

Queensland public sector nurse executives: job satisfaction and career opportunities

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Abstract

During the past decade, economic and political forces have caused radical transformations in health care systems resulting in changed circumstances within which nursing executives must function. This paper provides an understanding of nursing executives' roles and responsibilities and the impact changes in the health industry have had on their careers.

One hundred and forty-seven (52%) of the 281 nursing executives employed in the Queensland Public Health Sector completed a postal self-administered survey. The findings of this study demonstrate their role has expanded to include not only nursing administration, but also responsibility for financial, human resources, strategic and resource management, staff development and quality improvement. The impact of these role changes has affected the health and well-being of nursing executives, with nearly half reporting increased stress, frustration and irritation. Their workload has increased and some reported deterioration in their health, specifically, exhaustion, fatigue and insomnia. Respondents reported they now have less time to spend with families and friends, which has had a negative impact on family relationships. Overall, nursing executives were satisfied with their current position, the work itself and their relationships with their co-workers, but dissatisfied with organisational aspects, especially the quality of mentorship and opportunities for promotion.

Introduction and literature review

Economic and political forces affect all aspects of Australian management, including the health industry. Over the last decade, health care delivery systems have changed radically in response to these forces. The manner in which health care services are currently delivered reflects community demands and expectations, the impact of new medical and information technologies, a decline in available budgetary funds due to a constrained economy and managerial trends towards a customer service focus, quality management and benchmarking. These changes have challenged the "traditional" role of the nurse executive.

During these years, the nurse executive role has undergone significant expansion. The growing trend is for nurse executives to assume responsibility for other areas within the organisation in addition to nursing areas. Concomitant with the increase in the nurse executive's area of control, there have been changes in titles and role

functions. These changes reflect the transforming nature of the environment within the health industry, which has become interdisciplinary rather than multidisciplinary with emphasis on inclusion rather than specialisation (Anderson 1993, Johnson 1990).

As part of this reform in Australia, a variety of nursing administration models have emerged containing more complex and less restrictive roles and requiring nurses to have more advanced leadership qualities. Challenges emerging for this nurse executives' new role include the integration of the professional perspective with the organisational/corporate perspective. Nurse executives of today require a broader vision and understanding of the health care environment in order to make a significant contribution to the organisation as a whole (Anderson 1993, Duffield et al. 1995).

In today's health industry, nurse executives have the opportunity to distinguish for themselves a unique role (Anderson 1993). In this integrated industry, Anderson (1993) describes specific aspects of the health executive role to which nurse executives are well suited. They have experience with direct patient care and are proficient in blending the sometimes diverse needs of resource management, patient advocacy and clinical competence. They also speak the language of multiple disciplines, medicine, administration, finance and clerical support and are experienced in translating the health care system to and for a variety of constituencies.

Understanding the contributions the current environment and changing role of nurse executives have made to job satisfaction and career opportunities of nurse executives is important. It is timely for a profile of the roles, responsibilities and levels of job satisfaction of nursing executives to be prepared in order to establish strategies and professional development programs which will enhance the effectiveness of their present and future roles. Comprehensive Medline and CINAHL searches identified a lack of literature published in Queensland or Australia in this area.

The purpose of this study was to provide an in-depth profile of public sector nursing executives in Queensland including data on demographics, job description, career paths, typical work patterns and professional development needs. The compilation of such data was to assist in the development of strategies and professional development programs to ensure nursing executives in Queensland are well positioned and well prepared to deal with the rapidly changing health system and its future needs.

Objectives

The objectives of the study were as follows:

- Identify the current profile of Directors of Nursing (Level 5s) and Assistant Directors of Nursing (Level 4s) in public sector hospitals and health services in Queensland;
- Identify their typical work pattern;
- Identify their current level of satisfaction with their current roles;
- Identify the most difficult problems they encounter; and
- Identify the type of professional development or educational activities that would assist them better manage these problems.
- This paper will address the first three of these objectives.

Method

A statewide cross-sectional descriptive study design was utilised for this research project. All Level 5 and Level 4 nursing executives in the Queensland Public Health Sector who had been employed in a nursing executive position for a minimum of 12 months were included in the sample.

Following the granting of ethical approval, a survey tool developed by Harris et al (1998) to investigate health service managers' roles and careers was adapted to suit the roles, responsibilities and professional development needs of nursing executives.

This self-report questionnaire was divided into 5 sections. Section 1 investigated the organisation in which nursing executives were employed, their job description and job satisfaction. Sections 2 and 3 investigated their career path and professional developmental needs respectively. In Section 4, nursing executives reported demographic data and Section 5 identified their reasons for membership in the Directors of Nursing Association Queensland Inc. (DONA). The survey was piloted and one question revised to improve data analysis.

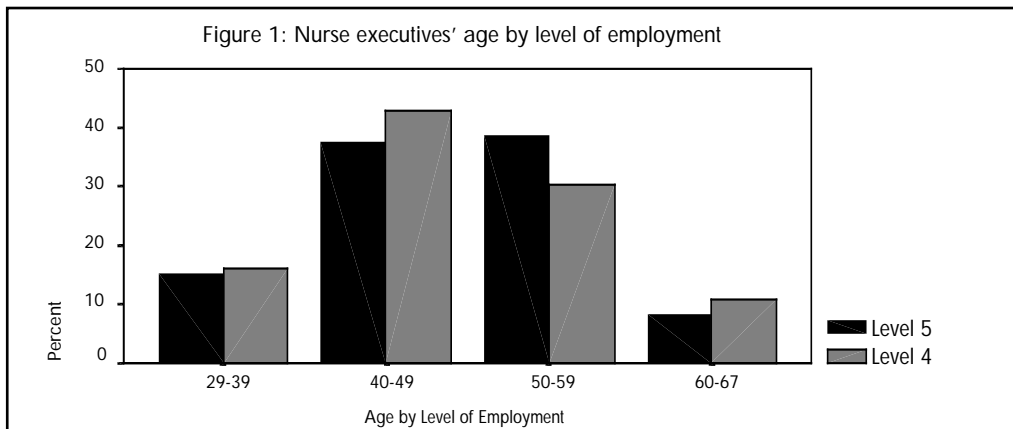
All eligible nursing executives were posted a package containing a covering letter from the President of DONA, a questionnaire, and a reply paid envelope. Of the 281 questionnaires posted 147 were returned completed resulting in a response rate of 52.3%. The majority of questionnaires posted to and returned were from Level 5 nursing executives, reflecting their distribution throughout the Queensland Public Health Sector.

Following data entry into SPSS, the frequencies, means, standard deviations and T-tests were used to identify differences between levels of practice. Where there was heterogeneity of variance, p value analysis was based on square root transformations of the data.

Results

Demographics

The majority of respondents were female (84%) with a mean age of 48 years, ranging from 29 to 67 years. Level 5s were slightly older than Level 4s (means 48.2 and 47.9 respectively). Figure 1 displays nursing executives' age by level of employment.



Level 5 nursing executives were more likely to have trained through the hospital system and Level 4s more likely to have postgraduate qualifications at the post-graduate diploma and masters level. Table 1 displays the academic qualifications gained by the nursing executives by level of employment and Figure 2, their highest academic qualification. All nursing executives, irrespective of level, had been nursing a similar length of time. Nearly half of each level had less than 25 years in nursing and some Level 5s, less than 15 years. Nursing executives' length of time in nursing is displayed in Table 1.

Most Level 5s were members of DONA. DONA has only recently opened its membership to Level 4 nursing executives; therefore the lower membership in these nursing executives is not surprising. Membership of the Royal College of Nursing Australia (RCNA), Australian College of Health Service Executives (ASCHE) and Queensland Nurses' Union (QNU) was similar and individual memberships in other organisations was varied and generally reflected the nursing executives' area of employment. Membership of the main professional organisations is displayed by level of employment in Table 1.

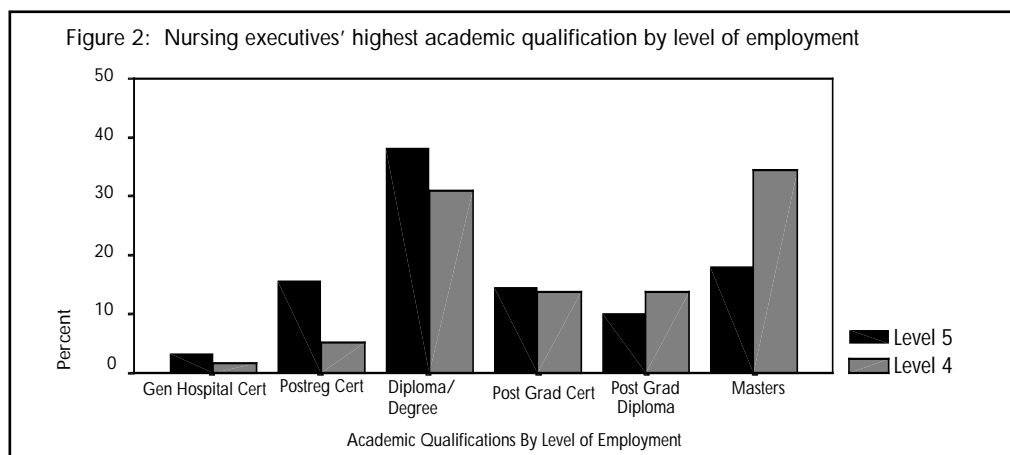


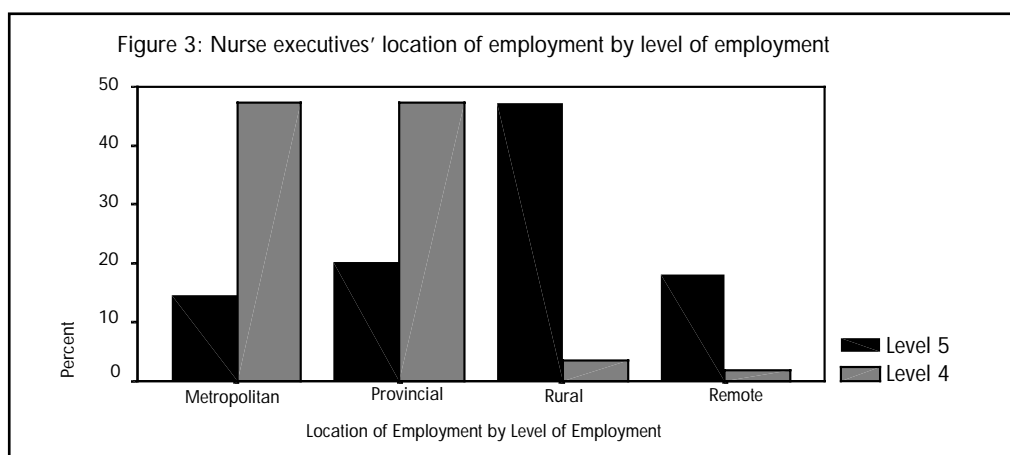
Table 1: Nursing background and professional organisation membership

Qualification	Level 5 (N=89)		Level 4 (N=58)	
	N	%	N	%
General Hospital Certificate	83	93.3	51	87.9
Post-registration Certificate	72	80.9	46	79.3
Diploma / Degree	67	75.3	45	77.6
Post-graduate Certificate	19	21.3	15	25.6
Post-graduate Diploma	14	15.7	16	27.6
Masters	16	18.0	20	34.5

Length of time in Nursing	Level 5 (N=75)		Level 4 (N=48)	
	N	%	N	%
Less than 15 years	5	6.7	0	0.0
15 to 20 years	15	20.0	9	18.8
21 to 25 years	16	21.3	16	33.3
26 to 30 years	14	18.7	6	12.5
31 to 35 years	7	9.3	8	16.7
Over 35 years	18	24.0	9	18.8

Membership of professional organisations	Level 5		Level 4	
	N	% of cases	N	% of cases
DONA	80	89.9	16	27.6
RCNA	58	65.2	32	55.2
ACHSE	19	21.3	12	20.7
QNU	80	89.9	56	96.6
Other	38	42.7	25	43.1

Most Level 5s who responded were from the rural area (47.2%), followed by provincial (20.2%) and remote areas (18.0%) with the least Level 5 responses from the metropolitan area (14.6%). The majority of Level 4 respondents were from the metropolitan (47.4%) and provincial (47.4%) areas with only a few responding from rural (3.5%) and remote (1.8%) areas. This is reflective of the distribution of nursing executives. Level 5 positions are predominantly in rural and remote areas and Level 4 positions in the metropolitan and provincial areas within the Queensland Public Health Sector. These results are displayed in Figure 3.



Nursing executive areas of employment were varied reflecting their changing role. Nearly half of all the nursing executives reported an administrative role. Interestingly, over one third of the Level 5s and one fifth of the Level 4s work in either dual or multiple areas. These areas of employment are presented in Table 2.

Table 2: Area of employment by level of employment

Employment Sector	Level 5 (N=85)		Level 4 (N=56)	
	N	%	N	%
Hospital				
Administration	40	47.1	24	42.9
Clinical	3	3.5	3	5.4
Education	0	0	6	10.7
Research	1	1.2	1	1.8
Aged Care	1	1.2	2	3.6
Community Health	6	7.1	2	3.6
Rehabilitation	0	0	0	0
Mental Health	1	1.2	5	8.9
Administration & Clinical	10	11.8	6	10.7
Remote	7	8.2	1	1.8
Dual Role	13	15.3	5	8.9
Other	3	3.5	1	1.8

Approximately half the metropolitan, provincial and rural nursing executives reported an administrative role (55.3%, 46.5% and 50% respectively). Not surprisingly, 47.1% of remote area nursing executives reported their role as including all the areas of employment associated with a remote area. Nursing executives' areas of employment by location are displayed in Table 3.

Table 3: Area of employment by location of employment

Area of Employment	Metropolitan (N=38)		Provincial (N=43)		Rural (N=42)		Remote (N=17)	
	N	%	N	%	N	%	N	%
Hospital								
Administration	21	55.3	20	46.5	21	50.0	2	11.8
Clinical	0	0	3	7.0	3	7.1	0	0
Education	1	2.6	4	9.3	1	2.4	0	0
Research	2	5.3	0	0	0	0	0	0
Aged Care	1	2.6	1	2.3	0	0	0	0
Community Health	2	5.3	3	7.0	1	2.4	2	11.8
Mental Health	3	7.9	3	7.0	0	0	0	0
Administration & Clinical	4	10.5	2	4.7	8	19.0	2	11.8
Remote	0	0	0	0	0	0	8	47.1
Dual Role	3	7.9	5	11.6	8	19.0	2	11.8
Other	1	2.6	2	4.7	0	0	1	5.9

Roles and responsibilities

The two most frequently reported titles were DON (Director of Nursing) by 66.7% of Level 5s and ADON (Assistant Director of Nursing) by 23.3% of Level 4 nursing executives. However, reported titles varied widely, reflecting the range of roles of nursing executives with more variation among the titles of Level 4 nursing executives. Level 5 titles included Director of Rural Health Services, DON - Business Management, Executive Director Nursing Services / Aged Care Services and DON Community Health; while Level 4 titles included Nursing Director Surgical Division, ADON Staff Development / Education / Professional Development, ADON Community and ADON Medical / Emergency Division.

Both Levels 4 and 5 nursing executives reported the role of financial management more frequently than any other role. Human resource management was the next role most frequently reported by both groups. Interestingly, the next 8 most frequently reported roles were similar, although reported in differing amounts by Level 4s and 5s. The most frequently reported roles are in Table 4.

Table 4: Nursing executives' most frequently reported roles

Role	Level 5 (N=82)		Level 4 (N=53)	
	N*	%**	N	%
Financial management; resource management	56	68.3	33	62.3
Human resources management; conflict management; problem solving	41	50.0	31	58.5
Management operational / executive; project development; service planning	35	42.7	19	35.8
Clinical management; nursing services; professional practice	27	32.9	19	35.8
Staff development; leadership; performance review; role model	24	29.3	19	35.8
Quality improvement / assurance; accreditation; clinical standards	22	26.8	21	39.6
Strategic management	21	25.6	21	39.6
Staff management; nursing service co-ordination	17	20.7	12	22.6
Purchasing - pharmacy, stores	16	19.5	8	15.1
Meetings; committees; networking; professional activities	15	18.3	10	18.9

* Multiple answers were given to this item

** % of answers

As would be expected, with financial management being described as the most frequently reported role, budgeting was reported as the most frequent responsibility by both Levels 4 and 5. Again, many of the most frequent responses were similar with two exceptions. Level 5 nursing executives reported resource management and administration/management of core business within the 10 most frequent responses, whereas Level 4 nursing executives also reported the development, presentation and management of education, and meeting planned strategic targets, best practice and future service development. The most frequently reported responsibilities are presented below in Table 5.

Table 5: Nursing executives' most frequently reported responsibilities

Responsibility	Level 5 (N=78)		Level 4 (N=50)	
	N*	% **	N	%
Budgeting - development; control; reports	59	75.6	36	72.0
Staffing - recruitment; levels; allocation; management	32	41.0	24	48.0
Professional development of staff; leadership	29	37.2	26	52.0
HRM - conflict resolution; staff support; respond to issues	29	37.2	21	42.0
Resource management and administration	25	32.1	7	14.0
Quality assurance; standards; clinical indicators; best practice; policies & procedures	23	29.5	23	46.0
Mandatory attendance at meetings; committees; chair steering committees; travelling to meetings	22	28.2	16	32.0
Administration/management of core business	19	24.4	8	16.0
Operational & strategic planning	16	20.5	11	22.0
Co-ordination of nursing services - redevelopment; accreditation;				
co-ordination; clinical consultant; change agent	14	17.9	11	22.0
Education -development, presentation and management	6	7.7	12	24.0
Meeting planned strategic targets; best practice; future service planning	13	16.7	11	22.0

* Multiple answers were given to this item

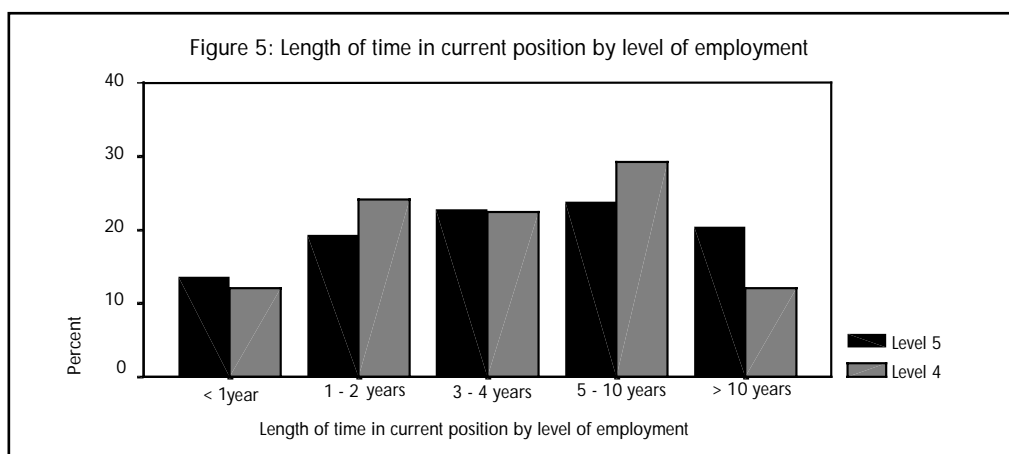
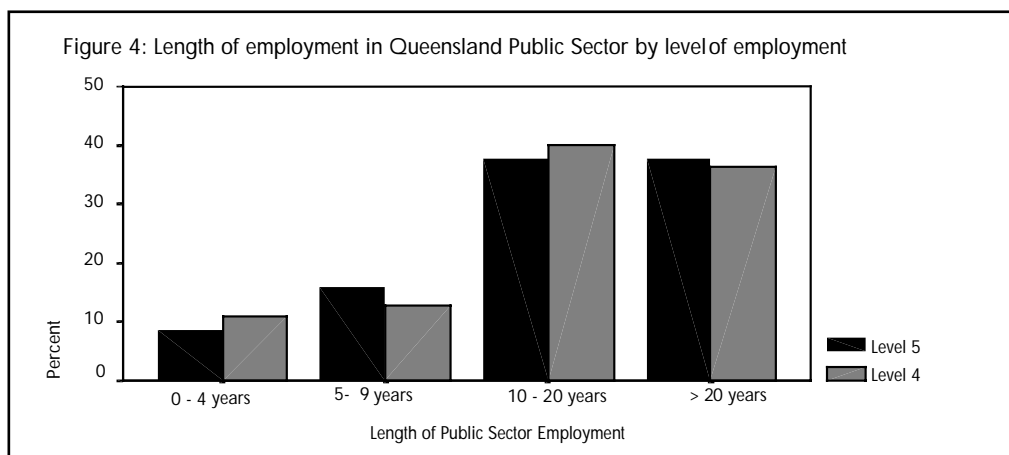
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Nursing executives' family responsibilities are fairly similar, irrespective of level of employment. However, of those who responded, Level 4s were more likely to be partnered (67.2% vs 57.3%) and have dependent children (41.4% vs 31.5%). Most of the nursing executives who responded were the primary income earner (Level 5, 95.3% vs Level 4, 90.9%). Level 5s were more likely to earn 75% to 100% of the family income (65.5% vs 47.3%) and Level 4s, 50% to 75% (43.6% vs 29.8%). This demography highlights the complexity of the lives of nursing executives, who juggle work, financial and family commitments.

Other demands on nursing executives' time were identified as work related study, professional activities, child rearing, caring for other family members (parents and siblings), and other domestic responsibilities. Level 4s (N = 57) reported spending more time child rearing than Level 5s (N = 84), (mean 17.74, SD 31.21 vs mean 12.30, SD 28.87 hours per week). Other external demands were similar between Levels 5 and 4: work related study (mean 5.53, SD 6.16 vs mean 4.91, SD 7.36), professional activities (mean 2.11, SD 2.41 vs mean 21.8, SD 2.54), caring for other family members (mean 9.39, SD 21.24 vs mean 9.69, SD 20.27) and domestic responsibilities (mean 19.38, SD 24.78 vs mean 17.58, SD 21.58).

Career path

Employment in the Queensland Public Health Sector appeared relatively stable with the majority of nursing executives reporting they had worked in this Sector for more than 10 years. These results are displayed in Figure 4. There was however, some mobility within the Sector. Over half of the nursing executives, irrespective of level, had been in their current position for 4 years or less. There was more stability, both intermediate (5 to 10 years) and long term (>10 years), reported by Level 5s. These results are displayed in Figure 5.



Level 4s had changed positions more frequently over the past 6 years than Level 5s (mean 1.25, SD 1.36 vs mean 1.52, SD 1.33), although this was not significant. Interestingly, Level 5s were more likely to change to a higher position than the Level 4s (71.8% vs 51.9%) who were more likely to change to a position at a similar level (36.5% vs 16.9%). The most frequent reason for position change was career advancement. Level 4s were more likely to change position for career advancement (62.7% vs 57.7%) and negative work related reasons (15.7% vs 8.5%) and Level 5s, for personality conflicts in the workplace (8.5% vs 3.9%) and changes in residence (7.0% vs 3.9%).

All nursing executives reported working long hours. Level 5s reported a mean of 56.57 hours (SD 9.09), and for Level 4s, a mean of 53.31 hours (SD 5.96). More Level 5s reported working on weekends and after 5pm.

Satisfaction with current position

More than 70% of nursing executives reported satisfaction with the nursing aspects of their current position, that is, their relationship with their co-workers, the work itself and their current position. However, both Level 4s and 5s expressed dissatisfaction with the organisational and environmental aspects of their position. Mean scores for security of position, quality of supervision and opportunities for promotion were closer to the midline reflecting less satisfaction with these organisational aspects. Of note is that Level 4s reported slightly more satisfaction with position security and quality of supervision than Level 5s, who were more satisfied with opportunities for promotion. All nursing executives reported dissatisfaction with the quality of mentorship

received. Interestingly, Level 4s were significantly more satisfied with their level of pay, which may reflect the roles and responsibilities associated with these different positions. Satisfaction with aspects of their current position is reported in Table 6.

Table 6: Nurse Executives' level of satisfaction with aspects of their current position

Nurse Executives' satisfaction with	Level 5		Level 4		t	p
	Mean	SD	Mean	SD		
Relationships with co-workers	5.46	1.13	5.79	1.04	-1.800	.74
The work itself	5.06	1.29	5.31	1.34	-1.149	.25
Current position	4.85	1.42	5.16	1.46	-1.248	.21
Security of position	4.42	1.60	4.67	1.66	-0.919	.36
Quality of supervision	4.39	1.71	4.50	1.99	-0.367	.71
Opportunities for promotion	4.21	1.72	4.03	1.65	0.601	.55
Level of pay	3.83	1.71	4.59	1.74	-2.596	.01*
Quality of mentorship	3.68	1.61	3.78	2.11	-0.301	.76

*p ≤ .01 Range = 1 to 7 where 1 = very dissatisfied and 7 = very satisfied

As the means for these results were within a 2.11 range around the central probable score of 4 in the range of 1 to 7 the data were split into satisfied - dissatisfied by removing the middle item and the frequencies re-examined for satisfaction - dissatisfaction tendencies. As mentioned earlier, more than 70% of the nursing executives reported being satisfied with their current position, the actual work and their relationships with co-workers. Level 4s (>70%) were also satisfied with the security their position provides. However, more than 40% reported dissatisfaction with their opportunities for promotion and the quality of mentorship they received. Level 5s were also dissatisfied with their level of pay (>40%).

Opportunities provided by the Queensland Public Sector

Nursing executives agreed the Queensland Public Sector provided opportunities to enable improved performance in multi-skilling and specialist skill development (Level 5s > Level 4s). However, there was disagreement as to whether the Queensland Public Sector provided opportunities for career advancement.

Of the nursing executives who responded both Level 4s and 5s agreed that the Queensland Public Sector provided opportunities for women to access senior positions. Level 5s agreed slightly more than Level 4s. Level 5s also agreed slightly more that there were opportunities for clinicians to move to general management. Both Level 4s and Level 5s were moderately satisfied with their career prospects (Level 5s mean 4.46, SD 1.46; Level 4s mean 4.40, SD 1.57; Range 1 - 7 where 1 = very dissatisfied and 7 = very satisfied). Table 7 reports, by level of position, nurse executives' perception of the opportunities provided for nurse executives by the Queensland Public Sector.

As the means for these results were within a 1.39 range around the central probable score of 3 in the range of 1 to 5 the data were split into agree - disagree by removing the middle item and the frequencies re-examined for agreement - disagreement tendencies. Greater than 70 per cent of both Level 4 and 5 nursing executives agreed that the Queensland Public Sector provided opportunities for multiskilling and disagreed that there were opportunities for career advice and counselling. More than 70 percent of the Level 5s also disagreed that there were opportunities for timely feedback on performance and careers for part-timers.

More than 40 per cent of all nursing executives disagreed that Queensland Public Sector provided opportunities for career advancement, suitable management development and training, timely feedback of performance, employment opportunities for part-timers, facilities for disabled employees, flexible working hours and opportunities to criticise employment policies. Greater than 40 per cent of the Level 5s disagreed that there were opportunities for specialist skill development and Level 4s disagreed that there were career opportunities for people from ethnic minority groups (>40%).

Table 7: Opportunities provided for nurse executives by the Queensland Public Sector by current position

Queensland Public Sector provides opportunities for	Level 5		Level 4		t	p
	Mean	SD	Mean	SD		
Multi-skilling	2.34	1.03	2.62	1.01	-1.593	0.11
Specialist skill development	2.78	1.04	2.86	1.07	-0.452	0.65
Career advancement	2.89	1.06	3.12	1.09	-1.294	0.20
Suitable management development and training	3.14	1.17	3.26	1.19	-0.594	0.55
Timely feedback on performance	3.53	1.11	3.10	1.22	2.191	0.03*
Useful career advice and counselling	3.73	1.08	3.62	1.06	0.615	0.54
Access for women to senior positions	2.78	1.09	2.71	1.14	0.383	0.70
Opportunities for clinicians to move to general management	2.85	0.90	2.91	0.86	-0.431	0.67
Opportunities to criticise employment policies	3.45	1.15	3.21	1.16	1.229	0.22
Flexible working hours	3.22	1.20	3.22	1.19	-0.016	0.99
Career opportunities for part-timers	3.41	1.06	3.35	1.14	0.301	0.76
Career opportunities for people from ethnic minorities	2.91	0.90	2.89	0.97	0.082	0.93
Facilities for disabled employees	3.19	0.99	3.00	0.97	1.115	0.27

* $p < .05$ Range 1 - 5 where 1 = strongly agree and 5 = strongly disagree

Impact of the changes in working life on family life

Changes in the nursing executives' roles in relation to job content (53%), job environment (33.3%) and organisational policy (28.3%) affected the amount of time they were able to spend with their family and friends. Changes in job content caused them to be away from home more and to miss important family events. This had a negative impact on family relationships and had caused increased marital stress (16.4%). A small proportion of nursing executives (16.4%) reported that job content changes had little impact on their family life. Although changes in job environment and organisational policy were less frequently reported as impacting on family life, negative effects on family relationships and increased marital stress were again reported (15.2% and 14.1% respectively).

Impact of the changes in working life on health and well-being

The main impact of changes in job content, environment and organisational policy on nursing executives' health and well being was increased stress, frustration and irritation. This was reported by nearly half of all the nursing executives who responded (46.5%, 48.8% and 44.2%). Over one quarter (26.0%) were tired, fatigued, exhausted and experiencing insomnia and nearly one sixth (15.0%) reported experiencing poorer health as a result of changes in the content of their role. However, changes in the job environment and organisational policy had little impact on nearly one-sixth (16.5% and 16.8%) of the nursing executives. Over one fifth (20.4%) stated that changes in organisational policy had changed their role, increased their responsibilities, increased their workload, and created excess paper work.

Discussion

Previously there was no available information describing nursing executives' demographic details; influences of changes in the health system on their roles and responsibilities; the effects of these changes on job satisfaction, health, well-being and family life and the opportunities made available to nursing executives by the Queensland Public Health Sector. This study has served an essential part in providing an in-depth profile of public sector nursing executives in Queensland.

Demographics

Most of the nursing executives in the Queensland Public Health Sector who responded were aged between 40 to 60 years with few age differences between levels. Level 5s were however, a little older with more between 50 to 59 years of age. The length of time in nursing ranged between less than 15 years to more than 35 years and varied between levels. In general, Level 5s had been involved in the nursing profession longer than Level 4s. Studies have identified nurse executives' effectiveness to be significantly related to both the number of years in the nurse executive position and to experience in nursing, not simply the experience in nursing administration (Adams 1990). Therefore, it is not surprising that Level 5s had greater experience in nursing.

Interestingly, more Level 5s had trained through the hospital system, which ties in with their longer time in nursing. Level 4s were more likely to have undertaken post-graduate studies and reported more post-graduate diplomas and masters degrees than Level 5s.

Membership of the major professional nursing organisations was generally similar excepting for DONA, which has recently extended its membership to Level 4 nursing executives. Other professional organisations had similar membership between the levels (the RCNA, ACHSE and QNU). Many nursing executives also belonged to organisations that held a particular interest for them or were related to their area of employment.

Roles and responsibilities

The variety in position titles is an indication of the varied roles and responsibilities held by nursing executives. The majority were employed in an administrative role and Level 5s were more likely to have responsibility for multiple areas. Nursing executive roles have expanded greatly to include as well as administration, the responsibility for financial, human resources, clinical, operational, strategic, resource and staff management along with quality assurance and staff development.

Family responsibilities

As well as having a high profile and high stress position, nursing executives have many family responsibilities. The majority were partnered and the primary income earner. Nearly half, irrespective of level, were responsible for dependants, who could be dependent children, or other dependants including parents and siblings. Nursing executives were also responsible for earning at least half of the family income. Over 90 per cent reported responsibility for at least 50 percent of the family income.

Career Path

Nursing executives' employment within the Queensland Public Health Sector appears to be relatively stable with the majority being employed in this sector for 10 or more years. They were however, mobile within the sector. More than half of the Level 4s and 5s had been in their current position for 4 years or less. Position changes during the past 6 years reinforce these statistics and Level 4s reported more of these during the past 6 years than Level 5s. Most reasons for position change were advancement in their nursing career. Nearly three-quarters of the Level 5s changed their position for a higher position while only approximately half of the Level 4s did. More than one-quarter of the Level 4s changed their position for a similar level position.

Hours of work

All nursing executives, irrespective of level, work long hours. Level 5s reported a weekly mean of 57 hours and Level 4s a mean of 53 hours. They also have many other demands on their time including domestic responsibilities, caring for children and other family members, professional activities and both work and non-work related study. There was great variance in the time spent in these activities irrespective of level.

Satisfaction with career prospects

Nursing executives reported satisfaction with the nursing aspects of their position irrespective of their level. These include their relationship with their co-workers, the work itself and their current position. However, Level 4s reported more satisfaction than Level 5s.

In relation to the organisational aspects of their current position, Level 4s were more satisfied with their level of pay, their position security and the quality of supervision and mentorship they received than Level 5s. However, both Levels 4 and 5 nursing executives were dissatisfied with the quality of mentorship they received. Level 4s were also less satisfied with their opportunities for promotion. Mentorship has been identified in the literature as a means of professional development. In a study by Dunham-Taylor et al (1993), one third of nurse executives identified having 'mentors' who contributed significantly to their leadership abilities and success. They had helped the executive develop by delegating and critiquing work, teaching management techniques and ways to view the political scene realistically, and by giving opportunities, sometimes including promotion.

Of importance to future professional development programs was the reporting by all nursing executives, irrespective of level, of their dissatisfaction with the quality of mentorship that they currently receive. It should be noted that in recent months Queensland Health has been supportive in establishing a mentorship program for nursing executives. In the future this program requires evaluation to determine areas where it is meeting nursing executives' needs and areas where needs remain unmet.

Opportunities provided by the Queensland Public Sector

The majority of nursing executives identified opportunities to develop specialist and multiple skills, for clinicians to move to general management and access for women to senior positions. Level 5s also agreed they had the opportunity to advance their career. Areas where nursing executives were dissatisfied include career advice and counselling, feedback on performance and management development and training. On a more personal level, many were dissatisfied with the inflexibility in working hours and/or the opportunity to work part-time.

Impact of changes in working life on family life

Changes in nursing executives' role had more of an impact on nursing executives' family life than did either their working environment or organisational policies. Effects on family life included reduced amount of time nursing executives were able to spend with their family and friends, being away from home more frequently and missing important family events. Some reported these changes had a negative impact on their family relationships while others reported little impact in this area.

Impact of changes in working life on health and wellbeing

Job content, working environment and organisational policies had similar impacts on nursing executives' health and wellbeing. Nearly half reported increased stress, frustration and irritability. Changes in job content were identified by more than one-quarter as being responsible for tiredness, fatigue, exhaustion and insomnia. Again some nursing executives identified changes in working life as having little impact on their health and wellbeing.

Limitations of the study

Limitations of this study include voluntary involvement and self-report. As the response rate was approximately half (52.3%), those nursing executives who did not respond may be different demographically and/or their reason for non-responding may have been that they were either too disgruntled with the Queensland Public Health Sector, or too busy to take the time to respond. The results from this study, therefore, need to be interpreted with some caution.

Conclusions

Overall, nursing executives were satisfied with their current position, the work itself and their relationships with their co-workers. However, executives expressed dissatisfaction with organisational aspects, especially the quality of mentorship they receive. The Queensland Public Sector provides nursing executives with opportunities for multi-skilling and specialist development, as well as allowing clinicians to move into the general management area. The findings of this study have identified major issues that will contribute to future workforce planning for nurse executives in Queensland.

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