Can job sharing work for nurse managers?

Laurence Dubourg, Janette A Ahmling and Lenka Bujas

Abstract

Addressing employer reluctance to employ nurse managers in a job-sharing capacity, the aim of this paper is to explore job sharing among nurse managers. The literature highlighted potential fragmentation of leadership, breakdown of communication and higher costs as issues, with the retention of experienced highly motivated managers identified as an advantage. A staff survey explored whether the job-sharing arrangement trialled in a day surgery setting by two nurse managers was successful compared with similar roles held by full-time managers. This paper suggests that nurse managers can successfully job share. Overall, this paper recommends that employers consider a job-sharing arrangement when they wish to retain experienced nurse managers, and highlights aspects that can enhance a successful outcome.

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What is known about the topic?
There has been little study of the impact and implications of job sharing of nursing management positions.

What does this paper add?
This paper outlines a job-sharing arrangement and, through a staff survey, provides feedback from relevant staff and discusses the factors the incumbents consider important for successful job sharing.

What are the implications for practitioners?
The authors suggest that employers should consider implementing more job-sharing arrangements.   ◆

IN AUSTRALIA, IN LIGHT OF the poor nursing retention rates, medical facilities have offered nurses part-time employment options in bedside clinical roles. Nurses, in a female dominated profession, may choose to work in part-time employment for a variety of professional and private reasons. Personal demands on nurses may include commitment to care for children, disabled or elderly relatives, or other family needs. Nurses may wish to participate in further education or simply enhance their leisure time to pursue hobbies and other interests.[1,2] Without options for part-time employment nurses may withdraw from the workplace at varying points in their careers. Part-time clinical hours, occasional short-term contracts for projects and roles in data collection are usually the options for flexible employment opportunities for nurses. Although job sharing is widely accepted at registered nurse level, little literature is available examining participation and evaluation of nurse managers involved in a part-time capacity, sharing responsibilities.

Nurse manager positions are usually expected to be a full-time employment arrangement.[3,4] Nurse managers are usually offered part-time employment in another role, often accepting a lower grade and lower position. The scenarios include temporary or permanent resignation from management with relocation to an alternative position if available; commitment to return to full-time work, usually within 12 months; or employment in a different organisation or profession. Nurses who have reached the point in their career where they are suitable candidates for nurse manager roles, are experienced and knowledgeable employees with advanced clinical, management, leadership and human resource skills. When they require part-time employment, they traditionally may not apply for available positions.[5,6]

Job-sharing arrangements may provide an opportunity for employers to select and maintain

Laurence Dubourg, RN, GradDipAdmin, EMBA, Manager, Sugical Services
Janette A Ahmling, BEd, A&ECert, RN, Nurse Manager, Day Surgery Unit
Lenka Bujas, BN, DipApSc(Nurse), RenalCert, RN, Nurse Manager, Day Surgery Unit
Austin Health, Heidelberg, VIC.

Correspondence: Ms Laurence Dubourg, 22 Goodwood Street, Richmond 3121. **laurence@aapt.net.au**

these highly skilled and valued nurse managers.[1] Part-time work can fulfil the need for a manager to maintain a position in the workforce, to assure financial obligations, preserve and or develop clinical skills, achieve personal fulfilment in a challenging role, realise an ambition or pursue a professional career.[3,7] In addition, organisations offering job sharing may adhere to being "family friendly" or an "employer of choice".[3,7]

Exploring staff opinions on job sharing

Methods

A questionnaire was designed by the surgical division of our hospital, and after a lengthy period of trial, has been in use since February 2002. The questionnaire ascertains staff perceptions of their nurse leaders and aims to enhance nurse leaders' capabilities in a clinical setting, addressing four areas of the nurse manager role: communication, leadership, mentoring and teamwork. Box 1 highlights the content of the questionnaire in each area.

The questions are scored from zero to five (Box 2) from the work place perspective, and staff completing the questionnaire are asked to identify whether or not they are a nurse.

Over the years, the questionnaire has not been entirely validated, but has been evaluated for content, readability and use to ascertain whether it was helpful in nurse manager development. The nurse managers expressed that the tool is "insightful", "meaningful", "fairly informative", "practical", "relevant to nurse-managing work", "assisting with personal development" and "not ambiguous because questions are simple".

Administration of the questionnaire

Before its distribution, the nurse managers were involved in reviewing the questionnaire and agreed to proceed with publication of anonymous results.

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1 Questionnaire to ascertain staff perceptions of their nurse leaders

Area	Question theme
Communication (8 questions)	Writes concisely, clearly Chairs meeting to complete agenda Speaks clearly, effectively Relevant information conveyed Sets time to discuss priorities Seeks feedback Appears to enjoy job Consistency between said and done
Leadership (8 questions)	Negotiates objectives Problem identification and solution Unit objectives aligned to hospital goals Proactive management style Produces solutions rather than complains Deals with conflict before it escalates Perseveres with tasks till completed Approaches work with enthusiasm
Mentoring (8 questions)	Recognises achievements — praises results, ideas Follows through with staff implementation Listens to staff's work issues Allows staff to make mistakes Explains important decision — why Assists staff to develop Expresses confidence in staff Engages self and team in professional development
Teamwork (5 questions)	Identifies opportunities with staff Establishes team commitment for change Absorbs pressure without affecting team Works with the team Involves staff in all decisions ◆

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2 Questionnaire scoring system

Score	Score definition
0	I cannot say whether this is like (name) or not like (name)
1	This is not at all like (name)
2	This may be like (name) but very rarely
3	Sometimes this is like (name)
4	(name) often does this
5	(name) does exactly that ◆

The managers expressed the desire to receive personal feedback on their results to highlight opportunity for development. Each nurse manager agreed to the questionnaire and process.

3 Average (av) and median (med) scores for the questionnaire

| | Full-time managers | | | | Job-sharing managers | | | |
| | A | | B | | C | | D | |
	Av	Med	Av	Med	Av	Med	Av	Med
Communication								
Speaks clearly, effectively	3.9	4	4	4	4.9	5	4.1	4
Sets time to discuss priorities	3.9	4	4.8	5	4.9	5	3.6	3.5
Consistency between said and done	3.6	3	4.4	5	4.9	5	4.3	4.5
Seeks feedback	2.7	2	4	4	4.1	4.5	3.9	4
Writes concisely, clearly	4.1	4	4	5	5	5	4.6	5
Relevant information conveyed	4.1	4	4.6	5	5	5	4.8	5
Chairs meeting to complete agenda	4.2	4	4.8	5	4.9	5	4.6	5
Appears to enjoy job	4.5	5	5	5	5	5	4.6	5
Leadership								
Proactive management style	2.8	3	4.2	4	4.3	4.5	3.9	4
Problem identification and solution	3.3	4	4.2	4	4.8	5	4	4.5
Approaches work with enthusiasm	4.2	4	4.8	5	5	5	4.5	5
Negotiates objectives	3.4	3.5	4.4	5	4.8	5	4.4	5
Unit objectives aligned to hospital goals	3.5	4	4.6	5	4.8	5	4.1	4
Deals with conflict before it escalates	3.6	4	4.4	5	4.8	5	4.5	5
Produces solutions rather than complains	3.8	4	4.4	5	5	5	4.1	4.5
Perseveres with tasks till completed	3.8	4	4.6	5	4.8	5	4.5	5
Mentoring								
Explains important decision — why	3.8	3.5	4.6	5	4.8	5	4	4
Assists staff to develop	3.8	4	4.2	5	4.6	5	4.3	4.5
Recognises achievements — praises results, ideas	3.8	4	3.6	4	4.9	5	4.8	5
Listens to staff's work issues	3.8	4	4.6	5	4.8	5	4.6	5
Expresses confidence in staff	3.5	4	4.5	4	4.9	5	4.6	5
Follows through with staff implementation	4	4	4.4	5	4.9	5	4.1	5
Engages in professional development	4	4	4.6	5	4.5	5	4.4	5
Allows staff to make mistakes	3.9	4	4	4	4.8	5	3.9	4
Teamwork								
Establishes team commitment for change	3.3	4	4.6	5	5	5	4.1	4.5
Involves staff in all decisions	3.5	3.5	4.4	5	4.8	5	4.1	4
Absorbs pressure without affecting team	3.6	4	3.8	4	4.8	5	3.8	4
Works with the team	4.1	4	4.6	5	4.9	5	4.3	5
Identifies opportunities with staff	4.1	4	5	5	4.8	5	4.5	5

The questionnaire was distributed to three different wards (day procedures, day medical and day surgical units) deemed "comparable" because they both treated day patients and had similar opening hours. Two of the units had a full-time nurse manager and one had a job-sharing arrangement. Staff working under the job-sharing nurse managers were given a questionnaire for each manager. Managers did not see individual responses, and the general manager of surgery collated and analysed all responses and distributed the results.

Staff were handed the questionnaire by the nurse manager during a ward meeting. Included with the questionnaire was a return envelope for the questionnaire to be returned anonymously to the office of the data collector (not to the nurse manager). A letter was included explaining that anonymity would be maintained. The participating staff were told that answers would be summarised for the nurse managers but not included in any performance management scheme.

The results of the questionnaires were analysed and discussed with each manager surveyed. The reasons staff scored managers higher or lower were debated and managers' input was invaluable in understanding the staff perceptions and the meaning behind the quantitative answers. Each of the key qualities (communication, leadership, mentoring and teamwork) were analysed separately.

Results

Forty-five questionnaires were distributed, and 33 were returned for a response rate of 73%. This response rate varied per unit from 56% to 100%. Twelve of the staff needed to complete two questionnaires, one for each of the job-sharing managers. The results for each group of questions for the managers (called A, B, C and D) are included in Box 3.

Analysis

Non-parametric tests were used to analyse the variations in the means. The Kolmogorov-Smirnov test demonstrated a non-normal distribution. The two-tailed significance test (Box 4) found significant differences between responses about nurse manager A and about the other nurse managers (B, C and D).

We found significant statistical variation between the grouped scores of the full-time managers and the job-sharing managers for leadership ($P=0.018$) and mentoring ($P=0.002$). However, there was no significant statistical variation for teamwork ($P=0.107$) and communication ($P=0.088$).

Discussion

All nurse managers were scored very well by their staff, however the job-sharing participants had slightly higher scores in communication, leadership and mentoring but lower scores for teamwork.

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4 Results (*P* values) of the comparison of four nurse managers by a 2-tailed test of significant variation

| Subjects compared | Management areas assessed | | | |
	Communication	Leadership	Mentoring	Teamwork
A and B	0.11	0.003	0.008	0.015
A and C	0.002	0.003	0.003	0.004
A and D	0.075	0.003	0.003	0.045
B and C	0.440	0.440	0.063	0.317
B and D	0.330	0.464	0.854	0.282
C and D	0.084	0.095	0.064	0.053

A and B = full-time managers; C and D = job-sharing managers. A significant statistical difference is represented by $P<0.005$. ◆

Communication

The job-sharing managers scored higher on the setting of meetings and agendas. Staff perceived the highest performance of the job-sharing managers to be in written communication. The nurse managers believed that this may be related to writing to each other and checking content of letters, memos, agendas and meeting minutes with each other before distribution. This is done to ensure agreement and consensus, but may also increase the quality of the written material. They also planned meetings together, and this may enhance both agenda quality and communication items.

The full-time nurse managers also scored well on communication. Their strength was chiefly related to chairing meetings, ensuring there was no domination of the group, and verbal communication.

Leadership

The job-sharing managers scored outstandingly well at leadership, with staff including comments that they "approach all tasks with enthusiasm and energy" and "persevere with difficulties and important tasks until they are completed". The latter may be related to the support job-sharing managers give each other. In addition, there may be increased planning before undertaking tasks leading to identification of strategies and improved risk analysis.

The full-time nurse managers similarly scored well on the criteria of enthusiasm but scored lower on the "perseverance with difficult tasks". However, they scored very well on "objectives based on organisational goals".

Mentoring

Mentoring was the absolute strength of one of the job-sharing nurse managers who scored highest (100%) on "recognising staff's achievements", "listening to staff" and "publicly expressing confidence in staff". Her job-sharing partner scored a little lower on these items. Staff valued the "empathic" approach of one of the job-sharing managers. "Explaining the reasons behind decisions", "following through with staff on implementation" and "pursuing educational activities" were identified as the best qualities of the full-time managers.

Teamwork

Job-sharing managers scored less for teamwork than their full-time colleagues. They achieved well in "establishing commitment of the team to essential tasks" and "identifying opportunities for improvements with staff". The higher ratings of the full-time nurse managers concerned "establishing commitments of the team", "identifying opportunities for improvements" and "working with the team to achieve results". Full-time nurse managers may involve their staff in the thinking and development of ideas because they have no one else with whom to develop plans. The job-sharing managers may discuss ideas with each other, and then share them with staff at the end of the problem-solving process. In this situation, full-time managers appeared to involve staff early and ultimately achieved better buy-in from the rest of the team.

Summary of study

There is no doubt that the four nurse managers studied in this paper were assessed by their staff highly overall. The potential for impaired communication, split leadership, low accountability and the blaming of each other in a job-sharing manager role was not substantiated in this small study. The job-sharing managers complemented each other. Fragmented leadership was not demonstrated and this study reports enhanced support between job-sharing managers, a higher level of enthusiasm and a superior ability to complete difficult tasks. Mentoring also appeared as a strength of one of the job-sharing managers, while her partner was more involved in improvements identification. This complementary relationship appeared to allow greater staff support and enhanced business skills.

This study showed that these job-sharing managers have made a success of their job-sharing arrangement. However the limitations of this study are that it was very small, the questionnaire was answered by 33 staff (12 completed it twice to give feedback on both job-sharing managers), and it only assessed four nurse managers.

Recommendations to make job sharing work

The job-sharing nurse managers believe that for job sharing to work effectively communication style, management style, consultation with each other, cost of the job-share position, role clarification and succession planning need to be given thought.

Sound methods of communication are required in the nurse manager role. In this case the job-sharing nurse managers used emails, phone calls, formal and informal handover, written information and occasional management days together to enhance communication. In addition, the nurse managers themselves put forward that communication must be clear, precise and accurate to allow both parties to have comprehensive knowledge of situations and problems addressed in the ward/unit on a daily basis. Major decisions may need to be shared with staff in unison, and occasionally the managers made arrangements to both attend a meeting when significant circumstances occurred. To achieve the prime objective of effective communication, each job-sharing nurse manager committed to allow for a small amount of their private time to be invested in making this position a success.[8,9] This involved mutual and negotiated commitment, and agreed criteria to protect workplace confidentiality.

The managers found that some staff attempted to affect and influence the job-sharing relationship. This was chiefly around attempts to foster competitive and an uncooperative behaviour between them. This was addressed early, as they realised that it could lead to failure to communicate effectively if competition were to obstruct their management practices. The job-sharing managers involved in this project have consciously elected to embrace their different personalities, value their complementary perspectives and allow these differences to become strengths.

The job-sharing managers believe it is not necessary to have identical management styles. It is necessary to find a path where individual styles can be used in a complementary manner, for example, by allocating projects according to strengths, enthusiasm for an issue and time available to complete tasks. They have been committed to strengthening their professional partnership and working cooperatively. In this success story it was vital to never undermine the decision of the other partner. They remained open to change, adapted willingly to a situation and confidently worked in a consultative manner.

Today, four years after the establishment of the job-sharing position, staff recognise that nurse managers' decisions are made jointly with consultation and collaboration. Staff know that their joint leaders address professional appraisals in a cohesive manner.

Employers hesitant to create job-sharing schemes argue that appointing two staff to make up one role can be onerous. The counter-argument is that cost is offset by acquiring trained and experienced personnel with well developed time management skills. The literature identifies added costs which include two employees attending professional development, double handling of emails, memos and issues.[10] We would argue that the enthusiasm and the stamina that these two managers put into their work is a financial advantage. In addition, nurse managers appear to offset some of the duplicated professional development cost with a very low sick leave rate.

Role clarification and continuity

Clarification of the job-sharing role was required. Initially, medical staff, allied health workers, plus other members of the organisation were confused by the dual management arrangement. With time, this situation was resolved with enhanced communication skills and effective delegation of portfolios. The nurse managers also made a conscious decision to address issues pro-actively and never "pass the buck" onto their absent partner. This required attention to the language of their responses to other staff: for example, instead of "I don't know what this is about" responding, "My partner is involved with this issue; she will be back tomorrow. I can help you if immediate attention is

warranted now; I can also let her know you have called in today".

The potential perception that a sole nurse manager only can provide effective leadership was overcome in this situation. The managers divided tasks between themselves to allow continuity, stability and a fair work load. However, at the same time they ensured a thorough understanding of each other's role, and decisions, and genuinely supported each other. Tasks that have a daily recurrence are shared, and a collaborative view has evolved between them. This allows all staff to know that task management is not altered on a day-to-day basis.[8]

Setting up

In the creation of this job-sharing arrangement, one manager, formerly full-time and decreasing her hours, was involved in the interview of her job-sharing partner. An attempt was made to search for a partner with complementary strengths. Whether this gave a better chance for the new partnership to form is not certain. The intention was to minimise the risk of employing an incompatible partner and to give the nurse manager on the panel a sense of responsibility and concern towards her new colleague. In the early stages of the relationship the nurse managers were consistently encouraged to seek each other's advice, to debate differences between themselves and to only access their own managers, together, when they could not reconcile their differences. This conscious problem-solving strategy contained situations and enhanced the climate of trust and support.

Job sharing a source of support

The job-sharing nurse managers studied in this paper express experiencing a sense of sharing and peer support when facing challenging issues. They use each other as a sounding board to discuss ideas or concerns before conferring with other members of staff.

They claim to experience greater job satisfaction from the combined advantage of contributing to a senior role, maintaining personal quality of life and decreasing the odds of "burn out"

through supporting each other. Job sharing has provided an opportunity for sharing the stresses and alleviating the weight of the demands that accompany this level of management. It appears to have reduced the occasions when they would have felt pressured, burdened or fatigued.[11] Both nurse managers could compare their recent past when they fulfilled similar full-time roles. Job-sharing nurse managers can develop a close alliance and become enduring leaders if supported by employers.

Conclusion

In this article we argue that in our organisation a shared position can be successful when administered by two skilled managers who bring different personalities with different views and different ideas, creating fresh, stimulating solutions that may reach beyond the potential of the single individual.

The opportunity to retain skilled and resourceful nurse managers by offering family-friendly employment solutions should not be overlooked. In the situation described in this study, the employer has directly benefited by employing nurse managers in a job-sharing capacity. These nurse managers are deemed experts in the nurse management field and they appear content with their work environment. We can speculate that the benefits of these arrangements have impacted positively on clients. We therefore recommend that these arrangements be seriously considered in nursing services. Key strategies include considering employing partners who complement each other; initial active support of the development of the relationship; defining job allocation to ensure an even work load; and ensuring communication means are extensive and continuous. With these strategies in mind, such an arrangement can be a success.

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Competing interests

The authors declare that they have no competing interests.

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