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European Hospital and Healthcare Federation

NHS
Institute for Innovation and Improvement

An Overview of the Role of Nurses and Midwives in Leadership and Management in Europe

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"Leadership is too important to be left to develop by chance as nurses gain experience. Instead, leadership must be part of their training and the jobs they do from the very beginning."
(Canadian Health Services Research Foundation)

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Foreword

All European countries are confronted with ever increasing demands on their health system.
The pressures from ageing populations, costs of new technologies and increasing expectations within limited resources places politicians in challenging positions and seeking innovative strategies and solutions.

Leadership is critical to the challenge of improving the health of our populations and the ways in which health care is delivered. Over the past decade high profile reports around poor quality and safety of care have regularly hit the media. Building greater leadership capacity and capability within health systems, facilities and services is now a matter of urgency. Yet as very large employers we are more fortunate than many as we have considerable numbers of staff whose aptitude for, and interest in, leadership and management can be identified and nurtured internally.

There is a movement across many European countries to enhance clinical leadership and engagement. In the UK, the NHS Institute for Innovation and Improvement (NHS Institute), in conjunction with the Academy of Medical Royal Colleges has developed a Medical Leadership Competency Framework (MLCF). This applies to all doctors at all stages of their training and careers and will mean that in future all doctors will have attained a core set of leadership and management competences. This should mean that doctors will seek to be more engaged in planning, organisation and transformation of services and potentially more might seek to move into formal positional leadership roles.

Other clinical professions in the UK also recognise the importance of including similar leadership and management competences in curricula and training programmes and a study is currently being led by the NHS Institute to ensure that all clinical professions incorporate an agreed set of leadership and management competences similar to that introduced for doctors.

We need to find ways of identifying and developing those staff from any discipline or profession who demonstrate leadership potential. Delivery of health care is a team activity; leadership similarly has to be shared and distributed across a health system and within organisations.

This report seeks to share the learning from a study undertaken by Hilary Watkins on behalf of the European Hospital and Healthcare Federation and NHS Institute of the role of nurses and midwives in leadership and management across a number of European countries. Nurses and midwives account for more than 30% of the healthcare workforce and it is important therefore to ensure their contribution to leadership at all levels is maximised. It is very evident that there are many different models of education and roles. The position and status of nurses and midwives differs according to the history and cultures of each European country. As the report states quite clearly there is no ‘one size fits all’ but what is clear is that all countries recognise the need for effective leadership to drive improvements in access, quality, outcomes and productivity.

We hope that all who read the report will find some ‘pearls of wisdom’ from the examples described.

This has been a good example of partnership working between the two organisations and we are grateful to Hilary for carrying out this study.
Inevitably with such a quick and relatively small survey we may have misrepresented some of the information but hopefully the general content of the report should be of wide interest and help inform any new strategies aimed at enhancing the engagement of clinical professionals, particularly nurses and midwives in leadership.

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European Hospital and Healthcare Federation
May 2010

Executive summary

Introduction

Healthcare organisations are complex and their many professional networks are key to influencing change. The need for change arises from increased patient expectation, changing demographics, improved technology and newly available treatments amongst others. The requirement for strong leadership has never been more important to ensure organisations can respond to these challenges. Nurses and midwives account for more than 30% of the European healthcare workforce and hence have a vital part to play in leadership and management.

The European Hospital and Healthcare Federation (HOPE), in conjunction with the NHS Institute of Innovation and Improvement (herein after 'the NHS Institute'), is exploring different ways in which nurses and midwives are engaged in leadership and management and how they are prepared for such roles. This builds on a project undertaken by the NHS Institute to enhance medical engagement which included the development of a Medical Leadership Competency Framework (MLCF). The MLCF applies to all doctors at every stage of their training and career.

This report provides a comparative study of European countries to establish:

- The variations in organisational arrangements with a particular focus on the role of nurses and midwives in leadership and management
- The extent to which nurses and midwives are engaged in leadership, management and transformation of healthcare
- Learning that may be transferable to the NHS and other European healthcare systems.

The 27 EU member states were invited to participate through completion of a national questionnaire. 17 of the questionnaires were returned (63%). In addition, six countries were selected for more detailed review – Sweden, Portugal, Germany, Belgium, Slovenia and Malta. Midwives warrant separate mention as, in countries which offer direct entry training, they do not have to train as nurses prior to specialisation.

Organisations visited included small and large hospitals (both acute and psychiatric), universities, other educational institutions and nursing and midwifery associations. During the period of the study over 100 interviews were undertaken with a wide range of senior and middle managers from a variety of professions.

Summary of Findings

No country selected for more detailed review can be said to be representative of the part of Europe in which it is situated, nor of any other European country. However, by reviewing countries from Northern, Southern, Central and Eastern Europe and the Nordic region, it is possible to gain some insight into the variety of healthcare management models. In addition the national governance policies directing such models, and specifically the issue of current nursing and midwifery leadership in health care, give an indication of the potential for the future.

Despite the publication of Directive 2005/36/EC[1] in 2005 it is clear that there are still significant differences in the education of midwives across Europe. However, the scope for midwives to have an equal claim with nurses on wider leadership roles was not disputed although the acceptance of midwives in such roles by other professionals was a concern for some.

The Role of Nurses and Midwives

The role of the midwife varies considerably across Europe. For example, Swedish midwives support womens' health from pregnancy through to the entire reproductive years. However in Slovenia and Malta, where planned home births are rare, the midwives role is predominantly to support the obstetrician during the mothers hospital stay for the birth of her child. This is relevant to the study of leadership as it is apparent that both the education levels and the level of autonomy in the role affect

[1] Directive 2005/36/EC of the European Parliament and the Council 7 Sept 2005 on the recognition of professional qualifications 'guarantees persons having acquired their professional qualifications in a Member State to have access to the same profession and pursue it in another Member State'

the self-esteem and the confidence of the midwife to develop as a potential leader.

The role of the registered nurse does not vary significantly across Europe although this cannot be said to be true in the development of specialist nurse roles. However, despite an increasing emphasis on multi-disciplinary working, there is still a perceived superiority of the medical profession in most hospitals. This is seen to arise due to the higher educational achievements and the legal responsibility for clinical care resting with them. This perception is shared by doctors and nurses alike although it was more evident in university hospitals. Within these hospitals there was a clear preference for management to share a similar standard of education as the academic staff and as such many of the Directors were professors. The development and uptake of PhD qualifications for nurses may change this in time although some interviewees felt that greater emphasis on team working was a possible solution. However there was general recognition of the vital part played by nurses working with the medical profession to deliver the dual roles of 'cure and care'.

Education

Education of nurses also varies across the countries visited with most countries having registered nurses supported by assistant nurses or technicians. This is not the case however in Germany where the assistants fulfil a non-clinical support role or Portugal where there is no such role. The level of nurse training available varies from 2-4 years for Diploma or Bachelor of Science (BSc). Specialist nurses, usually supported by Masters education, were found in most countries visited. Variations were found in Slovenia where nurse education is still under development. A lack of accessible research funding for nurses impacts on PhD education and there is currently no PhD programme available in Slovenia or Malta.

Leadership and Management

Nurses and/or midwives were identified as being involved in leadership and management roles across Europe. Of the 17 countries responding to the national questionnaire nearly all identified them as leaders of clinics or units. Most countries identified nurses and midwives with specific responsibilities and, although there was variation in these, most included patient safety, infection control and quality. In some organisations, however, these areas were more usually led by doctors and supported by nurses. Other roles of interest included hospital planning, logistics and technical investments, serious untoward incident reviews, the development of patient records, and the development of education.

Executive Role

Nurse membership of executive management teams varied from country to country and in some cases by hospital. Most countries included a nurse leader on the hospital executive management board although this was not often the case in Sweden. Here the highest level nursing post is usually the chief nurse of a ward. Other specialist nurse roles in Sweden supporting areas such as quality were observed working to a Medical Director on the executive management board. These roles did not generally have line management responsibility for nursing in the organisation, which gave rise to some concern amongst middle-level nurses. In Slovenia, the role of the Chief Nursing Officer has recently been renamed 'Assistant Medical Director – Nursing and Care', but they continue to sit on the Executive Team. In Germany, the Nursing Director was not always a member of the Executive Management Team. In Malta the only Director of Nursing was found in the acute hospital. Executive Management teams in Malta are still under development with most hospitals directly accountable to the Director General (Healthcare). In Belgium the Nursing Director post is required by law.

In no country visited was there any formal limitation or statute preventing the appointment of a nurse to the top leadership role. However, such posts are usually appointed from medical or non-clinical professions. A few nurses were identified in the top leadership role usually in smaller hospitals but one

such nurse was identified leading a university hospital in Germany. In most cases these post-holders held a non-clinical higher degree or doctorate in addition to their nursing qualification.

Incentives and Disincentives

Incentives and disincentives to become a nurse leader were similar in all countries visited. The ability to make a difference to patient care was the main reason given for wishing to become a leader. Increased salary was mentioned but it was also generally recognised that this did not usually compensate for the increased responsibility. The need for further qualifications was a disincentive for some to aspire to higher roles, as was the potential loss of income previously attributed to unsocial hours.

Leadership and Management Training

Good examples of leadership and management training and continuing professional development were seen in all countries visited although only one example was found of a leadership competency framework for nurses and midwives and this was at a local level in Belgium. Further details of these examples can be found in Appendix 1.

Emerging Themes from the Study

Throughout this report reference is made to areas of good practice relating to leadership and management for healthcare professionals and in particular for nurses and midwives. However, each case is to be judged according to the culture within which it abides and cannot naturally be assumed to be applicable to any other healthcare system.

Fundamental differences occur between healthcare environments of the six countries visited and these are summarised in Table 1 (page 11).

The following emerging themes and key learning points have been identified during this review, not all of which relate exclusively to nursing and midwifery nor to any one country:

- In most countries nurses account for at least 30% of the workforce and there is usually a professional hierarchy within the overall management structure. Where this is not the case there was apparent frustration among nurses both in terms of career path and management's perceived understanding of nursing issues.
- In several hospitals visited there was mention of the need for nurses and midwives to be able to evidence their role (in the dual roles of 'cure and care' "cure" is measurable while "care" is not so easily evidenced by outcomes). This was seen as important in raising the profile and understanding of the profession amongst colleagues from other professions and also providing a stronger argument for attracting research funding.
- Many hospitals are involving nurses and midwives in a broad range of leadership roles. The most common outside of the normal clinical roles (patient safety, quality and infection control) concerned the planning of new hospitals, use of existing space and clinical pathways as well as the development of patient records. Nurses have a key role to play in influencing these areas of work and can offer a valuable contribution.
- There seemed to be little incentive to become a leader outside of the opportunity to make a difference, and money was not a key motivator. Involving nurses and midwives in change projects at an early stage in their career to make them aware of their own ability to make a difference may increase the interest in future leadership roles.
- Where available, leadership training was generally welcomed, particularly where this was multi-professional. Discussion of case studies seen from different professional perspectives gave participants an insight not previously recognised. The benefit of meeting colleagues face to face was also identified, highlighting the need for multi-professional working rather than reliance on electronic communication systems.
- In the hospital where a leadership competency framework for nursing had been developed, a high level of support was offered to both line managers and new leaders to ensure they achieved the competences identified. This has benefits for the organisation and is worthy of exploration by those organisations who have not yet considered such an approach.
- It seems unlikely that the nursing profession will ever be seen as equal to that of medical colleagues. This is due to the educational differences and to the legal responsibility held by doctors for the care of patients. Some interesting tripartite models of management were seen particularly in hospitals in Germany and Belgium (doctor, nurse and either business manager or economist) but the doctor usually remained accountable overall.
- Continued professional leadership development was evident in Malta and in individual organisations elsewhere. Those participating in on-going training found it be very supportive and recommended its continuance.
- Empowerment of staff in leadership roles, including front-line clinical staff yet to move into leadership, was seen in many countries. Where this appeared to be most successful was when line managers showed a real belief in their abilities and offered active encouragement in facing new challenges. This in turn increased levels of confidence and self-belief building a potential pool of higher level leaders for the future.
- A strong legal framework was apparent in Belgium and in some landers (or counties) within

Germany. This was generally seen as supportive but the work undertaken in various hospitals visited showed that it was not essential to leadership development. In a university hospital in Belgium a new management model had been developed working within the legal framework but pushing the boundaries to facilitate joint medical and nursing management. Also in Belgium centralised training was available, generally in the cities, to meet part of the legal requirement. However, some large hospitals or groups of hospitals had developed an in-house programme which had been accredited as an alternative for their area avoiding unnecessary staff travelling. In Slovenia, laws regarding the percentage of overseas tutors at university and preventing lecturers working at multiple universities were seen as adversely affecting the development of healthcare management education.

- Whilst a national pay structure was seen to exist in Slovenia, Malta and Portugal, in Belgium the national agreement stated a minimum level for each grade. In Germany and Sweden pay was subject to local negotiation. Whatever system was in place, work-rounds had been developed locally. For example in Malta a separate Foundation had been set up allowing local determination of pay for top posts, in Slovenia additional payments were made in respect of travel to work to encourage retention of those who could not afford to live locally and in Belgium competition was clear between different hospitals in a single town, with the larger university hospital having greater financial stability to be able to pay more and hence attract staff. No single system stood out above the rest although a national system did seem to offer some clarity around staff expectations.

The following pages provide further detail in relation to the project, firstly outlining the scope and background to the study and describing the methodology. The findings from each of the countries responding to the questionnaires are then shown with further detail in respect of the organisations' response from the six selected countries. The report continues with detailed reports following discussions at the organisations visited in those six countries.

A summary of the identified educational opportunities supporting Nurse Leadership is shown in Appendix 1 with further detail supporting the text shown in Appendices 2 and 3.

Scope

This project provides a comparative study of European countries to establish:

- the variations in organisational arrangements with a particular focus on the role of nurses and midwives in leadership and management
- the extent to which nurses and midwives are engaged in leadership, management and transformation of hospital services, and
- learning that may be transferable to the NHS and other European healthcare systems.

Background

Healthcare organisations are complex with many professional networks which are key to influencing improvement. The need for change arises from increased patient expectation, changing demographics, improved technology and newly available treatments amongst others. The requirement for strong leadership has never been more important to ensure organisations can respond to these challenges. Nurses and midwives account for more than 30% of the European healthcare workforce and hence have a vital part to play in leadership and management.

The European Hospital and Healthcare Federation (HOPE), in conjunction with the NHS Institute, is exploring different ways in which nurses and midwives are engaged in leadership and management and how they are prepared for such roles. This builds on a project undertaken by the NHS Institute to enhance medical engagement which included the development of a Medical Leadership Competency Framework (MLCF). The MLCF applies to all doctors at every stage of their training and career.

To this end and in order to gain a more detailed perspective six countries were selected for more detailed organisation-level review drawing on front-line experience. These included:

- Sweden in the Nordic countries
- Portugal in Southern Europe
- Germany in Northern Europe
- Belgium as the home country for the project
- Slovenia in Central and Eastern Europe
- Malta as an island community.

Table 1 Fundamental Differences Affecting Nursing and Midwifery Leadership and Management in Countries Visited

	Sweden	Portugal	Germany	Belgium	Slovenia	Malta
Strong legal framework	Decentralised control	Yes	Some at Lander or County level	Very explicit	Yes - centralised	Yes - centralised
Nurses legally able to be CEO of hospital	Yes	Yes	Yes	Yes	Yes but need PhD and 5 years management of doctors so unlikely	Yes
Nurses or Midwives as Chief Executives of Hospitals	A few nurses identified	None	One identified as CEO of University Hospital – maybe more	One nurse identified	1 nurse out of 26 hospitals	No but one Chair of Hospital Management Board and one Director of HR
Directors of Nursing leading nurses	No	Yes – legally set career pathway	Yes	Yes, by law	Yes	Strong nursing and midwifery career path but only DoN in acute hospital
Evidence of Nurses managing doctors	Yes but rare	Yes but rare	No	Not legal	No	No
Nurses usually female – [visits showed that PhD research funding and acceptance by doctors can be affected by gender]	Most female	20% male students but higher % male leaders	15% male Source: WHO European Observatory 'Healthcare Workforce in Europe' Federal Office Statistics 2003	Many male nurses including Directors of nursing	Most female but 1/3 students are male	50% male More male nurse leaders than female
Nurses Basic Training via Bachelor Degree	Yes	Yes	New - mainly Diploma	Yes	Diploma only	Yes
Masters degree available	Yes	Yes	New	Yes, and required by law at intermediate levels of nursing	1st students for Nursing Masters 2007 Masters - Healthcare Management under development for 2010	Yes, in Nursing and Healthcare Management Midwives and nurses combine for Masters
PhD available	Yes, but research funding limited and usually awarded to doctors	Yes	Yes	Yes, but research funding limited	Not yet in nursing, only in non-health e.g. organisational science	No
Average % of nurses in hospital workforce – taken from local responses	30% - 50%	26% - 38%	23% - 61% psychiatric	33% - 45%	23% - 54%	33% in acute care
National pay structure	No-negotiated locally	Yes	At Lander or County level	National minimum	Yes	Yes but some workarounds identified
Evidence of Succession Planning	Yes	No	In some hospitals	In some hospitals	No	No
Evidence of national competency framework for nursing/midwifery management or leadership	Only as the leadership element of basic nurse training	No	No	No	Only for clinical areas, not leadership yet	Not yet
Explicit aim of national health policy to increase nurse leadership	Not policy but aim to support all employees with the right skills and personal qualities to grow into a leadership role	No	No	Yes	No	No

Methodology

Questionnaires were developed to gather the initial information.

The first, aimed at National level, was sent to all 27 EU member states and explored the following areas:

- ways in which nurses and midwives are involved in leadership or management roles
- if it is an explicit aim of national health policy to increase the involvement of nurses and midwives in leadership or management
- available training at undergraduate, postgraduate and post-registration levels
- the existence or otherwise of a national competency framework for nurse leadership or management
- any existing relevant research.

The second, aimed at organisation level, was sent to the hospitals within the six selected countries which had participated in the HOPE European Exchange Programme 2009. This was not the case in Slovenia, which was new to the programme and thus here the questionnaire was sent to all 26 hospitals. In total there were 87 hospitals invited to take part in this way and these are shown by country in Table 2 below.

Table 2 Organisational questionnaires sent out*

Sweden	Portugal	Germany	Belgium	Slovenia	Total
12	19	20	10	26	87

*Please note that questionnaires were not sent out in Malta, as the small number of organisations meant face-to-face discussions were undertaken instead.

The organisation-level questionnaire explored the following areas:

- the nursing and midwifery staff complement
- ways in which nurses and midwives are involved in leadership or management roles
- if it is an explicit aim of the organisation to increase the involvement of nurses and midwives in leadership or management
- available training for nurses and midwives in leadership or management
- awareness of the existence or otherwise of a national competency framework for nurse leadership or management.

Following receipt of the initial national and local results selected organisations were contacted, setting out the points of specific interest and requesting further information and/or a visit.

Findings from Questionnaires

Summary of the European national perspective

Of the questionnaires issued to all 27 EU member states, 16 were returned. The countries which submitted responses to the national questionnaire are shown in Table 3 below. A full analysis of the responses received is shown in Appendix 2.

Table 3 Summary of National Questionnaire responses received

	Nordic countries	Central and Eastern Europe	Southern Europe	Northern Europe
Countries replied	Finland (Fi) Sweden (Se) Denmark (Dk)	Estonia (Ee) Hungary (Hu) Bulgaria (Bu) Slovenia (Si) Czech Republic (Cz) Lithuania (Lt)	Portugal (Pt) Spain (Es) Malta (Mt) Cyprus (Cy)	France (Fr) Germany (De) Austria (Au) Belgium (Be)
Countries not responding		Latvia (Lv) Slovakia (Sk) Poland (Po) Romania (Ro)	Italy (It) Greece (Gr)	Netherlands (Ne) Ireland (Ir) United Kingdom (UK) Luxembourg (Lu)
Number returned	3 of 3	6 of 10	4 of 6	4 of 8
Response Percentage	100%	60%	66%	50%

Key points arising from the national questionnaires

Several countries have indicated that Chief Executives usually come from a variety of professional backgrounds including nursing (Austria, Sweden, Denmark, Estonia, Hungary, Spain and Cyprus). Belgium indicated that they could come from medical, nursing or legal professions but explicitly stated that they would not usually come from a nursing background.

All countries except Bulgaria stated that Directors of Nursing or Midwifery are members of the top executive team. (This was not apparent however at the hospitals visited in Sweden).

All countries stated that nurses and/or midwives were leaders of units, clinics or divisions.

Most also stated that nurses and/or midwives had specific responsibilities within the hospitals (excluding Austria and Hungary)

In a number of countries it is the explicit aim of health policy to increase the involvement of nurses and/or midwives in leadership or management roles. Belgium, France, Sweden[2], Denmark, Spain, the Czech Republic, Cyprus, Lithuania and Hungary all stated this to be the case. However, only Belgium and Denmark provided supporting evidence.

In Belgium this was via 'a multi-annual plan to make nursing more attractive' published in November 2008 by the Belgian Minister for Health and Social Affairs. This plan states that the nursing executive function is to be developed by extending the bonus payment for managerial activities and then by granting a pay level compatible with relevant training requirements as set down in Belgian law. The plan also mentions a structured involvement of nurses in decision making processes and increased provision of higher-level education.

[2] Sweden added that 'it is our ambition to support all employees with the right skills and appropriate personal qualities to grow into a leadership role regardless they are doctors or nurses. An opportunity for development and responsibility for all employees is an important goal, and that also includes an opportunity to reach a leadership role'.

A national competency framework for nursing/midwifery leadership and management was positively indicated in Austria, Finland[3], Sweden and Portugal. In Sweden, the national competences recommended by the National Board of Health and Welfare for the training of entry level nurses and midwives includes leadership as one of three categories. The other two are 'care theory and practice' and 'research development and education'. Further detail on the leadership component is given in the chapter on Sweden. However, of the Swedish organisations responding to the local questionnaire, only one small hospital was aware of its existence.

There was little awareness of any significant research being undertaken into nursing and midwifery leadership or management. However some projects were identified at universities and the Association of Nursing Directors in Hungary, some faculties and schools of health in Portugal (through Masters, Doctorate or post-doctorate programmes), some Lithuanian postgraduate research studies, one Belgian study and some Danish projects.

The answers in relation to training are more complex and it should be recognised that some countries did not relate to the concepts of undergraduate, postgraduate and post-registration. The results are summarised in Table 4 below:

Table 4 Positive national responses in respect of provision of training

Question	Undergraduate	Postgraduate	Post-Registration
Specific nurse and midwifery training in leadership and management?	Se; Es(N); Es(M); Mt; Pt; Cz; Hu; Bu; Lt; Cy	Se; Fi; Es(N); Mt; Pt; Ee; Cz; Hu; Au; Be; Bu; Lt; Cy	Se; Dk; Fi; Es(N); Mt; Pt; Ee; Sl; Cz; Hu; De; Fr; Be; Bu; Lt; Cy
Level agreed?			
National	Es(M); Mt; Pt; Cz; Bu; Lt; Cy	Se; Fi; Mt; Pt; Ee; Cz; Hu; Au; Be; Bu; Lt; Cy	Fr; Bu; Lt; Cy
Regional	Se; Es(N); Es(M); Pt	Se; Es(N); Pt; Be	Se; Dk; Es(N); Pt; Hu; De
Hospital		Fi; Mt; Pt; Ee	Se; Dk; Es(N); Mt; Pt; Ee; Hu; De; Be
Provided by?			
Hospital	Se; Es(N); Hu	Fi; Es(N); Mt; Pt; Ee	Se; Fi; Mt; Pt; Ee; Hu; De; Be
University	Se; Es(M); Mt; Pt; Hu; Bu; Lt; Cy	Se; Mt; Pt; Ee; Hu; Au; Be; Bu; Lt; Cy	Se; Dk; Fi; Es(N); Pt; Be; Ee; Sl; Bu; Lt; Cy
Commercial	Es(M)	Au	Dk; Ee; Sl; Hu; De; Be
Other	Cz; Cy	Cz; Lt; Be	Mt; Cz; De; Fr; Be; Lt; Cy
Competence is assessed?	Se; Es(N); Mt; Pt; Cz; Hu; Bu; Lt; Cy	Se; Fi; Es(N); Be; Mt; Pt; Cz; Hu; Au; Bu; Lt; Cy	Se; Dk; Fi; Es(N); Pt; Cz; Hu; Fr; Bu; Lt; Cy
How assessed?			
By exam	Se; Mt; Pt; Cz; Hu; Bu; Lt; Cy	Se; Fi; Mt; Pt; Cz; Hu; Au; Be; Bu; Lt; Cy	Se; Dk; Fi; Pt; Cz; Hu; Bu; Lt; Cy
By interview	Se; Cy	Se; Be	Se; Dk; Hu; Fr; Cy
By regular assessment	Se; Es(N); Mt; Hu	Se; Fi; Es(N); Pt; Cy	Se; Dk; Fi; Es(N); Pt; Fr
Other	Lt	Lt	Fr; Lt

[3] Finland provided further information clarifying no such framework is in place at national level although local arrangements exist in some areas

Key issues arising from Table 4 in relation to provision of training

- Two separate responses were received from Spain regarding nursing (Es-N) and midwifery (Es-M) and these have been reflected individually in Table 4.
- Nine countries provide undergraduate training agreed at either national or regional level. Most training is undertaken at university and is competence assessed, mainly by exam. Sweden, Spain (nurses), Malta and Hungary also identify regular assessment. No assessment was identified for Spanish midwives. Countries which did not identify provision of undergraduate training were Finland, Denmark, Estonia, Slovenia, France, Germany and Austria.
- Thirteen countries provide postgraduate training agreed mainly at national level. Most training is undertaken at university and is competence assessed, mainly by exam. Sweden, Finland, Spain (nurses), Portugal and Cyprus also identify regular assessment. Countries which did not identify provision of post-graduate training were Denmark, Slovenia, France and Germany.
- Sixteen countries provide post-registration training agreed at national, regional or hospital level. Training is undertaken at a variety of organisations and in 11 countries is competence assessed. The means of assessment varies between exam, interview and regular assessment. Malta, Estonia, Slovenia, Belgium and Germany did not identify any form of assessment and Austria did not indicate provision of any post-registration training at all.

Organisational perspective in selected countries

Of the 87 questionnaires sent to individual organisations in the selected countries 36 were returned (41%). An analysis by country is shown in Table 5 below:

Table 5 Summary of Organisational-level Questionnaire Responses*

	Sweden	Portugal	Germany	Belgium	Slovenia	Total
Number of organisations	12	19	20	10	26	87
Number returned	6	11	3	4	12	36
Response Percentage	50%	57%	15%	40%	46%	41%

*Questionnaires were not sent out in Malta, as the small number of organisations meant face-to-face discussions were undertaken instead.

Key points arising from the local questionnaires:

Sweden

Six questionnaires were completed in respect of hospitals in Sweden, two from university hospitals and four from county hospitals or county councils responsible for health care. The following key points were identified:

- The percentage of hospital staff in nursing ranged from 30% to 38% in the university hospitals and from 33% to 50% elsewhere.
- Only one (county council) stated that there is a chief nurse or midwife who sits on the top level executive team.
- In only two cases is the Chief Executive involved in the appointment of senior nurse leaders (one university hospital and one county council).
- Nurses provide leadership for units, clinics or divisions as well as leading in specific roles. These roles include quality, patient safety and infection control (this latter point in all but one county council). Other specific responsibilities varied between hospitals but included improvement projects, education and development.
- Only one county hospital stated it was an explicit aim of the organisation to increase the involvement of nurses and/or midwives in leadership through a systematic approach to identify and train nurses who have a talent for leadership.
- Leadership and/or management training was provided in four hospitals, with one of the county council areas and one university hospital stating this was not the case. This was usually agreed at regional or hospital level and was generally provided in-house or at the university. Competence was assessed but the methodology was unclear from the responses given. This training was only mandatory for appointments at a certain level in one county hospital.
- Two of the six hospitals were aware of a national competency framework for nurse leadership or management.

Portugal

Eleven questionnaires were completed in respect of hospitals in Portugal, two from oncology hospitals and the rest from central general hospitals.
The following key points were identified:

- The percentage of hospital staff in nursing ranged from 26% to 38%.
- All stated that there is a chief nurse or midwife who sits on the top level executive team.
- All stated that the Chief Executive is involved in the appointment of senior nurse leaders.
- Nurses provide leadership for units, clinics or divisions as well as leading in specific roles. These roles usually include quality, patient safety and infection control. Other specific responsibilities varied between hospitals but included training, bed management, discharge planning, ethics committee, disasters committee, clinical governance, sterile services, information systems and research and development.
- 5 of the respondents stated it was an explicit aim of the organisation to increase the involvement of nurses and/or midwives in leadership.
- Leadership and/or management training was provided at 10 of the 11 hospitals. This was usually agreed at national or hospital level and generally provided at the university. Seven hospitals identified the assessment of competence, usually by regular assessment. This training was mandatory for appointments at a certain level in eight hospitals.
- Nine of the 11 hospitals were aware of a national competency framework for nurse leadership or management.

Germany

Three questionnaires were completed in respect of hospitals in Germany, two from psychiatric hospitals and one from a university hospital. The following key points were identified:

- The percentage of hospital staff in nursing was 40% in the university hospital. Figures for psychiatric hospitals appeared higher but were difficult to interpret.
- All three hospitals stated that there is a Nursing

Director who sits on the management committee.

- In all cases the Chief Executive is involved in the appointment of senior nurse leaders.
- Nurses provide leadership for units, clinics or divisions as well as leading in specific roles. These roles include quality, patient safety and infection control. Other specific responsibilities varied between hospitals but included control of the patient pathway, outpatients and the nurse training school.
- Only one hospital (psychiatric) stated it was an explicit aim of the organisation to increase the involvement of nurses and/or midwives in leadership. The university hospital stated the opposite.
- Leadership and/or management training was provided in all three hospitals. This could be agreed at national, regional level or in-house and was usually provided in-house or at the university. Competence was assessed in all cases by exam, interview and at two of the three, by regular assessment. In two hospitals (including the university hospital) this training was mandatory for appointments at a certain level.
- Two of the three hospitals were aware of a national competency framework for nurse leadership or management.

Belgium

Four questionnaires were completed in respect of public hospitals in Belgium, one from a psychiatric hospital and the others from university hospitals. The following key points were identified:

- The percentage of hospital staff in nursing ranged from 33% to 40% in the university hospitals but was slightly higher at 45% in the psychiatric hospital.
- As per Belgian health care law, nurses are always managed by a Nursing Director who sits on the management committee.
- In all cases the Chief Executive is involved in the appointment of senior nurse leaders.
- Nurses provide leadership for units, clinics or divisions as well as leading in specific roles. These roles include quality and usually patient safety and infection control. Other specific responsibilities varied between hospitals but included space planning, in-house education, informatics and the electronic patient record.
- In two of the three university hospitals it was an explicit aim of the organisation to increase the involvement of nurses and/or midwives in leadership.
- Leadership and/or management training was provided in all four hospitals. This could be agreed and provided at national, regional level or in-house. In two of the university hospitals competence was assessed by exam and interview and in one by regular assessment. In these two hospitals this training was mandatory for appointments at a certain level.
- None of the four hospitals was aware of a national competency framework for nurse leadership or management.

Slovenia

Twelve questionnaires were completed in respect of hospitals in Slovenia, three from university hospitals and the rest from general or specialist hospitals. The following key points were identified:

- The percentage of hospital staff in nursing ranged from 23% to 50%. In the university hospitals this ranged from 38% to 47%.
- All stated that there is a chief nurse or midwife who sits on the top level executive team.
- All but one stated that the Chief Executive is involved in the appointment of senior nurse leaders.
- Nurses provide leadership for units, clinics or divisions as well as leading in specific roles. These roles usually include quality, patient safety and infection control. Other specific responsibilities varied between hospitals but included education and research, patient counselling, wound management, hospital hygiene, palliative care, clinical nutrition, information systems, patient rights and ethics.
- Seven of the respondents stated it was an explicit aim of the organisation to increase the involvement of nurses and/or midwives in leadership.
- Leadership and/or management training was provided at eleven of the twelve hospitals. This was usually agreed at hospital level and generally provided in the hospital or at the

university. Some commercial involvement was also indicated by six hospitals. Ten hospitals identified the assessment of competence, usually by exam or interview. This training was mandatory for appointments at a certain level in eight hospitals.

- Ten of the 12 hospitals were aware of a national competency framework for nurse leadership or management.

Malta

No questionnaires were issued to Malta as with few organisations and only one acute hospital face to face discussions were undertaken.

A comparison was made between the national and local questionnaires for each country. Whilst the questions asked were not the same at each level some cross comparison is possible in six areas, the results of which are shown in Table 6 (page 19).

Table 6 Comparison of National and Organisational Questionnaire Responses

Country	Director of Nursing/Midwifery on Executive Team?	Leadership of Units, Clinics or Divisions?	Specific Roles?	Explicit aim to increase nurse/midwifery leadership?	Post registration training in management and leadership?	Competency framework?
Sweden	Whilst the national response was positive only one of five organisations responded positively to this question. Of hospitals visited no such post was identified	This was recognised practice	This was recognised practice although the roles varied – most however identified patient safety, quality and infection control	Although stated as national policy only one of five organisations stated this as an organisational aim	This was recognised by most organisations although the assessment of competence was not always undertaken by the organisations responding	This exists within the basic training of nurses but was only recognised by one responding organisation
Portugal	Yes this is usual practice	This was recognised practice	This was recognised practice although the roles varied – about 80% identified patient safety, quality and infection control. Training and CPD was also common	Not national policy but five of eleven organisations identified this as an aim	This was recognised by most organisations although the assessment of competence was not always undertaken by 40% of the organisations responding	This was recognised nationally but not evidenced – however most organisations responding were also aware of this
Germany	Yes this is usual practice	This was recognised practice	This was recognised practice although the roles varied – all identified patient safety, quality and infection control	Not national policy and only one organisation identified this as an explicit aim	This was recognised by all responding organisations. The assessment of competence was undertaken by the organisations responding	Not recognised nationally – but recognised by two of the responding organisations
Belgium	Belgian law dictates this to be the case	This was recognised practice	This was recognised practice – all identified patient safety, quality and infection control and informatics was also common	National policy indicates this to be so and two of the three university hospitals also stated this to be the case	This was recognised by all respondents although not always assessed for competence	This does not exist at national level
Slovenia	Yes this is usual practice	This was recognised practice	This was recognised practice although the roles varied – most however identified patient safety, quality and infection control	Not national policy but recognised by seven of twelve responding organisations – education under development in this area	This was recognised by most organisations although the assessment of competence was not always undertaken by the organisations responding	Not recognised nationally – has been recently developed for clinical competencies but not yet including leadership

Findings from European Visits to Selected Organisations

Following analysis of the organisation level questionnaires in the selected countries, a variety of organisations were visited to enable a more detailed discussion drawing on front-line experience.

At each visit interviews were held with a variety of nursing and non-nursing professionals drawn from the:

- Chief Executive Officer or equivalent
- Chief Medical Officer
- Director or Head of Nursing
- Director or Head of Midwifery
- Dean or Head of Nurse Education (universities)
- Nurse and Midwifery leaders of the future
- Professional Associations.

The following pages summarise the findings in each country visited. Specific examples of identified education supporting nursing leadership in healthcare are shown in Appendix 1 and the organisations informing this work in Appendix 3.

In most countries there was a common understanding that whilst management is more to do with processes and systems to plan and control the work, leadership is more to do with people - inspiring and motivating followers to deliver a goal. In some hospitals however there was a greater focus on management with less apparent emphasis on leadership although it was unclear whether this was only due to translation.

Sweden

The Governance and Management of hospitals

The structure of University Hospital Management varies considerably from a county hospital. University hospitals have a Board of Governors with political membership to whom the Hospital Director (CEO equivalent) is accountable. In the County Hospital of Vaxjo on the other hand the Hospital Director is accountable to the Director of the County Council who in turn is accountable to the County Board. There is no Hospital Board of Governors. This layer of accountability was removed to allow the politicians to direct what the residents require and the health care professionals to deliver it in the best way possible.

Sweden has a recognised medically-led system where doctors are perceived by all to be the senior profession. In the institutions visited there was no Director of Nursing at Board level and it appears that it is not usual to have such a post within the hospital structure. Where such a post was identified accountability was to the Chief Medical Officer who holds the Board position.

Status of Nursing and Midwifery Professions

Midwives in Sweden – unlike other countries – have a role in women's health that supports them through pregnancy through to the end of cervical screening at the age of 60. Both staff and the general population respect midwives as a competent safe pair of hands with a special role in the big events of patients' lives.

Nurses on the other hand often perceived themselves as subservient to doctors. There is not generally a nurse working at Board level and the most senior nurse in each organisation is usually working at middle management level.

System for educating nurses and midwives

Health care in Sweden is governed by the National Board of Health and Welfare which sets outs the required competences for registered nurses and midwives basic training. This includes three elements - theoretical and practical knowledge of nursing, research and education and leadership.

The leadership competences are based on patients' needs and include:

- systematically lead, prioritise, allocate and coordinate the work of the team based on employees differing skills
- evaluate the teams efforts based on knowledge of group dynamics
- develop the group to strengthen capacity
- conflict management and problem solving
- motivate the team and provide positive feedback
- conduct patient care in a quality and cost conscious way
- facilitate research and development
- lead and develop the nursing process

- plan, consult, inform and interact with other players in the patient pathway to achieve continuity, efficiency and quality.

A registered nurse in Sweden holds an academic Bachelor of Science degree and a Diploma in Nursing.

Midwifery training is not direct-entry and to become a midwife you must first train and practice as a nurse then return to university for one and a half years to specialise as a midwife by gaining a Graduate Diploma in Specialist Nursing.

The Swedish PhD programme takes four years full time with limited places and limited funding available to pay nurse salaries whilst in full time training. When the PhD is completed there is a requirement for continued research to maintain academic credibility but funding for this is not easily available to nurses.

Incentives to become a Nurse Leader

Incentives include the possibility to make a difference to patient care and influence decisions, avoidance of working unsocial hours where these conflict with personal commitments, the attraction of a higher salary, and the possibility to move to a higher level without the Masters degree required for becoming a specialist nurse.

Barriers to becoming a Nurse Leader

Barriers include nurses' perception of and confidence in their own abilities, fear of responsibility and lack of financial recognition related to that responsibility, and the need to give up clinical care at a certain level of leadership.

How are Swedish Healthcare Leaders educated?

However difficult and obscure the career path may appear there are no formal limitations in Sweden to prevent nurses, midwives and other professionals from becoming Hospital Director.

Some good examples of support for leadership education and succession planning were seen in Stockholm and at regional level.

Portugal

The Governance and Management of hospitals

Portugal is divided into five healthcare regions each having a Directive Council. Members of the Board are political appointments usually drawn from medical or administrative functions although unusually in the Lisbon region there is a nurse on the Council. These are full time appointments for three years after which they may be re-appointed or return to their previous post.

Within each hospital there is a Board chaired by the President (Chief Executive equivalent) who is appointed by the Minister of Health. Legally it is possible for this appointment to be a nurse with suitable qualifications in healthcare and management although this is not currently the case in Portugal. The President recommends to the Regional Council the members of his hospital Board. Mandatory posts on the Board are the Nurse Director and Clinical Director, with the other three posts usually being drawn from non-clinical areas. Once ratified by the Regional Council the Minister of Health gives final approval.

By law only doctors can manage clinical services (groups of departments). However those medical directors work alongside a supervisor nurse and an administrator (a recognised profession in Portugal qualified in Public Health Administration) in equal roles. For non clinical services, such as quality, it is legally possible for a nurse to manage doctors.

Status of Nursing and Midwifery Professions

Nurses in Portugal currently have a lifelong licence to practice although this is expected to change over the next few years. Midwives in Portugal are specialist nurses and no direct entry training is available – hence future references will only refer to 'nurses' as this encompasses all.

There are currently too many nurses in Portugal following an increase in student numbers to address a perceived shortage. This has led to high levels of unemployed nurses with many taking up appointments overseas. There is also a shortage of doctors particularly in primary care and rural areas. Both professions have very strong unions protecting traditional boundaries and there are currently no plans to transfer some doctors' roles to the nursing

profession. This could change if the national funding system recognises nurse-led consultations in the future.

The career path for nurses is clearly set as nurse, specialist nurse, head nurse in charge of a ward, supervisor nurse in charge of a department and nurse director. This is currently under revision and it is proposed to simplify to three levels (nurse, principal nurse, nursing director). For posts of head nurse and above, no clinical work is undertaken and these are purely management roles. There is no nurse assistant or nurse technician role in Portugal.

Nurses are held in high esteem in Portugal both by other professions and patients. Their profile has improved in recent years as they have developed their knowledge and educational achievements and they are well-recognised as a vital part of the healthcare process. As in other European countries the medical profession is seen as the superior profession in healthcare due in part to the higher educational attainment, but mainly due to the legal responsibility carried by the profession.

System for educating nurses and midwives

The first degree which gives licence to practice as a nurse is a four year degree and this includes some elements of basic management theory. After a further two years study nurses may qualify as specialist nurses with a Masters degree. This course gives an increased management focus.

A nurse with a Masters degree is able to be appointed as a Head Nurse of a ward. This is a non-clinical management role. No further formal training is required to be appointed to be the higher grades of supervisor or Director.

A PhD is available in nursing although nurses working in clinical practice who wish to undertake one may have difficulty in getting release from their hospital duties. In addition, research funding is difficult to obtain for nursing research as the evidence base is low, and most subjects are qualitative rather than quantitative and therefore compete unfavourably against research proposed by other professions.

Further continuing professional training is available for leadership and management subjects at university and these courses can contribute up to 10 credits to a Masters degree or up to 18 credits for a PhD.

Incentives to become a Nurse Leader

Incentives include wanting a challenge and a real interest in management as well as gaining recognition for achievements which is thought to be easier in a leadership role.

Barriers to becoming a Nurse Leader

Barriers include the desire to continue in a clinical care role and the concern over significant reduction of income due to the loss of allowances for unsocial hours.

How are Portuguese Healthcare Leaders educated?

Ordem dos Enfermeiros is the professional association for nurses in Portugal and also regulates the profession. It does not have any trade union responsibilities. The Ordem has 60,000 members. In 2003 the Ordem Board of Directors identified a need for nurses to have:

- good perception of the context and objectives of the health reform
- vision to develop health and nursing at all levels
- ability to think critically, plan change strategically and manage it
- the strength and confidence to be proactive and able to respond in a changing and demanding environment.

Leadership for Change™, developed by the International Council for Nurses (ICN), is the programme chosen by the Ordem Board of Directors to satisfy their requirements. Over 70 nurses have so far been trained in this way with ICN trainers. However, training has now been given to Portuguese nurses who applied to become approved trainers and so, with the translation of all course materials into Portuguese completed, it is now possible to provide this training both within the Portuguese health regions and within organisations.

An intensive healthcare management course was also identified in Lisbon and Porto.

Germany

The Governance and Management of hospitals

German healthcare is largely the responsibility of the 16 'landers' (or counties) and therefore although there are similarities in governance there are also some differences. The three hospitals visited were each in a different lander.

There is an Executive Management Board in each hospital. In Hamburg University Hospital (within Hamburg City Lander) this consists of the Medical Director, the Finance Director, the Nursing Director and the Dean of Education and Research. All are equal but the Medical Director is the Chair of the Board and represents the organisation externally. (For each department in a University hospital there is also a Board with a similar structure as above although only the nurse is trained in management).

In Leipzig (within Saxony Lander) the Executive Management Board is just two Directors – the Medical Director and the Business Director – and they are equally accountable for both business and medical issues. However, there are regular meetings with a broader leadership team including the Director of Nursing.

In Charité Hospital Berlin (within Berlin Lander) the Management Team consists of the Chairman (a medical professor), the Dean of the faculty (also a doctor) and the Business Director. The business director is also Chair of the Leadership Team which sits below the Management Team and includes the Director of Nursing and the Medical Director.

In all cases there is a political Board to which the Management Board is accountable with representatives from both Federal Government and the relevant hospital. For example in Leipzig this includes, in addition to the government representatives, two medical professors from another university hospital, three economists from the area of Leipzig, a member of the faculty and a representative of the staff (elected by the staff following applications). This Board meets formally twice a year in confidential session, with staff being informed of decisions by the Business and Medical Directors via the management hierarchy.

Status of Nursing and Midwifery Professions

Midwives in hospitals have, by law, to lead in the delivery ward and although a midwife must always be present at the birth this is not so for the doctor. Midwives are therefore quite autonomous, increasing their self-esteem. About 95% of births take place in hospital but have a length of stay of just a few hours after which the midwife supports the mother at home for 4-5 weeks. As in other countries visited, the midwife's role is popular and hence there is little interest in progressing to management especially given the additional education required.

As in other European countries visited, the doctor is seen as the superior profession due to the higher level of education and the legal responsibility held. However there is a perceived management intention in Germany to treat all professions equally.

It is legally possible for nurses to become leaders of hospitals with the relevant management qualifications but it is rare. However one such post-holder was identified running a 'university' hospital - the only example of its kind found in any of the countries visited.

In some hospitals both nurses and midwives are only allowed to become leaders in their field of expertise. This was not the case everywhere however and in other areas, subject to holding the relevant management qualifications, nurses and midwives compete equally for leadership posts. Midwives do however appear to have better opportunities than nurses for private practice.

Nurses are generally not held in very high esteem by the doctors and their own pride in their profession is regarded below that perceived in other countries visited. This may well be due to the lack of a university education and recognition of nursing as a profession.

The staffing at Leipzig (and potentially Berlin) was influenced by its location and history. Former East German citizens are keen to work full-time or nearly fulltime whereas former West German citizens prefer to work less than half-time hours. Similarly former East German citizens are reportedly less likely to challenge what they are asked to do. Male nurses are more common in the former West German population.

The pay structure for Germany is agreed by the landers (boundary or area) in respect of all University Hospitals within the lander and sets out either the minimum or the actual pay. The pay for ward leaders is seen as low relative to the level of responsibility, making them hard to recruit. Many nurses work in other German-speaking countries, where both the pay and respect for the profession are higher.

System for educating nurses and midwives

Nurses currently study for three years at a nursing school – not university – and gain a Diploma allowing them the status of Registered Nurse. After this they may study for a further two years at University to gain a Bachelor degree (newly available), which in turn allows them to continue to study for a Masters degree (also new). At the present time few registered nurses study for a Bachelor degree and fewer still go on to Masters level although the numbers are increasing. It is probable that the diploma will be replaced by the Bachelor degree in the coming years. The PhD qualification is available for nursing in Germany although it varies from lander to lander.

In some hospitals no financial support is available for University education but in others financial encouragement is offered where the management believes this is a sound investment. In these hospitals this support may be subject to the employee agreeing to stay in the hospital a further three years after finishing the course.

There are nurse assistants in Germany trained for one to two years but they deal mostly with administrative matters and not usually clinical support.

Midwives in Germany have for many years been trained as direct-entry students and not as a sub-specialism of nursing.

Incentives to become a Nurse Leader

A few nurses wish to become leaders to avoid unsocial hours and increase their salary although this is largely offset by the loss of unsocial hours payments. Most choose to become leaders in order to influence change.

Funding for education will also incentivise nurses and midwives. This was evident at UKE Hamburg where scholarships available for the three most successful nursing school students allow them to take the course part time over four years.

Barriers to becoming a Nurse Leader

There are fairly strict regulations regarding the education levels to be attained to become a leader and this will act as a barrier to many, especially where no funding is available to support the students. Having attained a Bachelor degree there is no automatic pay increase unless further study is undertaken and appointment to a leadership post is confirmed. As in other countries the salary increase is not seen as relative to the increased responsibility.

How are German Healthcare Leaders educated?

There are management courses in place in Germany to support ward leaders in their role varying from in-house to a legal requirement (in three landers) to undertake 750 hours vocational management training. This latter requirement makes it increasingly difficult to appoint suitably qualified ward leaders and so, as a means of improving succession planning, deputy ward leaders may be educated to this level in some hospitals thereby creating a pool of potential ward leaders.

To become a Department Head in public hospitals in Germany it is necessary to gain a Diploma in Nurse Management from University. This course lasts for four years if studied part-time.

Belgium

The Governance and Management of hospitals

Public hospitals have an executive team including the Director of Nursing. Although the Chief Executive Officer of University Hospitals is always a (medical) Professor of the University, some smaller hospitals in Belgium have a Chief Executive from a nursing background.

Status of Nursing and Midwifery Professions

Belgian law is very explicit with regard to the structures, responsibilities and qualifications of professional healthcare staff. By Royal Decree it is only possible for nurses to be managed by a nurse and doctors to be managed by a doctor. The nursing

and medical structure is also specified in detail in the law along with the responsibilities of each level. The competences however are not specified.

Midwives in Belgium work as assistants to obstetricians and their role is only to support the mother through the delivery in hospital. They do not have any role once the mother is discharged home.

System for educating nurses and midwives

Registered nurses hold a Bachelor of Science degree and under Belgian law any nurse or midwife wishing to attain a Nurse Manager position (running a department or group of wards) or higher must hold a Master of Science degree. There is a diploma education in place for nurses not wishing to undertake the full registered nurse training.

Direct entry midwifery training has been in place in Belgium for approximately six years. There was no indication that this would disadvantage them in competing for leadership positions within the hospitals.

Incentives to become a Nurse Leader

Incentives include a desire for increased responsibility and management and the opportunity to make change. Disincentives identified included the requirement for management posts to be full time, disadvantaging staff that prefer or need to work part time hours.

How are Belgian Healthcare Leaders educated?

In Belgian law there is a requirement for continuing professional development for all leaders above a certain level. This is usually run centrally but can be provided by individual hospitals.

Good examples of leadership and management training were identified in Ghent and Leuven with the latter also having developed a competency framework for nurse leadership.

Slovenia

The Governance and Management of hospitals

The Council of each hospital is the supreme body that supervises and directs the activities of that hospital. The structure and number of members of the Council is defined by the institution in their "establishment act" and statute, and is dependent on the importance, size and foundation of the organisation. In the organisations visited this varied between seven and 11 members including:

- the founder i.e. the Ministry of Health (four-six members)
- employees of the institution (one-three members)
- representative of Health Insurance Institute of Slovenia (one member)
- representative of the local community (one member) – only for secondary care hospitals.

In some cases the hospital management team directs the professions from which the employee members should be drawn whilst in others there is a free election.

The profession of the General Director (CEO-equivalent) varies with clinical and non-clinical professionals fulfilling this role – there is also a nursing professional as General Director.

All hospitals have a Chief Nursing Officer (although recently this job title has been changed to Assistant Medical Director for Nursing and Care). This post is part of a tripartite management team including the General Director (Chief Executive equivalent) and the Medical Director. Each Medical Director and Chief Nursing Officer also have an internal Medical or Nursing Council respectively made up of the head doctors and nurses from the various units. This model is also used by the head nurses for all their subordinates.

Status of Nursing and Midwifery Professions

There is the potential for a good career path for nurses and midwives in Slovenia. As stated above all hospitals have a Chief Nursing Officer (Assistant Medical Director – Nursing and Care) and some of these have nurse management teams including quality, infection control and nurse education posts. Below this level are Chief Nurses of units or departments and below this, Head Nurses of wards.

Slovenia specialist nurse roles through education are just being developed although there may be many such 'specialists' based on experience. The nursing establishment consists of Registered Nurses and Nurse Technicians (or assistants).

For the last five years there has been a direct-entry system for midwifery training (there are no planned home births in Slovenia and the midwives role is to work in the hospital during the period of labour).

The nurses' acceptance of responsibility for their own work reflects a culture when they were assistants to doctors and although this is no longer the case it is going to take some time to instill a sense of self critical appraisal throughout the profession. Education will improve this. The views of the patients and the pride in their own achievements were seen as secondary to the doctors' approval of their work.

System for educating nurses and midwives

In order to understand the education system for nurses it is first necessary to summarise the general education system in Slovenia. Children attend 'primary' education until the age of 15 at which time some elect to attend general upper secondary education for a further four years of general education. Others will elect instead to join a technical upper secondary education such as a 'nursing school' for their next four years. In this case they will receive a general education until the age of 17 and then commence practical attachments in hospitals to leave the school as a nurse technician. Many nurses undertake no further formal training.

There are now eight nursing schools in Slovenia. Three are part of the universities and two are independent higher educational institutions. All of these are funded by the state for regular students. In addition there are three private schools established in 2009 which have no access to government funding for regular students. The Nurses Chamber (Association of Nurses and Midwives) believes this to be too many student places overcompensating for the current shortage of registered nurses. Only one such college – Jesinice - has a nurse as its Dean with all others led by the medical profession.

Registered nurses undertake a three year course giving them a Diploma and since 2007 it has been possible to follow this with a Masters degree in nursing.

The Nurses Chamber (Association of Nurses and Midwives) have developed a nationally approved set of competences for nurses which indicates the potential processes and procedures that nurses at various levels can undertake. This does not yet include leadership competences but may be revised to do so. A revision currently underway will review the procedures currently undertaken by doctors which could be done by nurses in the future.

Continuing professional development is important as all registered nurses must gain 70 credits every seven years and all nurse technicians 35 credits as nursing licences are only valid for seven years.

Incentives to become a Nurse Leader

Incentives include wanting the challenge of a different role with more responsibility and responding to the belief shown by the line manager.

Barriers to becoming a Nurse Leader

Barriers include the lack of formal leadership training available, compromising personal time available for family, the fact that the increase in pay for a Unit Leader is not relative to increased responsibility and the lack of ambition for change preferring to continue with what they have always done.

How are Slovenian Healthcare leaders educated

In recent years the lack of availability of relevant educational opportunities has led to a shortage of suitably qualified personnel. Some hospitals have developed internal management training programmes to support new leaders and one such example was seen in Maribor.

All nursing schools offer different formal education courses but all are likely to include a mix of obligatory and optional modules on various aspects of leadership and management.

Most post graduate leadership training however is undertaken through short courses with no formal qualification.

Malta

The Governance and Management of hospitals

Malta is the size of a city and has six public hospitals, a network of health centres and three private hospitals. As such the system is relatively centralised from the Government offices. The Unions are also strong in Malta and have a significant influence on the development of services.

Although currently most Chief Executive Officers are directly responsible to the Director General (Health Care Services), Malta is currently piloting a model of governance in two hospitals where the Chief Executive reports to a Management committee. Members and Chairs of these committees are handpicked by the Minister and neither interviewed nor trained for their role. They are appointed initially for six months to one year and this is then extended as appropriate. The time commitment is one day per week. With full implementation of this model over time the Director General (Health Care Services) will become responsible for commissioning and regulation of health care and not provision.

There is a narrow national pay scale with strict regulations on how it is to be applied such as always starting on the bottom of the scale relevant to the job regardless of experience. In order to circumnavigate these rules, two workaround systems have been created. The first one is to appoint senior staff through an agency called the Foundation for Medical Services: this allows staff to specify the salary they would expect for the post for which they are applying. The second is 'bridging' – this allows staff to leave for a short while and return on the same salary. This system was set up to encourage retention of staff in Malta but to some extent has backfired in that staff are now encouraged to take short breaks!

Status of Nursing and Midwifery Professions

The nursing and midwifery structures are strong in Malta with a good hierarchy in place. Registered Nurses can become nursing officers (manager of ward), Department Nurse Manager (usually specialty level e.g. surgical), Manager Nursing or Midwifery Services. At Mater Dei hospital, the only public acute hospital on the island, there is also a Director of Nursing[4]. Both nurses and midwives have been asked to lead particular projects such as the project planning and development of new hospitals for rehabilitation (led by a nurse) and oncology (led by a midwife).

Legally there is no reason why a nurse or midwife cannot be appointed as Chief Executive of a hospital although there are currently no such post holders.

As in other countries doctors are seen as the superior profession but although this is changing with more now willing to work in a multi-disciplinary environment, most doctors in acute care still need to integrate more into the organisation. Nurses however do not generally feel equal with doctors and are less assertive. There is a very strong private practice available to doctors in Malta and those on the appropriate contract can spend little time in the public hospitals. This gives rise to some frustration amongst the nursing and midwifery professions.

Nurses' pride in their profession is generally regarded as quite high although there is variation across patient groups. At the University level, where places are restricted and are therefore given to the brightest and keenest of students, the level of pride is higher. There are only 15 midwifery places each year and hence the selected students are particularly strong.

There is a serious shortage of nurses on the island, constraining the ability to address long waiting times. Further student places have been made available at the University this year but it will be three years before these students qualify and the benefits can be realised.

Recruitment is managed centrally in Malta meaning that leaders in hospitals may not be involved in appointments and that specific skill requirements of a vacant post may not be met making leadership ever more challenging.

The role of midwifery supports childbirth in hospital and has extended outside of the hospital setting supporting new mothers for up to 30 days.

There are a high proportion of male nurses in Malta and as female nurses leave – albeit temporarily to have children – it tends to be the male nurses who attain leadership roles as they have continuous service.

System for educating nurses and midwives

The Maltese Nurse Education has undergone significant reform in the last few years following a detailed study of other education systems and building on the best as they apply to the Maltese culture. There is only one University in Malta where a Bachelor of Science in Nursing and a Master of

[4] Mater Dei is the only acute hospital in Malta however there are five other public hospitals including an elderly care, psychiatric, general and two rehabilitation hospitals.

Science in Nursing are offered. It is also possible now to study for a Masters in Health Care Management. Students also choose to undertake overseas Masters degrees and are supported financially to do this with their job protected while they are away. It is not possible to study for a PhD in Malta and there are as a consequence only four to five nurses on the islands with a PhD which has been obtained overseas.

The state registered nurse (SRN) is the normal qualification with the last state enrolled nurse (SEN) intake in 2001. All state enrolled nurses were offered a conversion course and most of the younger students took this opportunity. As the older nurses retire the proportion of remaining state enrolled nurses is falling.

A specialist psychiatric qualification is available and there are currently about 40 such qualified staff in Malta.

Midwifery education is direct entry at Bachelor of Science level but they study Masters courses with nurses.

Incentives to become a Nurse Leader

Incentives include the opportunity afforded to try to change the system and gaining recognition for achievements which is thought to be easier in a leadership role.

Barriers to becoming a Nurse Leader

Barriers include a significant loss of income due to the inflexibility of the national pay structure, the wish to remain in a clinical care role, and the wish to remain working in the area of expertise – management jobs on Malta are appointed centrally and hence do not allow staff to apply for management positions in their field of expertise.

How are Healthcare Leaders educated?

The Central Government in Malta is very aware of the lack of leadership skills in the country. Until 1964 Malta had always been 'managed' by other countries and it was felt that this has contributed to a culture of 'good soldiers' but 'poor leaders'. In addition to this until 1970 the nursing profession was dominated by nuns where obedience was a fundamental rule of everyday life. This is now part of the Maltese culture and may take several generations to change. This could also explain why there is a perception by the most senior healthcare managers that male nurses are more confident in their abilities.

With the high educational achievements and strong English language Maltese healthcare professionals can compete favourably for posts overseas. Malta has now recognised the need for training and development of managers at all levels and across professions in order to retain staff, enhance its leadership skills and strengthen the potential for effective and efficient health care delivery.

A comprehensive award-winning Leadership and Management Skills and Values programme has been running for the last three years for each of the identified three tiers of management. Although not uniquely for nurses and midwives due to the staff numbers they are by far the largest component at level 1 (first line management) and level 2 (middle management). The programme is supported by a minimum number of hours of continuing professional development for each level and some cross-level conferences are also being undertaken.

This work on training and development reflects a historical situation where people were promoted into positions of leadership and management primarily because of their technical expertise and seniority and not because they had the necessary skills and values for leadership and management.

Appendix 1 - Summary of identified education supporting Nurse Leadership in healthcare

SWEDEN

Skane Region and Vastro-Gotland Region commissioned a 'Leadership for Future Directors' Programme for identified potential Directors of the future. This is not specific to nursing.

Although there is no formal requirement at ***Karolinska University Hospital*** for staff to take a leadership qualification to progress to more senior posts, many nurses take a post registration course in 'Leadership, Organisation and Development' lasting one and a half years and contributing credits towards a masters degree. When advertising for senior nursing posts this will always be mentioned in the person specification.

The policy at ***Karolinska University Hospital*** is to 'take care of all sorts of talents in leadership regardless of profession'. To support this policy the Hospital Director has a talent pool that people of any profession may apply for or they may be approached to join. There is also a mentor programme in place.

PORTUGAL

Leadership for Change™ (LFC) was developed by the International Council for Nurses and this was the programme chosen by the Ordem Board of Directors to satisfy their requirements. The training was made available to nurses who achieved certain criteria such as minimum length of professional practice and minimum of 10 years to retirement among others.

The programme is composed of five interrelated components, workshops (usually four which run over 18-24 months), team projects, personal mentoring, individual development planning and learning activities. The programme addresses the usual leadership areas - political skills, external awareness, influence and negotiation, vision and creative and strategic thinking. It includes significant role play (and other learning activities) to increase nurses' confidence in speaking to a wider audience. External speakers are also invited to help inspire the participants in their future leadership roles. The programme encourages both individual development plans and appointment of individual mentors as well as training participants to become mentors of the future. In addition to this the participants benefit from the planning and implementation of group projects. These must be sustainable, have a measurable outcome and provide participants with project management skills and experience. Groups are given a small grant as start-up but are encouraged to source their own funds (if required) for the project.

Over 70 nurses have so far been trained in this way with ICN trainers. However training has now been given to Portuguese nurses who applied to become LFC certified trainers. With the translation of all course materials into Portuguese completed, it is now possible to provide this LFC training under a licensing agreement with the ICN both within the Portuguese health regions and across organisations. In this way both participants and the organisation may benefit from the programme in the future.

The Ordem has yet to follow up the nurses from the only completed course to evaluate its long term success but it has the potential now to be rolled out across all nurse leaders in Portugal. The ICN LFC programme is currently active in 35 countries worldwide and all LFC participants are eligible to join the electronic LFC Network thus providing international perspectives.

The Centro Hospital Porto support and fund an MBA in Health Care Administration for future leaders of services (Lead Doctor – Director of Service, Supervisor Nurse or Administrator)

In addition a three month healthcare management course **(Programme of High Direction for Health – PADIS)** is available to healthcare professionals in Portugal and run by a private Business School. This is a case study based course utilising the varying professional perspectives of the attendees. It is well regarded but expensive, hence restricting the number of places organisations may be prepared to fund.

Although not relevant to Portugal, discussions with ICN regarding Leadership for Change identified further information on the **Global Nursing Leadership Institute** which may be of interest to

readers of this report. The International Council of Nurses facilitated the first annual Global Nursing Leadership Institute in September 2009 for 30 senior and executive level nurse leaders from 23 different countries across all world regions. Participants came from a variety of backgrounds and positions; Chief Nursing Officers, Presidents and Officers from National Nursing Organisations, Directors of Nursing, Deans and Associate Professors, executive officers from regulatory bodies and practitioners from speciality service areas. The 'Institute' employed an action-learning approach where participants observed and analysed strategic global leadership in action from a variety of global leaders, international agencies and non-governmental organisations including the World Health Organisation, the World Trade Organisation and the Red Cross and Red Crescent Societies. The participants actively engaged in smaller learning and development groups. Group members from different countries and backgrounds provided a rich learning environment to discuss and debate current and future health and nursing challenges. The '2009 Institute' included a focus on the global economic challenges to health care, the impact of global demographic changes and provided an opportunity for senior nurse leaders to enhance their strategic planning skills.

GERMANY

It is well recognised in German public hospitals that management training is important for ward leaders. There are a variety of management training courses in place varying from in-house training to 750 hours vocational management training. This latter example is a legal requirement (in three landers). As a means of improving succession planning deputy ward leaders may be educated to this level in some hospitals thereby creating a pool of potential ward leaders.

To become a Department Head in German public hospitals it is necessary to gain a Diploma in Nurse Management from University. This course lasts for four years if studied part-time.

BELGIUM

Masters degree required for intermediate nurse managers and above (requirement laid down in *Belgian law*).

At ***Leuven University Hospital*** a nurse heads the Learning and Development Department.
A Competency Framework for Leadership has been developed within the hospital reflecting the different competences required at each level of leadership and management. Behind the competences are details of potential behaviours for each so that managers when looking for a new leader can select the 10 most relevant competences and the level of attainment expected by that post.

The competency framework is used in interview as candidates are assessed against this framework building a profile for their strengths and weaknesses. On appointment their profile against the framework is shared with the manager to facilitate their support for their new leader. It is also shared with the successful applicant to facilitate their on-going personal development plan. In addition the new appointee is provided with a starter kit with some areas to focus on during the first four weeks and they are supported in finding a mentor either from within or outside of the hospital.

Three times a year all starters since the last event are invited to a two day workshop to hear some basic concepts of leadership and to discuss their profile and how they can use it for their personal development.

In addition to this every year a compulsory two year programme is launched (14 days in total) for all new leaders clinical and non-clinical. This meets the Belgian legal requirement for CPD and is multi-disciplinary.

A Management Development Programme at ***University Hospital Ghent*** which requires a doctor and a nurse from the department to attend together. If they still fail to work together 'core teams' will be developed for a doctor and a nurse from the department to work together on a given project. This model is led from the top with the Chief Medical Officer and Director of Nursing working together on a day to day basis.

SLOVENIA

There is a Management Development Programme for Chief Nurses at ***University Hospital Maribor*** providing leadership and management training for nurses who have not had the opportunity for such education in Slovenia. This includes modules on personality testing (Myers Briggs), strategy, HR management, team work and how to lead indifferent situations – motivation, conflict resolution, delegation, etc. - doctors are invited for some modules such as team working.

The Nursing College at Jesinice is developing the first Masters Degree in Healthcare Management to be available from September 2010, but the lack of training in this area in recent years is creating a shortage of lecturers for this course with an increasing reliance on visiting lecturers from overseas.

MALTA

A comprehensive award-winning **Leadership and Management Skills and Values programme** has been running for the last three years for each of the identified three tiers of management: level 1 – first line management, level 2 – middle management, level 3 - senior management. Although not uniquely for nurses and midwives due to the staff numbers they are by far the largest component. The programme is supported by a minimum number of hours of continuing professional development for each level. Some cross-level conferences are also being undertaken.

The programme was designed to constructively address the following issues proactively:

- appreciate that the business and management world is in a constant state of flux and that managers within the healthcare sector need to equip themselves with new management tools and leadership skills and values to overcome these challenges
- acknowledge that effective management is measured on what is achieved over a specific and reasonable time frame
- accept the responsibility of assessing situations and deriving feasible solutions
- communicate assertively and proactively at different levels of the organisation
- develop a true client–patient–citizen centred organisation and not one that simply addresses staff needs
- break away from the exhausting and highly stressful micro and crisis management trap and develop real leadership and management values and skills
- generate a solid sense of identity and belonging between management to directly address the silo mentality which is based on the most powerful professional groups (which also triggers rivalry and fragmentation) rather than teamwork and interdependence.

The main management structure was divided into three levels:

Level 1 first line managers including principals, nursing officers, midwifery officers and their respective assistants and deputies

Level 2 all middle management within the health sector including assistant directors, senior principals and service managers

Level 3 administrative directors, Chief Executive Officers, Directors General and the Permanent Secretary

First line managers were required to attend 60 hours of training delivered as two sessions per week over a six week period. Structured and consistent CPD training and development sessions have been organised throughout the last three years for each level.

In 2009 a complementary project was undertaken for all level 2 managers to clarify their job content and assess individual personal competences. The results of this work are being used to identify the general and specific training and development gap to inform on-going programmes.

Appendix 2 - Full analysis of national questionnaire responses

Appendix 2 - Full analysis of national questionnaire responses

Key: no answer provided	NORDIC COUNTRIES			CENTRAL AND EASTERN EUROPEAN COUNTRIES										SOUTHERN EUROPEAN COUNTRIES							NORTHERN EUROPEAN OUNTRIES							
	FINLAND	SWEDEN	DENMARK	ESTONIA	SLOVENIA	CZECH	HUNGARY	LITHUANIA	LATVIA	BULGARIA	ROMANIA	SLOVAKIA	POLAND	SPAIN - Nursing	SPAIN - Midwifery	MALTA	PORTUGAL	ITALY	CYPRUS	GREECE	AUSTRIA	GERMANY	FRANCE	NETHERLANDS	BELGIUM	IRELAND	UK	LUXEMBOURG
1. How are nurses and/or midwives involved in management and/or leadership roles in hospitals?																												
a. From which background do Chief Executives <u>usually</u> come:																												
i Medical	✓	✓	✓			✓	✓	✓		✓				✓	✓		✓		✓			✓			✓			
ii Nursing		✓		✓	✓		✓								✓				✓		✓				✗			
iii Finance	✓		✓				✓										✓					✓	✓		✓			
iv Management	✓	✓	✓	✓		✓	✓							✓	✓		✓				✓	✓	✓		✓			
v Other (See notes below):																	✓					✓			✓			
Note reference																	1.1					1.2	1.3		1.4			
b. Are Directors of Nursing and/or Midwifery (or equivalent) members of the Top Executive Team?	✓	✓	✓	✓	✓	✓	✓	✓		✗				✓	✓	✓	✓		✓		✓	✓	✓		✓			
c. Do nurses and/or midwives have management and/or leadership roles within hospitals:																												
i leaders of units, clinics or divisions	✓	✓	✓	✓	✓		✓	✓		✓				✓	✓	✓	✓		✓		✓	✓	✓		✓			
ii specific responsibilities	✓	✓	✓	✓	✓	✓		✓		✓				✓	✓	✓	✓		✓		✗	✓	✓		✓			
2. Is it an explicit aim of health policy to increase the involvement of nurses and/or midwives in management and/or leadership roles?	✗	✓	✓	✗	✗	✓	✓	✓		✗				✓	✗	✗	✗		✓			✗	✓		✓			
Refer to note below for further information: note reference		2.1	2.5			2.2		2.6											2.7			2.3	2.4		2.8			

Notes		
Section 1	1.1	Portugal: Law and Economy
	1.2	Germany: Public Administration
	1.3	France: All chief Executives of public hospitals have a degree of the High School of Public Health
	1.4	Belgium: Law
Section 2	2.1	Sweden: www.skl.se
	2.2	Czech republic: The present Minister of Health who was previously Chairman of the Czech Association of Nurses declares endeavour to make the role and position of nurses higher in the healthcare system
	2.3	Germany: Mostly there is still a traditional role of leading nursing staff in hospital with Nursing Directors who are only responsible for the nursing service - currently there is debate about the transfer of medical tasks to the nursing service
	2.4	France: For the management of the 'poles' (which are sections composed of several hospital services) - refer to the 'Code de la Sante Publique' Article L.6146-6
	2.5	The importance of competent, professional and qualified management and leadership in all public institutiones including hospitals, nursing homes, and home care services, where nurses and/or midwifes constitute a major part of the staff is highlighted in the Qualityreform of the Danish Government (www.kvalitetsreform.dk/multimedia/kv2-Ill-Ledelsesreform.pdf). The five regions, who are politically and economically responsible for most of the Danish healthcare sector including the the hospital system, have regional management and leadership policies. One example is the leadershippolicy of Region Hovedstaden: http://www.regionh.dk/NR/rdonlyres/2D1AF69D-17AD-427C-BF5F-2E286F84B94B/0/Ledelsespolitik_Region_Hovedstaden.pdf
	2.6	Nurses are involved in compulsory health insurance council [http://www.vlk.lt], college of Ministry of Health of the Republic of Lithuania [http://sena2.sam.lt/lt/sam/struktura/kolegia/], and in working groups
	2.7	nursing services@moh.gov.cy
	2.8	National Multi-annual plan to make nursing care more attractive - Laurette Onkelinx, Belgian Minister for Public Health and Social Affairs

SUMMARY OF NATIONAL QUESTIONNAIRES

Key: no answer provided		NORDIC COUNTRIES			CENTRAL AND EASTERN EUROPEAN COUNTRIES										SOUTHERN EUROPEAN COUNTRIES								NORTHERN EUROPEAN OUNTRIES						
		FINLAND	SWEDEN	DENMARK	ESTONIA	SLOVENIA	CZECH	HUNGARY	LITHUANIA	LATVIA	BULGARIA	ROMANIA	SLOVAKIA	POLAND	SPAIN - Nursing	SPAIN - Midwifery	MALTA	PORTUGAL	ITALY	CYPRUS	GREECE	AUSTRIA	GERMANY	FRANCE	NETHERLANDS	BELGIUM	IRELAND	UK	LUXEMBOURG
3. At the undergraduate level:																													
a. Do nurses and/or midwives receive specific training for management and/or leadership roles?		×	✓	×	✓	×	✓	✓	✓		✓				✓	✓	✓	✓		✓			×	×		×			
b. At what level is the content of this training agreed?																													
	National						✓	✓	✓		✓					✓	✓	✓		✓			✓						
	Regional		✓												✓	✓		✓					✓						
	Hospital																						✓						
c. Who provides it?																													
	Hospital		✓												✓								✓						
	University		✓					✓	✓		✓					✓	✓	✓		✓		✓							
	Commercial															✓						✓							
Refer to note below for further information: note reference	**Other (please specify)**				3.1		3.2		3.3											3.3									
Other:																													
d. Is competence assessed?			✓		×			✓	✓		✓				✓	×	✓	✓		✓			✓						
e. If yes, then how is this done?																													
	By exam		✓				✓	✓	✓		✓						✓	✓		✓			✓						
	By interview		✓																	✓									
	By regular assessment		✓					✓							✓		✓												
	Other (please specify)				only basic level mgmt				3.4																				

Notes		
Section 3	3.1	Estonia: Health Care Colleges
	3.2	Czech Republic: Institute for Health Professional Education
	3.3	College
	3.4	By certificate, by credit

SUMMARY OF NATIONAL QUESTIONNAIRES

Key: no answer provided		NORDIC COUNTRIES			CENTRAL AND EASTERN EUROPEAN COUNTRIES										SOUTHERN EUROPEAN COUNTRIES								NORTHERN EUROPEAN OUNTRIES						
		FINLAND	SWEDEN	DENMARK	ESTONIA	SLOVENIA	CZECH	HUNGARY	LITHUANIA	LATVIA	BULGARIA	ROMANIA	SLOVAKIA	POLAND	SPAIN - Nursing	SPAIN - Midwifery	MALTA	PORTUGAL	ITALY	CYPRUS	GREECE	AUSTRIA	GERMANY	FRANCE	NETHERLANDS	BELGIUM	IRELAND	UK	LUXEMBOURG
4. At the postgraduate level:																													
a. Do nurses and/or midwives receive specific training for management and/or leadership roles?		✔	✔	✘	✔	✘	✔	✔	✔		✔				✔	✘	✔	✔		✔		✔	not applicable in Germany	✘		✔			
b. At what level is the content of this training agreed?																													
	National	✔	✔		✔		✔	✔	✔		✔						✔	✔		✔		✔				✔			
	Regional		✔												✔			✔								✔			
	Hospital	✔			✔												✔	✔											
c. Who provides it?																													
	Hospital	✔			✔										✔		✔	✔											
	University		✔		✔			✔	✔		✔						✔	✔		✔		✔				✔			
	Commercial																					✔							
	Other (please specify)						4.2		4.3																	4.5			
Other:																													
d. Is competence assessed?		✔	✔		✘			✔	✔		✔				✔		✔	✔		✔		✔				✔			
e. If yes, then how is this done?																													
	By exam	✔	✔				✔	✔			✔						✔	✔		✔		✔				✔			
	By interview		✔																							✔			
	By regular assessment	✔	✔												✔			✔		✔									
Refer to note below for further information: note reference	**Other (please specify)**				4.1				4.4																				

Notes		
Section 4	4.1	Estonia: Voluntary assessment after graduation - not expected
	4.2	Czech Republic: Institute for Health Professional Education
	4.3	College, Nursing staff training and specialisation centre
	4.4	By credit
	4.5	Management School for Nurses

SUMMARY OF NATIONAL QUESTIONNAIRES

Key: no answer provided		NORDIC COUNTRIES			CENTRAL AND EASTERN EUROPEAN COUNTRIES										SOUTHERN EUROPEAN COUNTRIES								NORTHERN EUROPEAN OUNTRIES						
		FINLAND	SWEDEN	DENMARK	ESTONIA	SLOVENIA	CZECH	HUNGARY	LITHUANIA	LATVIA	BULGARIA	ROMANIA	SLOVAKIA	POLAND	SPAIN - Nursing	SPAIN - Midwifery	MALTA	PORTUGAL	ITALY	CYPRUS	GREECE	AUSTRIA	GERMANY	FRANCE	NETHERLANDS	BELGIUM	IRELAND	UK	LUXEMBOURG
5. After registration:																													
a. Do nurses and/or midwives receive specific training for management and/or leadership roles?		✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	✗	✓	✓		✓			✓	✓		✓			
b. At what level is the content of this training agreed?																													
	National	✓	✓	✓	✓		✓		✓		✓						✓	✓		✓				✓					
	Regional		✓	✓				✓							✓			✓					✓						
	Hospital		✓	✓	✓			✓							✓		✓	✓					✓			✓			
c. Who provides it?																													
	Hospital	✓	✓		✓			✓									✓	✓					✓			✓			
	University	✓	✓	✓	✓	✓			✓		✓				✓			✓		✓						✓			
	Commercial			✓	✓	✓		✓															✓			✓			
Refer to note below for further information: note reference	Other (please specify)						5.1		5.7								5.2			5.7			5.3	5.4		5.9			
d. Is competence assessed?		✓	✓	✓	✗	✗		✓	✓		✓				✓		✗	✗		✓				✓		✗			
e. If yes, then how is this done?																													
	By exam	✓	✓	✓			✓	✓	✓		✓							✓		✓									
	By interview		✓	✓				✓																✓					
	By regular assessment	✓	✓	✓											✓			✓						✓					
Refer to note below for further information: note reference	Other (please specify)				5.5				5.8															5.6					

Notes		
Section 5	5.1	Czech Republic: Institute for Health Professional Education
	5.2	Malta: Ministry for Social policy - health, elderly and community care
	5.3	Germany: Nursing Organisations
	5.4	France: specialised schools
	5.5	Estonia: Voluntary assessment after graduation - different in each organisation
	5.6	France: report
	5.7	College
	5.8	By credit
	5.9	Management School for Nurses

SUMMARY OF NATIONAL QUESTIONNAIRES

Key: no answer provided		NORDIC COUNTRIES			CENTRAL AND EASTERN EUROPEAN COUNTRIES										SOUTHERN EUROPEAN COUNTRIES								NORTHERN EUROPEAN OUNTRIES						
		FINLAND	SWEDEN	DENMARK	ESTONIA	SLOVENIA	CZECH	HUNGARY	LITHUANIA	LATVIA	BULGARIA	ROMANIA	SLOVAKIA	POLAND	SPAIN - Nursing	SPAIN - Midwifery	MALTA	PORTUGAL	ITALY	CYPRUS	GREECE	AUSTRIA	GERMANY	FRANCE	NETHERLANDS	BELGIUM	IRELAND	UK	LUXEMBOURG
6. Does a national competency framework exist for nursing and/or midwifery management and/or leadership?		✓	✓	✗	✗	✗	✗	✗	✓		✗				✗		✗	✓		✗		✓	✗	✗		✗			
7. Are you aware of any research being undertaken in relation to this topic?				✓	✗	✓	✗	✓	✓		✗				✗	✗		✓				✗	✓			✓			
Refer to note below for further information: note reference				7.5		7.1		7.2	7.6									7.3					7.4			7.7			

Section 7	7.1	Slovenia: Individual Nurse Researchers
	7.2	Hungary: Universities, Association of Nurse Directors
	7.3	Portugal: Some faculties and schools of health, management or psychology, undertake research being in health management and/or leadership, in master, doctorate or post-doctorate programmes level, destinated also for nurses and/or midwiferies of management area, in multipledisciplinary context, namely for example: Escola Nacional de Saúde Pública - Universidade Nova de Lisbao. Website: http://www.ensp.unl.pt. E-mail: academicos@ensp.unl.pt Faculdade de Psicologia e Ciências da Educação da Universidade de Lisboa. Website: http://www.fpce.ul.pt. E-mail: cpequito@fpce.ul.pt Instituto Superior de Ciências do Trabalho e da Empresa. Webmail: http://indeg.org/. E-mail: indeg@iscte.pt Instituto de Ciências da Saúde da Universidade Católica Portuguesa. Website: http://www.ics.porto.ucp.pt. E-mail: mmvieira@ics.porto.ucp.pt (PhD Nurse Margarida Vieira)
	7.4	Germany: maybe nursing organisations
	7.5	Steen Wisborg forsvarede (http://www.nyt-om-arbejdsliv.dk/2artikel.aspx?itemID=166): Peter Kragh Jespersen, AAU (http://personprofil.aau.dk/profil/106300), mail: peterkr@epa.aau.dk: Helle Hedegaard Hein, CBS, http://www.cbs.dk/forskning/institutter_centre/institutter/lpf/menu/medarbejdere/menu/videnskabelige_medarbejdere/videnskabelige_medarbejdere/post_doc/helle_hedegaard_hein), mail: hhh.lpf@cbs.dk: Kurt Klaudi Klaudi, SDU, (http://www.sdu.dk/ansat/kkk.aspx), mail: kkk@sam.sdu.dk
	7.6	Students are performing research in the baccalaureate and postgraduate studies e-mail juramac@takas.lt
	7.7	Impact of Transformational Leadership in nurse on job and patient satisfaction - Sabine Stordeur@uclouvain.be

Appendix 3 - Organisations visited or contacted

Red indicates questionnaire only

SWEDEN

Organisation	Location	No of beds	Total staff wte	% Nurses
SALAR	Stockholm			
Karolinska Institute	Stockholm			
Karolinska University Hospital	Stockholm	1600	15000	40%
Institute for Health and Care Sciences – Sahlgrenska Academy at University of Gothenburg	Gothenburg			
Sahlgrenska University Hospital	Gothenburg	2300	16000	38%
Vaxjo University	Vaxjo			
Central Hospital of Vaxjo	Vaxjo	415	2750	50%
University Hospital	Malmo	750	6000	30%
Norbottens CC	Lulea	774	7000	33%
Lindesberg Hospital	Orebro	100	620	35%
Sodra Alvsborgs Hospital	Boras	560	3586	43%
Varforbundet (Nurses Association)	Stockholm			
National Board of Health and Welfare	Stockholm			

PORTUGAL

Organisation	Location	No of beds	Total staff wte	% Nurses
Instituto Português de Oncologia de Coimbra Francisco Gentil	Coimbra	200	914	26%
Centro Hospitalar de Setúbal	Setubal	456	2115	31%
Instituto Português de Oncologia do Porto Francisco Gentil,	Porto	319	1800	34%
Centro Hospitalar de Porto	Porto	610	4200	35%
Catholic University of Portugal - Institute of Health Sciences	Porto			
Ordem de Enfermeiros	Porto			
International Council of Nursing	Geneva - Switzerland			
Centro Hospitalar do Tamega e Sousa	Guilhufe - Penafiel	452	520	33%
Hospital de S. Joao EPE	Porto	1104	5347	38%
Centro Hospitalar do Medio Ave EPE	Santo Tirso	297	382	31%
Centro Hospitalar Entre o Douro e Vouga EPE	Santa Maria da Feira	312	n/a	n/a
Hospitalar Prof doutor Fernando Fonseca EPE	Amadora	800	800	30%
Centro Hospitalar de Coimbra EPE	Coimbra	532	2602	33%
Unidade Local de saude do Alto Minho EPE	Viana do Castelo	476	849	n/a

GERMANY

Organisation	Location	No of beds	Total staff wte	% Nurses
University Medical Center	Hamburg	1400	6500	23%
University Nursing School	Hamburg			
University Hospital	Leipzig	1355	3200	40%
Charite University Hospital	Berlin	3000	9000	Sending
Pfalzklinikum für Psychiatrie und Neurologie	Klingenmünster	150	150	61%
Landeskrankenhaus fur Forensische Psychiatrie	Bernburg	179	150	100%

BELGIUM

Organisation	Location	No of beds	Total staff wte	% Nurses
University Hospital	Ghent	1000	5025	33%
University Hospital Saint-Lucl	Brussels	1000	3600	40%
University Hospital	Leuven	1955	5771	35%
Psychiatric hospital Bethanienhuis	Zoersel	621	214	45%

SLOVENIA

Organisation	Location	No of beds	Total staff wte	% Nurses
University Clinical Centre	Ljubljana	2274	914	45%
University Clinical Centre	Maribor	1281	2808	47%
Psychiatric Hospital	Idrija	200	200	42%
University Clinic of Respiratory and Allergic Diseases	Golnik	200	458	38%
Nursing College	Jesenice			
Institute of Oncology	Ljubljana	320	840	33%
Slovenian Association of Nurses and Midwives	Ljubljana			
Psychiatric Hospital	Ormoz	140	143	n/a
Sposna Bolnisnica Dr Franca Derganca	Nova Gorica	457	909	23%
Hospital for Gynaecology and Obstetrics	Kranj	62	124	50%
Sposna Bolnisnica	Brezice	137	291	45%
Bolnisnica Sezana	Sezana	n/a	125	46%
Sposna Bolnisnica Dr Jozeta Portca	Ptuj	254	448	54%
Hospital Topolsica	Topolsica	123	101	44%

MALTA

Organisation	Location	No of beds	Total staff wte	% Nurses
Office of the Permanent Secretary (Health, Elderly , Community Care)	Malta			
Zammit Clapp/ Karin Grech Hospitals	Malta	215	n/a	n/a
St Vincent de Paul Residence for Elderly	Malta	1064	n/a	n/a
Mater Dei hospital	Malta	810	n/a	33%
Primary Health Care Department	Malta			
Gozo General Hospital	Malta	279	n/a	n/a
Mount Carmel Hospital	Malta	609	609	609
Maltese Government Office	Malta			

Appendix 4 - Bibliography

Canadian Health Services Research Foundation *Stories for Safety – Nursing Leadership and Patient Safety – 10 Steady Steps,* [Online], Available:
http://www.chsrf.ca/research_themes/nlop_stories_safety_e.php /
http://www.chsrf.ca/research_themes/pdf/11115_ss_Nurs_Lead_e_Final.pdf [06 April 2010]

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