

GUIDELINES FOR THE EMPOWERMENT OF NURSES IN HEALTH SERVICES



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OPSOMMING

Die scenario wat in 'n moderne gesondheidsdiensinstansie behoort te bestaan is dié van vinnige besluitneming en probleemoplossing by die punt naaste aan die probleem en 'n bestuursbenadering van buigsamheid en bewuste, berekende verandering. Bestuurders benodig sekere riglyne om bemagtiging van verpleegkundiges in die werkplek te implementeer. Hierdie artikel spreek hierdie riglyne aan. Die riglyne kan bestuurders help om tekortkominge in dienste te verminder en in die verskaffing van geleenthede vir verpleegkundiges om bemagtigende gedrag te beoefen.

ABSTRACT

The scenario that should exist in a modern health service organisation is that of rapid decision making and problem solving at the point nearest to the problem and a management approach of flexibility and conscious, calculated change. Managers need certain guidelines to implement empowerment of nurses in the workplace. This article will address these guidelines. The guidelines can assist managers in reducing shortcomings in services and in providing more opportunities for nurses to exercise empowering behaviour.

BACKGROUND AND ORIENTATION TO EMPOWERMENT

A bureaucracy which focuses on structured policies and uniformity of activities is insufficient to meet the needs of health care delivery in the next century. A need will always exist for empowerment in nursing services, due to the fast and continual changes taking place in delivering health and nursing care. These fast changes necessitates quick and expert decisions at the point where the service is delivered to the client and thus it follows that the nurse being a front-line health professional should be empowered to take and implement decisions at the point of health care delivery. Top management will always be necessary to formulate the necessary vision and mission statements and to develop guiding policies. However, by devolving as much as possible power to those health professionals who are implementing these policies, and by training them to take on this responsibility, the service delivery could be of a more dynamic and productive nature, which is usually precisely what is demanded by top management.

Empowerment means more than merely giving consent to a nurse to exercise control over her management tasks. It refers to the use of a person's potential and competencies, the discovery of new expertise and the creation of new opportunities to apply such competencies (Apps, 1994:147-148).

PROBLEM DESCRIPTION

In general nurses experience a lack of empowerment in their work situation. A feeling of powerlessness exhibited by nurses through rigid behaviours, affects the quality of patient care negatively, due to lower productivity and morale (Hackman & Johnson, 1991:86). The overall problem is summarised in the following question: "Which elements are necessary for the empowerment of nurses?"

A conceptual framework served as a departure for the investigation. The conceptual framework focused on the six important concepts to be addressed in the issue of empowerment of nurses, namely:

- The contribution of management structures in a service towards the empowerment of nurses.
- Attributes which characterises an empowering nurse manager.
- Participative decision making in the empowerment of nurses.
- Motivation and reward strategies that contribute to empowerment.
- The role of power sharing in the empowerment of nurses.
- The management skills and responsibilities of the nurse manager in her daily task design and management, that contribute to the empowerment of nurses.

The aim of the study was to establish a model for the em-

powerment of nurses, in which guidelines could be given for the empowerment process. A model evolved from the study and important guidelines from each of the concepts above were identified as essential for the empowerment of nurses.

METHOD

A descriptive explorative study was done in South Africa during 1993 - 1997. A conceptual framework evolved from analysing the literature regarding contributing elements of empowerment in nursing management. An instrument was developed, based on the identified elements. It was distributed to a sample of 487 top, middle and functional level nurse managers. Managers of provincial and private hospitals with 100 beds and more in the Gauteng-area in South-Africa represented the population. A total of 37 institutions were visited in order to distribute the questionnaire for obtaining data.

THE RESEARCH (MODEL GENERATING) PROCESS

A model evolved from the conceptual framework for the study and different statistical procedures that were performed. The conceptual framework indicated six central concepts, that were obtained from a literature study in which definitions on empowerment was analysed and identified as essential for the empowerment process. A questionnaire was developed, based on the main concepts of the framework. Important elements of each of the mentioned six main concepts were identified for inclusion in a model for the empowerment of nurses.

With regard to the statistical procedures important empowerment items/areas came to the fore from the

- significant differences and agreements in the responses of the three levels of management on the items of the questionnaire;
- importance that nurse managers attached to certain empowerment concepts;
- factor analysis; and
- regression analysis that indicated the necessary future directed empowerment behaviours.

Thus, important elements/items of the main concepts of empowerment was identified. The relationship between the elements was indicated and situation references were done by means of description of statements (Mouton & Marais, 1991:104). Guidelines to implement the empowerment of nurses followed after the description of each of the main six components/substructures of the model.

Table 1: Empowering management structures

<ul style="list-style-type: none"> • Further training in supervisory skills. • An open climate for discussion. • Collaborative decision making between managers and nurses. • Opportunities for innovation. • A two way information system.
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GUIDELINES FOR THE EMPOWERMENT OF NURSES IN THE WORK SITUATION

The contribution of management structures in a service towards the empowerment of nurses

The main assumption regarding management structures was that, **fundamental changes in management structures are needed to establish empowerment of nurses.** Table 1 shows the model's management structures that are necessary to empower nurses.

General guidelines regarding management structures in a service

- (a) Empowering managers should assist their subordinates in their professional growth and should make sure that priority needs, such as the need for supervisory skills, are fulfilled (Troskie, 1994:40). This can be accomplished by a two-week long workshop that specifically addresses the theme of **supervision**. The course should be presented for all charge sisters and professional nurses. The course should be repeated until all those in the target/group is trained. Random selection of participants is recommended so that both charge persons and other professional nurses attend each course. In this way the participants with different work experience can share their expectations and experiences with each other. The person(s) facilitating the workshop should be recognised by their junior peers as effective and successful nurse managers from whom others would like to learn.
- (b) Meetings provide the opportunity for an open climate of discussions and joint decision making, where both managers and nurses are involved. Meetings can also serve to establish a mutual climate of co-operation, especially in a big, specialised health care institution. In this way communication lines are shortened (Marrelli, 1993:110-112). In monthly (special management) meetings specific policy aspects and key issues can be discussed and debated. The agenda of such a meeting should close a week before the planned meeting, where after it should immediately be sent to all professional nurses and managers, so that they can prepare for the agenda points in time. At such meetings an opportunity is established for higher level managers to explain important policy aspects. Nurses can deliver their own important inputs that leads to joint decision making.
- (c) Experts should be involved in project management (Hackman & Johnson, 1991:86). Nurses specialising in a certain field, for example paediatric nursing, should

actively be involved in important decisions taken regarding their speciality, for example in the planning and purchasing of new equipment for a new paediatric unit. To make the best use of the expertise of nurses, ways should be found to discover specific competence of service's employees and those competencies should then be developed. One way of developing specific competencies of nurses is to create opportunities for them to give input, regarding important issues such as when policy is formulated and quality improvement instruments are developed, and quality evaluation is done.

- (d) A computer information network is necessary so that nurses may have daily access to new and existing information. A specific financial file should exist on the network, indicating the daily financial state of each unit. In addition nurses should also have access to the operational budget of the particular unit through the computer network and through monthly printed reports. Through such an information network staffing implications can be identified, as well as the expenses of supplies already used, and the available funds for the purchase of new equipment. Training of nurses in the use of and interpretation of financial information and statements is an important empowerment aspect and should be initiated by the management of the nursing service (Van Dyk, Nel, Loedolff & Haasbroek, 1997:404-405).

Attributes characterising an empowering manager

One of the main assumptions stated: **An empowering nurse manager possesses certain personal and leadership characteristics.** The characteristics associated with an empowered manager is stated in Table 2.

General guidelines regarding attributes of an empowering manager

- (a) The manager should be successful as a manager. She should analyse the culture and the climate of the organisation, adapt to it and use it to her advantage. She

should ensure that networks with colleagues are established that provide appropriate information. She should also make sure that she has an input at the level of top management with involvement in strategic management decisions (Booyens, 1998d:202-203).

- (b) The manager should work on her own self development. By consulting journals and nursing literature, she will enrich herself. She should know her strengths and weaknesses and should develop her strong points. She should also make time for a regular programme of relaxation, so that she can manage the pressure of her work situation (Van Dyk, et al. 1997:61). These measures will contribute to make her an empowering manager.
- (c) The manager should be prepared for changes that take place in the service and her understanding of the organisation should be up to date. This will help her to contribute to the creation of equal opportunities for nurses in their working situation. With the establishment of new committees for projects, every nurse acquires the opportunity to serve on committees (O'Malley & Cummings, 1993:133-135).
- (d) Managers should be encouraged to attend courses in caring. Its aim is to make nurse managers aware of the way in which a caring environment for nurses can be created (Minnaar, 1994:96-97).
- (e) The manager should have more faith in nurses. This is accomplished by the delegation of authority to nurses for the performance of important tasks. Managers should permit staff to complete delegated tasks independently, without being questioned by a manager who continuously keeps an eye on them (Roos & Booyens, 1998:297).
- (f) Climate meetings with staff create opportunities for the exchange of ideas and constructive criticism regarding management interests. Nurses should, in the presence of expert facilitators and managers, be encouraged to criticise management issues which are perceived to be

Table 2: Characteristics of the empowering manager

<ul style="list-style-type: none"> • The manager should be seen as a role model by the nurses, by displaying appropriate behaviour in all management situations. • The characteristic of fairness should be displayed. Every nurse should experience the opportunities to reach her fullest potential in her work situation when compared with colleagues. • A manager who trusts her nurses, inspires them, leading to improved behaviour in the work situation. • The manager who exhibits proficiency and expertise in her management task, creates a feeling of "safety" among her employees, which is empowering. • The characteristic of trustworthiness of the manager is valued because she is seen as being honest and reliable (Apps, 1994:147). • A conscientious and hard working manager contributes to her own empowerment. Nurses need an empowered manager in order to be empowered. • The manager should be caring i.e. should be available for nurses through dialogue and by showing interest in their work. • Openness to criticism eliminates barriers to empowerment. This two-way communication between the manager and the nurse is essential.
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barriers to empowerment. Meetings should be conducted in an orderly manner and personal attacks should be avoided. Problems experienced in the work place should be ventilated (Booyens, 1998a:268).

Participative decision making in the empowerment of nurses

The main assumption reads as follows: **Effective participation in decision making, along with the necessary responsibilities and authority, contributes to the empowerment of nurses.** With regard to the stated assumption it seems that specific elements of decision making are important for the empowerment of nurses (Table 3).

- (c) With the long-term advantages of employee empowerment in mind, health services should transform themselves towards an employee orientated, collaborative approach in management. Employee involvement in problem solving and decision making can take place by means of quality circles. In a small group, problems of a specific unit can be addressed. An example might be the time used to administer medicine. Problems are handled singly in order of importance. The group places the final suggestions before management, and tries to obtain management's approval for their suggestions regarding improved work performance. Tasks and duties are performed in each unit in a specific way. The

Table 3: Participative decision making for empowerment

- **Constructive conflict management** is a competency which empowering managers should exhibit.
- By involving unit nurses actively in solving problems, their **team spirit** is developed.
- Managers have pointed out the necessity for **constructive conflict management**.
- Nurses should have **input in decision making** and policy formulation in management issues that closely relate to their work.
- Nurses require the necessary **authority to weigh alternative options and to take independent decisions** in their work situation.

General guidelines regarding participative decision making in management issues

- (a) Managers should be trained in team building. They should be aware of how team building can contribute to empowerment. Programmes can be presented to top and middle level managers to enable them to build effective teams at lower levels. Team building is ensured by the following:
- Nurses and managers should know each other on a personal level.
 - Group cohesion should be developed by asking members of the team to express their feelings and attitudes about each other (Hart & Booyens, 1998:244).
 - Roles within the group should be clarified. Each member should state what they might learn from other group members.
 - Group identity should be built by asking each member to list the strong and weak points of the group.
 - Team members should plan to meet frequently and to set shared objectives.
 - The leader of the group should stay in contact with group members between meetings (O'Grady & Wilson, 1995:273-277).
- (b) Establish a way to publish success stories regarding participative decision making and conflict management. For example, a flier on successful conflict management strategies within the service can be placed on noticeboards when incidents occur that have been brought to the attention of management. The flier should address an incident in the form of a story in which the solution to the conflict situation is detailed. Staff can learn from such narratives how to handle conflict correctly.

management approach of quality circles focuses on the unique circumstances of each unit, where staff closest to the problem have the most say and can decide on how the work flow in their unit can be improved so that things run as smoothly as possible (Booyens, 1998:142). This management strategy allows for self-managed teams to account for the quality of their work performance. Empowering services are thus characterised by less hierarchical and more flexible task designs and collaborative partnerships between management and employees. This management approach should be preceded by the necessary training (Marrelli, 1993:84-88).

- (d) Nurses should be given regular opportunities to forward **their** ideas and proposals about the way in which authority in the service should be delegated. However, this does not call for criticism or just fancy ideas: the nurses are required to identify appropriate examples applicable to their work. When managers release more authority to lower levels, they are freed as managers to supervise less and give attention to more urgent matters. The nurse should be given the opportunity to first seek solutions for problems herself, like quality improvement issues, and should only in exceptional cases seek help from managers (Booyens, 1998:191).
- (e) Real participative decision making between nurse managers and nurses should ideally be implemented in phases over a period of time. From a rigid bureaucratic structure where decision making authority is centred in the manager, there should be a gradual move away to

wards a situation where the manager informs her subordinates about important issues of the service (Manthey, 1993:2-3). This should be followed by a further phase, where the manager only makes decisions after she has consulted with her team. The last phase is reached when consensus management is practised. The manager and nurses, who are fully empowered, progress through participative decision making, by means of dialogue and discussions (Muller, 1995:15).

Motivation and reward strategies which contribute to empowerment

Another main assumption was: **The use of motivation and reward strategies, is necessary for empowerment.** These strategies, which are essential elements for the empowerment of nurses are shown in Table 4.

Table 4: Motivation and reward strategies contributing to empowerment

<ul style="list-style-type: none"> • Nurses should play an active role to attain their personal objectives. Management should acknowledge this by giving nurses who deliver outstanding service additional compensation, or incentive bonuses. • Personal and professional development of nurses could also be achieved by expanding and enriching their tasks. • A strategy that promotes empowerment is the public (open) acknowledgement of good work done by nurses. • Appropriate rewards for outstanding service encourage nurses to take on tasks that fall beyond their job description. • Continuous constructive feedback by managers to nurses is part of empowerment because it fosters their feelings of self-worth.
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General guidelines regarding motivation and reward strategies contributing to empowerment

- (a) The nurse manager has a specific role to play in creating an organisational climate that favours remuneration (Du Rand & Vermaak, 1995:29). A positive attitude towards remunerating nurses who deliver outstanding work, brings about a heightened feeling of self-worth. It is possible to motivate for a special fund, specifically for rewarding outstanding work. Bonuses can then be paid out regularly for nurses who deliver outstanding work. Alternatively a bursary scheme funded by outside institutions can be put in place and awards made from this fund. Outstanding performances is achieved when managers develop nurses by building up their strong points.
- (b) Job descriptions should not prevent staff from moving beyond their core tasks because this creates barriers to empowerment (Booyens, 1998c:232). Job descriptions should be revised frequently, so as to keep pace with changing demands and circumstances providing innovation in the workplace. At the unit level the charge nurse should be allowed to experiment with different nursing care delivery systems. Middle level managers should be allowed to develop and **formulate** productivity measures and attend to quality-improvement programmes in their areas and **top** level managers should be allowed to give strategic management input.

- (c) Nurses should be involved in setting the criteria by which their work performance is evaluated. A bottom-up approach should be followed in which nurses spell out the specific criteria for promotion. Each nurse should be aware of what is expected of her to grow professionally. This is a form of continuous motivation which improves work performance and strengthens the process of empowerment.
- (d) There should be no favouritism regarding those who are sent to attend symposia and congresses. Nurses should be given timeous information regarding conferences which can be attended and a policy regarding attendance, which does not favour specific individuals, should be in place.

- (e) Autocratic managers are inclined to criticise and are slow to praise. It is an acknowledged fact that an individual who frequently receives positive feedback in the form of praise, for good work delivered, is more likely to be motivated. The manager should focus on frequent encouragement of staff, where it is **justified**. Thanking staff for sustained good work and sacrifices made, in a personal letter carries far more weight than merely thanking the group in general at a meeting (Jooste, 1998:475-477).

Power sharing as a concept in the empowerment of nurses

It was also assumed that: **Power sharing contributes to employee satisfaction and increases the responsibility that is necessary for the empowerment of nurses.** Certain elements of power sharing can contribute towards the empowerment of nurses (Table 5).

Table 5: Power sharing strategies

- The manager should **actively advocate** the suggestions and ideas of nurses to higher authority for possible implementation.
- The **fair distribution of power to all levels** in the service, especially regarding financial involvement should be instituted.
- A need exists for the **distribution of responsibilities and authority to the lowest possible level** in services.

General guidelines for power sharing in the empowerment of nurses

- (a) The functional and middle level managers should all adopt the role of mentor and act as an advocate for the ideas and proposals of lower level workers (Marrelli, 1993:43). Each mentor should act as a middle man and should listen to suggestions made by nurses and forward these to a higher authority. The manager should also be able to carry forward sensitive issues, refraining from imposing her own feelings and opinions about it. In this way open channels of communication to top management are ensured (Bezuidenhout, 1994:244).
- (b) Financial management expertise is a prerequisite if nurses want to be effective managers (Finkler & Kovner, 1993:542). There are many financial courses they can attend to develop financial management skills. Different certificate courses also exist in this regard that can contribute towards professional growth. Apart from this it must be kept in mind that each organisation is unique. The in-service training department of an institution should be aware of the need to address the issue of financial management training of nurses (Koch, 1992:223).

the manager and the nurse. With decentralised management, the span of control narrows and the order of command shortens, and as a result nurses are put in a position to make more decisions for themselves (De Villiers, 1992:117). The manager has more time to develop herself as she is freed from attending to less important issues. She then has time to focus on a selected four to six priority areas of management development. By getting rid of some forms of unnecessary power, the manager becomes more management focused and experiences far greater job satisfaction. Personal growth and learning is essential (Hackman & Johnson, 1991:88).

The skills and responsibilities of the nurse manager in her daily task design and management that contribute to the empowerment of nurses

Another of the main assumptions stated that: **The nurse manager needs certain management skills in order to allow the empowerment of nurses to take place.** Elements regarding this is shown in Table 6.

Table 6 Managerial skills contributing to empowerment

- The existence of a **vision** for the service is necessary, to establish a climate of future orientation.
- A need exists for a **mission** statement for the service, that directs work performance and forms the basis of management decisions.
- Empowerment requires **participation** of nurses in the **planning of projects** for a service.
- Managers should ensure that **objectives are set**, because it improves productivity.
- **Constructive feedback** about job performances is necessary leading to personal and professional growth.
- The **managerial climate** should provide for expert nurses to act **independently**.
- **Supervision and control** that acknowledges personal individuality is important.

- (c) A paradigmatic shift should be made from adhering to the "power over"-tradition to adopting the "empowerment of the nurse"-movement. Nurses should possess more freedom of movement within the managerial framework. Top management should agree to let their service function be more decentralised, because it benefits both

General guidelines regarding the skills and responsibilities of the nurse manager in her daily task design and management that contribute to the empowerment of nurses

- (a) A service should formulate a written vision that clearly spells out its future aims. This vision must be the central theme in all policy documents, so that all are acquainted with it (Drazen, Metzger, Ritter & Schneider, 1995:135). The mission of a service should be displayed clearly in the policy manual of each unit, as well as in visible areas, where everybody can read it (Apps, 1994:147; O'Grady & Wilson, 1995:156).
- (b) Management should move towards a more decentralised policy regarding the care of particular patient groups (O'Grady & Wilson, 1995:155). A type of project management approach can be followed (Finkler & Kovner, 1993: 498-499). The charge sister or professional nurse who is an expert, the relevant physician, the dietician, psychologist and other therapists should decide together about, for example, the policy of handling of patients in a particular section, i.e. diabetic unit, with as little as possible interference from top management. This project management team should solve problems concerning the particular unit.
- (c) Managers of large institutions should undertake periodic research evaluations by means of anonymous questionnaires regarding the perception being held by their subordinates regarding the management style of managers. Nurses should also have the opportunity of placing anonymous proposals in a suggestion box for management appraisal (Ginnodo, 1992:8).
- (d) Managers should allocate expert nurses with the necessary authority to involve other staff members to formulate standards for quality evaluation and improvement per unit or diagnostic category of patients (Hay, 1997:106-111).
- (e) Staff evaluation should be used as a positive experience with the specific aim to improve the work performances of nurses (Gilbert & Nelson, 1991:13). Courses on how to conduct evaluations should be attended by managers. Staff should be actively involved in formulating criteria for the evaluation instrument, which should then be compiled by managers and then be validated until all staff are satisfied. Formal staff evaluation should take place three-monthly and informally at least every month.

CONCLUSIONS AND RECOMMENDATIONS

Managers should support the importance of empowerment of nurses as part of their managerial function. The biggest challenge for the manager of the future is to understand staff members and to abandon bureaucratic processes in their work situation, because most individuals have a desire towards independence. Courage could be needed to make such a change because there should be a move away from the comfortable known way towards the uncomfortable unknown and possibly risky way. It is believed that by empowering nurses, the opportunity is created to empower patients.

LIST OF SOURCES

APPS, JW 1994: Leadership for the emerging age. Transforming practice in adult and continuing education. San Francisco: Jossey-Bass.
BEZUIDENHOUT, MC 1994: The contribution of the nurse manager to industrial relations in selected hospitals. Pretoria: Unisa. (DLitt et Phil thesis).

BOOYENS, SW 1998a: Communication. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta. Chapter 10.)
BOOYENS, SW 1998b: General management approaches. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta. Chapter 5.)
BOOYENS, SW 1998c: Job evaluation. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta. Chapter 8.)
BOOYENS, SW 1998d: Organisational structure, culture, and climate. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta. Chapter 7.)
DE VILLIERS, MC 1992: 'n Model vir bestuursinteraksie in 'n verpleegdiens. Johannesburg: Randse Afrikaanse Universiteit. (D.Cur proefskrif).
DRAZEN, EL; METZGER, JB; RITTER, JL & SCHNEIDER, MK 1995: Computers in health care. Patient care information systems. Successful design and implementation. New York: Springer-Verlag.
DU RAND, PP & VERMAAK, MV 1995: Houding, kennis en geluk van verpleegpersoneel wat in tuisse van bejaardes werksaam is. *Curationis*, 18(1), Maart 1995: 26-33.
FINKLER, SA & KOVNER, CT 1993: Financial management for nurse managers and executives. Mexico: Saunders.
GILBERT, GR & NELSON, AE 1991: Beyond participative management. Towards total employee empowerment for quality. New York: Quorum.
GINNODO, B 1992: Empowerment: More than a Fad. *Tapping the network Journal*, 3(2), 1992: 8-9.
HACKMAN, MZ & JOHNSON, CE 1991: Leadership. A communication perspective. Illinois: Waveland.
HART, M & BOOYENS, SW 1998: Group Dynamics. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta. Chapter 9.)
HAY, S 1997: Essential nursing management. London: Bailliere Tindall.
JOOSTE, K 1998: Work motivation. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta.)
KOCH, S 1992: Die bydrae van die verpleegdiensbestuurder tot koste-effektiwiteit in geselekteerde hospitale in die Republiek van Suid-Afrika. Pretoria: Unisa. (D.Litt et Phil. Proefskrif).
MANTHEY, M 1993: Empowering staff to create a professional practice environment. USA: American organization of nurse executives: AHA books.
MARRELLI, TM 1993: Nurse manager's survival guide. Practical answers to everyday problems. St. Louis: Mosby.
MINNAAR, A 1994: Die aard van sorg aan verpleegpersoneel. 'n Verpleegbestuursperspektief. Pretoria: Unisa. (MA Cur verhandeling).
MULLER, M 1995: Participative management in health care services. *Curationis*, 18(1), Maart 1995: 15-21.
O'GRADY, TP & WILSON, CK 1995: The leadership revolution in health care. Altering systems, changing behaviours. Maryland: Aspen.
O'MALLEY, J & CUMMINGS, S 1993: Planning and developing a professional practice model. USA: American Organization of Nurse Executives: AHA books.
POLIT, DE & HUNGLER, BP 1993: Essentials of nursing research. Methods, appraisal, and utilization; 3rd Edition. Philadelphia: Lippincott.
ROOS, J & BOOYENS, SW 1998: Management of time. (In: Booyens, SW ed. 1998: Dimensions of Nursing Management; 2nd edition. Cape Town: Juta. Chapter 11.)
TROSKE, R 1994: The need for management training by nurses registered for nursing administration. *Curationis*, 17(1), February 1994: 40-45.
VAN DYK, PS; NEL, PS; LOEDDOLFF, P VAN ZYL & HAASBROEK, GD 1997: Training management. A multidisciplinary approach to human resources development in Southern Africa; 2nd edition. Johannesburg: Thompson International.