevier, Sydney, pp.135-147.

Paliadelis, P. 2001, Assessing undergraduate clinical competence: Registered nurses' experiences, Masters (Honours) thesis, University of New England.

Paliadelis, P. 2005, 'Rural Nursing Unit Managers: Education and support for the role'. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy,* vol.5, no.325. Retrieved 18 June 2005 from http://rrh.deakin.edu.au

Paliadelis, P. & Cruickshank, M. 2003, 'An exploration of the role that expert knowledge plays in the assessment of undergraduate clinical competence: Registered Nurses' experiences', *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy,* vol. 3, no.191. Available from http://rrh.deakin.edu.au

Parker, J. 1997, 'The body as text and the body as living flesh: Metaphors of the body and nursing in postmodernity', in *The Body in Nursing,* ed. J. Lawler, Churchill Livingstone, Melbourne, pp. 11-29.

Parsons, M. & Stonestreet, J. 2003, 'Factors that contribute to nurse manager retention', *Nursing Economics,* vol. 21, no 3, pp. 120-128.

Pearson, A. 2003, 'Multidisciplinary nursing: Re-thinking role boundaries', *Journal of Clinical Nursing,* vol. 12, no. 5, pp. 625-629.

Pearson, A., Baker, H., Walsh, K. & Fitzgerald, M. 2001, 'Contemporary nurses' uniforms – history and traditions', *Journal of Nursing Management,* vol. 9, no. 3, pp.147-152.

Pelletier, D., Donoghue, J. & Duffield, C. 2005, 'Understanding the nursing workforce: A longitudinal study of Australian nurses six years after graduate study', *Australian Journal of Advanced Nursing,* vol. 23, no. 1, pp. 37-43.

Pelletier, D. & Duffield, C. 2003, 'Work sampling: valuable methodology to define nursing practice patterns', *Nursing and Health Science,* vol. 5, no. 1, pp. 31-38.

Persson, O. & Thylefors, I. 1999, ' Career with no return: Roles, demands and challenges as perceived by Swedish ward managers', *Nursing Administration Quarterly,* vol. 23, no. 3, pp. 63-80.

Phan, T. 2003, 'Life in school: Narratives of resiliency among Vietnamese-Canadian youths'. Retrieved 25 June 2004 from http://articles.findarticles.com/p/articles/mi_m2248/is_151_38/ai

Picone, D. 2000, 'Health care as a market place', in *Clinical Challenges,* eds J. Lumby & D. Picone, Allen & Unwin, Sydney, pp. 176-194.

Ponte, P., Kruger, N., DeMarco, R., Hanley, D. & Conlin, G. 2004, 'Reshaping the practice environment', *Journal of Nursing Administration (JONA),* vol. 34, no. 4, pp. 173-179.

Pristin, T. 2004, 'Decoupling office size from corporate status', *New York Times,* May 26. Retrieved 14 July 2004 from http://www.bynoother.com/2004/05/decoupling_offi.html

Rasmussen, B. 2004, 'Between endless needs and limited resources: The gendered construction of a greedy organization', *Gender, Work and Organization,* vol. 11, no. 5, pp. 506-525.

Reedy, P. & Learmonth, M. 2000, 'Nursing managers, transformed or deformed? - A case study in the ideology of competency', *Journal of Management in Medicine,* vol. 14, no. 3/4, pp. 153-165.

Ribbens, J. & Edwards, R. (eds) 1998, *Feminist Dilemmas in Qualitative Research,* Sage, London.

Roberts, S. 1983, 'Oppressed group behaviour: Implications for nursing', *Advances in Nursing Science,* vol. 5, no. 4, pp. 21-30.

Roberts, S. 2000, 'Development of a positive professional identity: Liberating oneself from the oppressor within', *Advances in Nursing Science,* vol. 22, no. 4, pp. 71-83.

Roberts, K. & Taylor, B. 2002, *Nursing Research Processes: An Australian Perspective,* 2nd edn, Thompson, Melbourne.

Rose, D. 2001, 'Revisiting feminist research methodologies: A working paper', *Status of Women, Canada.* Retrieved 12 January 2005 from http://www.swc-cfc.gc.ca/pubs/pubspr/revisiting/index_e.html

Rosenau, P. 1992, *Post-modernism and the Social Sciences: Insights, Inroads and Intrusions,* Princeton University Press, New Jersey.

Rovin, S. & Formella, N. 2004, 'Creating a desirable future for nursing: Part 1', *Journal of Nursing Administration (JONA),* vol. 34, no. 4, pp. 163-166.

Russell, K. 2000, 'Always in the red' in *Clinical Challenges* eds J. Lumby & D. Picone, Allen & Unwin, Sydney, pp. 195-209.

Sandberg, J. 2003, 'Professionals can identify with bad desk locations', *Wall Street Journal.* Retrieved 20 March 2003 from http://www.careerjournal.com.columnists/cubicleculture/20030305

Sarmiento, T., Spence Laschinger, H. & Iwasiw, C. 2004, 'Nurse educators' workplace empowerment, burnout, and job satisfaction: Testing Kanter's theory', *Journal of Advanced Nursing,* vol. 46, no. 2, pp. 134-143.

Schank, M., Weis, D. & Ancona, J. 1996, 'Reflecting professional values in the philosophy of nursing', *Journal of Nursing Administration (JONA),* vol. 26, no. 7/8, pp. 55-60.

Schank, M. & Weis, D. 2001, 'Service and education share responsibility for nurses' value development', *Journal for Nurses in Staff Development,* vol. 17, no. 5, pp. 226-231.

Schein, E. 1992, *Organizational Culture and Leadership,* 2nd edn, Jossey-Bass, San Francisco.

Schein, E. 1996a, 'Culture: The missing concept in organization studies', *Administrative Science Quarterly,* vol. 41, no. 2, pp. 229-241.

Schein, E. 1996b, 'Three cultures of management: The key to organizational learning', *Sloan Management Review,* vol. 38, no. 1, pp. 9-21.

Schneider, Z., Elliott, D., Beanland, C., LoBiondo-Wood, G. & Haber, J. 2003, *Nursing Research: Methods, Critical Appraisal and Utilisation,* Mosby, Sydney.

Scoble, K. & Russell, G. 2003, 'Vision 2020, part 1: Profile of the future nurse leader', *Journal of Nursing Administration (JONA),* vol. 33, no. 6, pp. 324-330.

Seymour, B. 2003, 'Nurses achieve pay increase during current award', *NSW Teachers Federation.* Retrieved 24 July 2004 from http://www.nswtf.org.au

Shanley, C. 2004, 'Extending the role of nurses in staff development by combining organizational change perspective with an individual learner perspective', *Journal for Nurses in Staff Development,* vol. 20, no. 2, pp. 83-89.

Sheridan, A. & O'Sullivan, J. 2003, 'What you see is what you get: Popular culture, gender and workplace diversity', in M. Davidson & S. Fielden (eds) *Individual Diversity and Psychology in Organizations,* Wiley, Chichester, pp. 297-329.

Shipton, H. 2001, 'Organisational learning: quantitative v. qualitative approaches – selecting the appropriate methodology', *University of Wolverhampton: Occasional Paper Series,* Management Research Centre, Wolverhampton.

Sieber, J., Powers, C., Baggs, J., Knapp. J. & Sileo, C. 1998, 'Missing in action: nurses in the media', *American Journal of Nursing,* vol. 98, no. 12, pp. 55-56.

Silverman, D. 1993, *Interpreting Qualitative Data,* Sage, London.

Solomon, M. 1986, 'Dress for effect: Paris creations, power suits or punk put-ons, your style affects both you and your public', *Psychology Today,* vol. 20, no. 2, pp. 20-26.

Speedy, S. 1987, 'Feminism and the professionalization of nursing', *The Australian Journal of Advanced Nursing,* vol. 4, no. 2, pp.20-28.

Speedy, S. 1997, 'Nursing and feminisms: A glance backwards, a gaze forwards', *Nursing Inquiry,* vol. 4, no. 4, pp. 217-218.

Speedy, S. 2000, 'Gender issues in Australian nursing', in *Contexts of Nursing,* eds J. Daly, S. Speedy & D. Jackson, MacLennan & Petty, Sydney, pp.135-146.

Speedy, S. 2001, 'Managing and leading, what's in it for you?' in *Transitions in Nursing,* eds E. Chang & J. Daly, MacLennan & Petty, Sydney, pp. 312-329.

Speedy, S. 2004, 'Organisation violations; Contexts, causes, consequences', *Southern Cross University,* Social Science Papers. Retrieved 3 March 2005 from www.scu.edu.au/schools/socialsciences/ajbsi/papers/vol2/org_viol_speedy.pdf

Speedy, S. 2006, 'The gendered culture of nursing', in *Contexts of Nursing* 2nd edn, eds J. Daly, S. Speedy & D. Jackson, Elsevier, Sydney, pp. 155-169.

Speedy, S. & Jackson, D. 2004, 'Power, politics and gender: Issues for nurse leaders and managers', in *Nursing Leadership,* eds J. Daly, S. Speedy & D. Jackson, Churchill Livingstone, Sydney, pp. 55-67.

Spence Laschinger, H. 1996, 'A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations', *Nursing Administration Quarterly,* vol. 20, no. 2, pp. 25-42.

Spence Laschinger, H. 2004, 'Hospital nurses' perceptions of respect and organizational justice', *Journal of Nursing Administration (JONA),* vol. 34, no. 7/8, pp. 354-364.

Spence Laschinger, H., Almost, J. & Tuer-Hodes, D. 2003, 'Workplace empowerment and magnet hospital characteristics: Making the link', *Journal of Nursing Administration (JONA),* vol. 33, no. 7/8, pp. 410-422.

Spence Laschinger, H. & Finegan, J. 2005, 'Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage', *Nursing Economics,* vol. 23, no. 1, pp. 6-13.

Spence Laschinger, H., Finegan, J. & Shamian, J. 2001, 'Promoting nurses' health: Effects of empowerment on job strain and work satisfaction', *Nursing Economics,* vol. 19, no. 2, pp. 42-58.

Spence Laschinger, H., Wong, C., McMahon, L. & Kaufmann, C. 1999, 'Leader behaviour impact on staff nurse empowerment, job tension, and work effectiveness', *Journal of Nursing Administration (JONA),* vol. 29, no. 5, pp. 28-39.

Sproat, S. 2001, 'Using organizational artefacts to influence change', *Journal of Nursing Administration (JONA),* vol. 31, no. 11, pp. 524-526.

Stanley, T. 2002, 'Management: A journey in progress', *SuperVision,* vol. 63, no. 11, pp.12-15.

Stanton, M. 2004, 'Hospital nursing staff and quality of care', *Agency for Healthcare Research and Quality,* vol. 14. Retrieved 26 June 2004 from http://ahrq.gov

Stenbacka, C. 2001, 'Qualitative research requires quality concepts of its own', *Management Decision,* vol. 39, no. 7, pp. 1-7.

Sullivan, E. 2004, *Becoming Influential: A Guide for Nurses,* Pearson Education, New Jersey.

Swansburg, R. C. & Swansburg, R. J. 2002, *Introduction to Management and Leadership for Nurse Managers,* 3rd edn, Jones & Bartlett, Boston.

Tappen, R., Weiss, S. & Whitehead, D. 2004, *Essentials of Nursing Leadership and Management,* Davis, Philadelphia.

Taylor, J., Gilligan, C. & Sullivan, A. 1995, *Between Voice and Silence,* Harvard University Press, Cambridge, Massachusetts.

Teijlingen, W. & Hundley, V. 2001, 'The importance of pilot studies', *Social Research Update,* Issue 35, University of Surrey. Retrieved 23 May 2003 from http://www.soc.surrey.ac.uk/sru/SRU35.html

Thorpe, K. & Loo, R. 2003a, 'The values profile of nursing undergraduate students: Implications for education and professional development', *Journal of Nursing Education,* vol. 42, no.2, pp. 83-95.

Thorpe, K. & Loo, R. 2003b, 'Balancing professional and personal satisfaction of nurse managers: Current and future perspectives in a changing health care system', *Journal of Nursing Management,* vol. 11, no. 5, pp. 321-330.

Thyer, G. 2003, 'Dare to be different: Transformational leadership may hold the key to reducing nursing shortage', *Journal of Nursing Management,* vol. 11, no. 2, pp. 73-79.

Tolman, D., Spencer, R., Rosen-Reynoso, M. & Porche, M. 2003, 'Sowing the seeds of violence in heterosexual relationships: Early adolescents narrate compulsory heterosexuality', *Journal of Social Issues,* vol. 59, no. 1, pp. 159-179.

Tourangeau, A., Stone, P. & Birnbaum, D. 2003, 'Hidden in plain view: The importance of professional nursing care', *Clinical Governance: An International Journal,* vol. 8, no. 2, pp 158-163.

Trice, H. & Beyer, J. 1993, *The Cultures of Work Organizations,* Prentice Hall, New Jersey.

UK Central Council for Nursing and Midwifery (UKCC) 2002, *Code of Professional Conduct,* UK Central Council for Nursing and Midwifery, London.

Ulmer, B. 2000, 'The image of nursing', *Association of Operating Room Nurses (AORN) Journal,* vol.71, no. 6, pp. 1124, 1126-1127.

Upenieks, V. 2003, 'Nurse leaders' perceptions of what compromises successful leadership in today's acute inpatient environment', *Nursing Administration Quarterly,* vol. 27, no. 2, pp. 140-152.

Van Eyk, H., Baum, F. & Houghton, G. 2001, 'Coping with healthcare reform', *Australian Health Review,* vol. 24, no. 2, pp. 202-206.

Warshaw, M. 1998, 'The bad guy's (and gal's) guide to office politics: Dealing with the downside of office politics', *Fast Company,* Retrieved 14 July 2004 from http://www.pf.fastcompany.com/magazine/14/badguy.html

Waters, D., Clarke, M., Ingall, A. & Dean-Jones, M. 2003, 'Evaluation of a pilot mentoring programme for nurse managers', *Journal of Advanced Nursing,* vol. 42, no. 5, pp. 516-526.

Way, N. 1997 'Using feminist research methods to understand the friendships of adolescent boys', *Journal of Social Issues,* vol. 53, no. 4, pp. 703-724.

Weis, D. & Schank, M. 2000, 'An instrument to measure professional nursing values', *Journal of Nursing Scholarship,* vol. 32, no. 2, pp. 201-208.

West, C. & Zimmerman, D. 2003 'Doing gender', in *Reader in Gender, Work and Organization,* eds R. Ely, E. Foldy & M. Scully, Blackwell, Malden, pp. 62-74.

West, E. 2001, 'Management matters: the link between hospital organization and quality of patient care', *Quality in Health Care,* vol. 10, March, pp. 40-48.

Wicks, A. & Whiteford, G. 2003, 'Value of life stories in occupation-based research', *Australian Occupational Therapy Journal,* vol. 50, no. 2, pp. 86-91.

Wilkinson, S. 1996, *Feminist Social Psychologies: International Perspectives,* Open University Press, Buckingham.

Willcoxson, L. & Millett, B. 2000, 'The management of organisational culture', *Australian Journal of Management and Organisational Behaviour,* vol. 3, no. 2, pp. 91-99.

Wilmott, M. 1998, 'The new ward manager: An evaluation of the changing role of the charge nurse', *Journal of Advanced Nursing,* vol. 28, no. 2, pp. 419-427.

Wilson, B. & Spence Laschinger, H. 1994, 'Staff nurse perception of job empowerment and organizational commitment', *Journal of Nursing Administration (JONA),* vol. 24, no. 4S, pp. 39-47.

Wolcott, H. 1994, *Transforming Qualitative Data: Description, Analysis and Interpretation,* Sage, Thousand Oaks, California.

Wolcott, H. 2002, 'Writing up qualitative research... better', *Qualitative Health Research,* vol. 12, no. 1, pp. 91-103.

Yoder-Wise, P. (ed) 1999, *Leading and Managing in Nursing,* Mosby, St. Louis.

APPENDIX 1

INVITATION TO PARTICIPATE IN THE STUDY

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

Penny Paliadelis
Tel: (02) 6773 3653
Fax: (02) 6773 3666
Email: ppaliade@une.edu.au

January 2003.

Dear Colleague,

Do you ever think about the complex and challenging nature of your role as a Nursing Unit Manager (NUM)? As you know, you are responsible for maintaining an effective link between the nursing staff, whose primary responsibility is clinical care and the management structures of your organization.

I am investigating how Nursing Unit Managers negotiate the (sometimes) conflicting pressures of the clinical, professional and managerial aspects of their role. My research study is titled '**The working world of nursing unit managers'.** The project will form the basis of my PhD thesis.

The project has been endorsed by the **Director, Nursing and Organization Development,** New England Area Health Service, who provided me with the names of all the NUMs throughout NEAH. This project also has ethical approval from the New England Health and the University of New England Human Research Ethics Committees.

WHO AM I?

I am a registered nurse, who works as a lecturer in the School of Health, University of New England, where my responsibility is teaching in the undergraduate and postgraduate nursing programs. Additionally, I work casually as an RN at Armidale Hospital, mainly in paediatrics and ICU.

WHAT DO I HOPE TO ACHIEVE?

The purpose of this letter is to introduce myself and this project and to invite you to take part in an **individual interview.** In order to gain an accurate picture of the challenges inherent in the role of Nursing Unit Manager, I need to speak to as many NUMs as I can. Throughout 2003, I will be travelling within the New England Area Health region to interview NUMs, at a mutually convenient time and place.

Each interview will last approximately 45 minutes, and with your permission, it will be audio-taped to allow for accurate transcription. The interview format will be semi-structured and informal, more like a chat than a question and answer session, as I am interested in YOUR thoughts and ideas. If you wish, following the transcription of the interview, you will be provided with a copy of the transcript to allow you to verify that it is accurate. On completion of the

project, you will also be provided with a preliminary summary of the findings for your information.

If you would like to participate in this study, please fill out the contact details page and return it to me in the reply paid envelope. I would be most grateful if you could return the sheet as soon as possible so that I can be sure of interviewing a diverse range of NUM's with differing ages, educational backgrounds, and years of experience. Once I receive your contact details I will telephone you to answer any queries you may have and arrange a time to meet with you. Prior to participation in an interview, you will be provided with a participant information statement, and if you agree to participate you will be asked to sign a consent form.

WHAT'S IN IT FOR YOU?

I am very excited about this project, as I believe that the results of this study will enhance our understanding of the complexity of the NUM's role and potentially contribute to improving the education and support of NUMs. As you are aware the role of NUM requires many and varied skills, however the way in which NUMs experience their role in the NSW public healthcare system, is poorly understood in the literature.

YOUR PROTECTION

Your identity will be protected, as all tapes and transcripts will be allocated a pseudonym. Your identity will be known only to me and the findings of the study will contain no identifying information. All tapes and transcripts will be stored in a locked cupboard in my office for a period of five years, and then destroyed. **Even if you agree to participate, you can withdraw at any time without explanation.**

FINALLY

I know that as a busy NUM you have many claims on your time, but I'm sure you will agree that this is an important topic that requires urgent investigation, so if you would return your contact details in the envelope provided, I would be most grateful. If you have any queries or concerns regarding this project please do not hesitate to contact myself or my supervisor Dr. Mary Cruickshank, Senior Lecturer, School of Health, UNE, Tel: (02) 6773 3640, email: mmacarty@une.edu.au.

Thank you for taking the time to read this letter, I look forward to your response by **February 14, 2003.**

Kind regards

Penny Paliadelis
Lecturer
School of Health

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia
Head of School: Dr Jeanne Madison

CONTACT DETAILS

NAME:_____

HEALTHCARE FACILITY:_____

WARD OR UNIT:_____

TELEPHONE NUMBERS: (W)_____(H)_____

EMAIL ADDRESS:_____

PREFERRED TIME TO CONTACT:_____

APPENDIX 2

THANK YOU LETTER AND FURTHER INVITATION TO PARTICIPATE IN THE STUDY

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

21 October 2003.

Dear Nursing Unit Manager,

You may remember that earlier this year I sent you an invitation to participate in a study titled **'The working world of nursing unit managers', a** project that will form the basis of my PhD thesis.

If you are one of the participants that I have already interviewed than please accept this letter as my heartfelt thanks for taking the time to be involved.

If you have not yet been interviewed, this letter is a further invitation to be part of the study. The results so far have yielded some valuable information regarding the complex role of NUMs. The preliminary findings have identified the integral role that NUMs play in the healthcare system in the New England area, but some problematic issues have been identified that require further exploration.

All that is required is approximately 45 minutes of your time to participate in either a face-to-face interview or a telephone interview, at a mutually convenient time.

All information that is collected remains confidential, neither you nor your place of employment will be identified in any dissemination of the results of this study.

Telephone: 6773 3653 (Please leave a message if I'm not in my office and I will call you back)
Email: **ppaliade@une.edu.au**

PLEASE NOTE
This project has been endorsed by the **Director of Nursing and Organization Development,** New England Area Health Service, who kindly provided me with the names of all NUMs throughout NEAH. This project also has the ethical approval of New England Health and the University of New England Human Research Ethics Committees.

Kindest regards

Penny Paliadelis
Lecturer
School of Health

APPENDIX 3

EARLIER VERSIONS OF THE INTERVIEW SCHEDULE

INTERVIEW SCHEDULE –Version 1

Opening questions

Thankyou for agreeing to participate in this interview… out of interest why did you agree to be interviewed?

Focused Questions

1. Can you describe the job of NUM?
2. What values and beliefs are important to you in your role as NUM?

Prompting questions

1. What values and beliefs are important to you as a nurse?
2. Are these values reflected in the management of your organization?
3. Do you think of yourself as primarily a manager or a nurse?
4. When you were first appointed as a NUM how did you find the transition into the role?
5. How did you gain the skills needed to perform the role effectively?
6. What sort of support would have been helpful?
7. Can you describe how you manage change in your unit?
8. How do you cope with difficult or challenging work relationships?

Thankyou for your time. Is there anything else you would like to add before we close?

INTERVIEW SCHEDULE –Version 2

Opening questions

Thankyou for agreeing to participate in this interview… out of interest why did you agree to be interviewed?

Focused Questions

1. Can you describe the job of NUM?
2. What values and beliefs are important in your role as NUM?

Prompting questions

1. What values and beliefs are important to you as a nurse?
2. Are these values reflected in the management of your organization?
3. Do you think of yourself as primarily a manager or a nurse?
4. When you were first appointed as a NUM how did you find the transition from nurse to NUM?
5. What sort of support did you receive when you made the transition to NUM?
6. Can you describe how you manage change in your unit?
7. Can you tell me about your work relationships?

Thankyou for your time. Is there anything else you would like to add before we close?

INTERVIEW SCHEDULE –Version 3

Opening questions

Thankyou for agreeing to participate in this interview... out of interest why did you agree to be interviewed?

Focused Questions

1. Can you tell me what it is like to be a NUM?
2. Why do you think you were successful in gaining the position of NUM?

Prompting Questions

1. Can you tell me what it was like for you when you first made the transition to NUM?
2. How do you believe that you gained skills in performing your role?
3. Do you think of yourself as primarily a manager or a nurse?
4. How do you integrate nursing values and beliefs in your role as NUM?
5. Are these values reflected in the management of your organization?
6. How are your achievements rewarded?
7. Can you tell me about your work relationships?

Thankyou for your time. Is there anything else you would like to add before we close?

APPENDIX 4

INFORMATION STATEMENT FOR PARTICIPANTS

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

Information Statement for Participants

Title of Project: **The working world of nursing unit managers**

Researcher: Penny Paliadelis
School of Health
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3653
Email:ppaliade@une.edu.au

Supervisor: Dr. Mary Cruickshank
School of Health
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3640
Email:mmacarty@une.edu.au

This project seeks to explore what it is like to be a NUM. The experiences and perceptions of nurse unit managers employed by New England Area Health Service will be the focus of individual interviews. This study will form the basis of my PhD.

Specifically this study will aim to;

- explore what it is like to be a nursing unit manager in the context of the New South Wales public healthcare system, and
- gain insight into the participants' perceptions of the preparation and support they received for the role of NUM.

I would like to personally interview nurse unit managers employed in public health facilities in the New England area. Each interview will take approximately 45 minutes and your permission will be sought to audio tape the interviews.

The tapes and transcripts will not include any identifying information such as the name of the participant or their place of employment, and randomly chosen pseudonyms will be used, with the real identity of the participants known only to me. All tapes and transcripts of the interviews will be stored in a locked cupboard in my office and destroyed after a period of five years.

Involvement in this project is voluntary, and participants are free to withdraw at any time and have their data destroyed. Should a participant become distressed during the interview, he or she is advised to seek counselling from their workplace counselling service or the local community health centre. Contact details of these services can be found in your local telephone directory.

A preliminary summary of the results of this project will be sent to all participants. In addition, the findings will also be included in my PhD thesis, presented at conferences and discussed in journal articles.

This project has been approved by the Human Research Ethics Committee of the University of New England (UNE) and the New England Area Health (NEAH) Research and Development Institute.

UNE Human Research Ethics Committee Approval Number: HE02/154
Valid to: 31/12/03

NEAH Ethics Project Number: DB119

Should you have any complaints concerning the manner in which this research is conducted please contact the Research Ethics Officer, UNE at the following address:

Research Services
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3449 Fax: (02) 6773 3543
Email:ethics@une.edu.au

Or
The Director of the New England Area Health Research and Development Institute at the following address:

Director
NEAH Research and Development Institute
PO Box 597
Tamworth, NSW 2340
Tel: (02) 6766 3003

If you agree to participate please complete the consent form attached and then you will be asked to complete a demographic questionnaire. Please keep a copy of the information sheet and consent form for your records. Thank you for taking the time to read this information sheet.

Penny Paliadelis
January 2003.

APPENDIX 5

PARTICIPANT CONSENT FORM

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

PARTICIPANT CONSENT FORM

Title of Project: **The working world of nursing unit managers**

Researcher: Penny Paliadelis
School of Health
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3653
Email:ppaliade@une.edu.au

Supervisor: Dr. Mary Cruickshank
School of Health
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3640
Email: mmacarty@une.edu.au

I_____ **(PLEASE PRINT)** have read the information contained in the Information Sheet for Participants and agree to participate in this project. Any questions related to this project have been answered to my satisfaction, and I am aware that I can withdraw at any time. I have been given a copy of the consent form.

I give permission for the interview to be audio taped YES/NO

_____ _____
Signature of Participant Signature of Researcher

_____ _____
Date Date

APPENDIX 6

DEMOGRAPHIC DATA QUESTIONNAIRE

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

DEMOGRAPHIC DATA FOR NURSING UNIT MANAGERS

Please tick appropriate boxes.

Gender: Male ( ) Female ( )

Age: 20-25 yrs ( ) 41-45 yrs ( )

26-30 yrs ( ) 46-50 yrs ( )

31-35 yrs ( ) 51-55 yrs ( )

36-40 yrs ( ) 56-60 yrs ( )

Qualifications: Which is your highest level of **nursing** qualification?

Nursing certificate(s)	( )	Graduate diploma	( )
Nursing diploma	( )	Master degree	( )
Bachelor degree	( )	Other (please specify)	( )
Postgraduate certificate	( )		

_____

Do you hold any other qualifications relevant to your current position? YES/NO

If yes, could you provide details_____

_____

Are you currently enrolled in a course of study?
Yes ( ) No ( )
If yes, please name the course of study and expected completion date.

_____

How long have you been a registered nurse?_____

How long have you been a Nursing Unit Manager?_____

Thankyou for your participation. **Penny Paliadelis**
School of Health, University of New England

APPENDIX 7

PRELIMINARY SUMMARY OF THE FINDINGS

UNE
THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

Penny Paliadelis
Tel: (02) 6773 3653
Email: ppaliade@une.edu.au

12 December 2004

Dear Colleague,

You may remember that during 2003 I conducted a study for my PhD at UNE titled **'The working world of nursing unit managers'.** I sent invitation letters to all NUMs and have interviewed a number of them throughout the region. I promised all participants that once the study was completed I would send out a summary of the preliminary findings. Below is a brief overview of the results of this study, so far.

The participants in this study described having a demanding and multi-faced role that required an intertwining of their nursing and managerial knowledge and skills. Most of the NUMs said they thought of themselves as primarily nurses rather than managers, and felt a sense of satisfaction from maintaining their clinical competency and role. The participants also described feeling well supported by nursing colleagues, and of striving to support the nurses on their ward. One of the challenges faced by the participants was a lack of time to complete all aspects of their role as they would wish, with a number of NUMs commenting that they had to take work home or stay late to finish it. In addition, a lack of staff and resources also caused the NUMs some frustration, and they felt that they did not always having enough input into decisions that affected their ward. Furthermore, most of the participants said that they had not felt well prepared when they first took on the NUM's role,

but that over time most had gained the knowledge, skills and confidence they needed to deal with their responsibilities for human, physical and financial resources. Overall, the study showed that the participants were well aware that the challenges they faced were linked to the well-documented financially constrained healthcare system, which is dogged by a shortage of staff and resources. Despite this, the participants displayed fortitude and good humour when I interviewed them, and I thank all of you for your input.

I welcome any comments or feedback regarding these findings, so please do not hesitate to contact me, by telephone or email.

Kind regards

Penny Paliadelis