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Influence and Leadership in Community-Based Nursing in Norway

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Abstract This study investigated the perception of influence and decision making among mid-level community-based nurses. Respondents were nurses and nurse leaders in public health nursing, home nursing, and nursing in nursing homes in the municipality. Nurses in three nursing services located within each municipality's Community Health Service in 72 municipalities were surveyed or interviewed. The results show that the leaders of the nursing service and nurses in the three services are regarded as having influence, and in fact, possess more influence on the decision process than the administrative leaders and political management. There are great differences in the perception of decision making among the leaders of the nursing service and nurses in the three services. The leader of the health visiting service has less influence on decision making than the leader of the nursing home, while the health visitor has more influence on decision making and autonomy in professional work than the nurse in the nursing home. These differences might be explained by contextual factors such as tradition, gender, and work process.

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In many European and North American countries, whether nursing, medicine, or another discipline should provide the leadership and administration of community health care services has been debated and quarreled over for many years. In Norway, the discussion has been most heated during periods of reorganization of the community health service (Blankholm, 1983; Svabø, 1983). A debate has also taken place over who should have leadership positions in wards and departments in regional hospitals in Norway (Østby, 1990). The intensity and frequency of this recurring debate demonstrates that it is an important issue for nurses and nursing services. A continuing theme in the debate about the leadership of community health services focuses on the value of having a nurse to direct and manage nursing services. Supporters argue that the significance of having a nurse manage the nursing service is most important in the levels of management most closely related to patient care. They believe that only a nurse, as head of the ward or department, could understand and make the right decisions in a nursing service unit. Further, the argument continues, only a nurse leader is able to develop a system of care that will obtain the highest quality outcomes. Lastly, it is believed that only a nurse leader would fully understand the allocation and distribution of resources necessary to provide patient care. To argue effectively for nursing in this debate, it is necessary to have an understanding of nursing leadership within these organizations. Therefore, this study was designed to explore the perception of nurse leaders' influence and leadership in community nursing services when the health department manager was not a nurse. The study's aim was to provide a descriptive understanding of community nursing leaders' influence on administrative decisions in the workplace in relation to administrative and political management and in relation to

staff nurses' perceptions of autonomy and independence in professional work.

In order to investigate the status of nursing's leadership position in community nursing services, the study focused on exploring different types of leaders' influence on the administrative decisions in 77 Norwegian municipalities' health departments.

QUESTIONS

The study's purpose was to gain a better understanding of the nurse leader's position in the community health service and nursing service in Norway. Two research questions followed from this purpose:

1. How have nurse leaders influenced the community health services administrative team through their effect on administrative decisions?
2. What is the leadership and decision-making relationship between the nurse leader and the staff nurse?

Community Health Service (CHS) included public health nursing service, home nursing service, and nursing service in nursing homes. These three nursing service units are within the same organizational setting under the municipal government. Each of these nursing services has a nurse as the professional leader. The chief nurses (hierarchically equivalent to a hospital chief nurse) are middle managers who have responsibility for their special nursing services; they are accountable for the nursing care provided in the municipalities. For this study, nurse leaders were the chief nurses for each of these three services: the public health nursing, home nursing, and nursing in nursing homes. Respondents were nurses and nurse leaders in these three nursing services in the municipality.

Nurse leaders' and staff nurses' perceptions were used to explore the influence of nurse leaders, non-nursing management, and the political environment on administrative decisions in the workplace. Staff nurses' perceptions of the degree of influence in administrative matters and of autonomy and independence in their professional work were also examined.

BACKGROUND

In Norway, local self-government has characterized national administration for over a century. Worker participation in decision making through industrial democracy is typical of most organizations. Much of the existing literature about nursing service in Scandinavia emphasizes the structure, hierarchy, and rules governing nursing positions (Henry, 1993; Otterstad, 1980; Schanke, 1987). There is less literature about the effect of the structure and how the health workers adjust to the formal organizational structure. According to Hall (1991), the importance of the leadership position for goal attainment in an organization is not clear. Factors such as leadership position in the organization, the specific situation, characteristics of individuals involved, and the relationship with the subordinate staff may influence the leader's behavior and organizational outcomes. Also, other studies suggest that power increases upwards in the hierarchical ladder (Mintzberg, 1979; Hickson, McMillan, Azumi, & Horvath, 1979; Hall, 1991).

Unfortunately, few studies exist on the importance of the leadership position in community health nursing. The paucity of knowledge about nurses as managers is problematic in view of the emphasis in Norway on local self-governance, the demands for improved management of the health services, and the apparent importance of the leadership position. Also, the nurse manager's role in Norwegian community health services is complicated by the varied health workers' professional cultures, the requirement for cooperation between the county service and the municipality's services, and ongoing organizational changes within a short time span.

The frame of reference used in this study to evaluate the leadership position has been grounded in organizational and professional theories with special focus on power and influence. According to Weber (1979), the structure and nature of bureaucratic organizations determines the importance of hierarchy and line of authority within the organization. Research on this issue of power and influence in organizations points to divergent tendencies. One view stresses the power in the vertical dimension of the organizational structure, with more power higher up in the hierarchy (Hickson et al., 1979). In this view, therefore, the professional leader may be seen as part of the management hierarchy, and in this position the professional leader, being on a lower level in the hierarchy, would have less influence than the administrative management. On the other hand, professional theory stresses autonomy and power as a characteristic of the professional. The nurse leader's degree of influence in the administrative team might reflect the professional leader's status. Hence, this study examined the nurse leader's influence on the overall community services administration.

A contrasting perspective stresses the power and possibility of the ground level to influence the higher level in their organization (Hall, 1991; Mintzberg, 1979). How nurses negotiate the decision-making relationship between the staff nurses and the nurse leaders was also a focus of the study. Blau & Scott, 1970) describe formal organizations as having three dilemmas that are of great importance for service organizations. The dilemmas are between communication versus coordination, bureaucratic discipline versus

professional expertness, and managerial planning versus initiative. These dilemmas were explored when Lipsky (1980) and Hvinden (1991) examined how individuals within organizations adjust to structures and conflicting demands. Both studies demonstrate that informal strategies develop to manage these dilemmas. The street-level bureaucrat facing the client's demands with limited resources developed strategies to handle this pressure (Lipsky, 1980). Likewise, the welfare state worker in the social office and national insurance office developed strategies that counteracted the integration of the welfare bureaucracy (Hvinden, 1991).

METHODOLOGY

Study Design And Sample

This descriptive study used a multimethod approach to explore nursing leadership in community nursing services. A proportionate stratified sample was obtained by clustering all municipalities in Norway ($N = 448$) into five groups according to the number of inhabitants. From each cluster the proportionate number equivalent with the population were drawn totaling 72 municipalities. The sample is thus comparable with the population.

Mailed questionnaires were sent to leaders and staff nurses (total $n = 308$) in three nursing services in 72 municipalities. The public health nurses consisted of 38% nurses and 62% nurse leaders (n 81), the home nurses were 35% nurses and 65% nurse leaders (n 100), and nurses in nursing homes were 20% nurses and 80% nurse leaders (n 127).

Prior to the mailed survey, a convenience sample of community nurses (total $n = 47$) were selected. The nurses were asked to participate because of their role, work setting, and relevance for the study's questions. Data from this sample were collected through in-depth interviews. The sample consisted of public health nurses ($n = 12$), home nurses ($n = 17$), and nurses working in nursing homes ($n = 18$) in six municipalities. These six municipalities represent two small, two medium, and two large municipalities based on population size.

Instruments and Procedures

The survey instrument was developed from the conceptual framework and reviewed for internal validity by experts and tested through a pilot study. The written questionnaire contained 46 items. The questions were both forced and open-ended. Demographic information included age, sex, education, and current position. Indexes were constructed from the items. The question, "Who has the most influence in the following situations?" was used to construct the index of influence on administrative decisions. The forced choice responses for the leadership variable were: professional leader; department manager; health leader; management council; and steering group for health and social departments.

These variables were made into three categories of the leadership, that is, professional leader who was a nurse, administrative management consisting of the department manager and the health leader, and political management consisting of the management council and health and social steering group.

The situation choices for this index were: short and long-term leave of absence; hiring personnel for permanent positions, stand-in positions, and leader positions; permission to attend short and long-term courses; budget, purchasing, and free disposition over the budget; and working hour plans.

For each situation, the respondent marked the one which had the most influence on the situations by leadership category. The index had values ranging from 0 to 11; the higher the number the more respondents had marked that role as influential within a category.

The second index, the index of professional competence was constructed to measure the staff nurses' professional independence. This consisted of six questions:

1. "Are you dependent on colleagues to do nursing the way you want it?" The response options were "absolutely," "to some degree," "little," and "absolutely not."
2. "What is your influence on the admitting process?" The response options were "great influence," "some influence," "little influence," and "no influence."
3. "What is your influence on the length of stay?" The response options were "great influence," "some influence," "little influence," and "no influence."
4. "What is your influence on the discharge process?" The response options were "great influence," "some influence," "little influence," and "no influence."
5. "To what degree do you plan and decide on your work?" The options were "high degree," "to some degree," "little degree," "not at all."
6. "Does the next level nurse leader decide about these processes?"

One-way analysis of variance was used to compare group means in the quantitative analysis. The groups were nurses in public health nursing service, home nursing service, and nursing service in nursing homes. The alpha level was set at $p < .05$.

Qualitative data was gathered through the use of a semi-structured interview guide with focused areas of questions and probes. The interviews were conducted with staff nurse

and nurse leaders across settings. The guide was developed from the conceptual framework. Besides the background information about sex, education, and workplace, the areas for exploration were: staff policies in the workplace; autonomy as leader and as professional; cooperational issues; and processes related to nursing care and the admittance, nursing, and discharge of patients.

The author conducted all of the interviews and took copious notes. Confirmation and re-questioning at the time of the interview strengthened the accuracy of the notes. Checking for representativeness, awareness of researcher effect, weighing the evidence, and making contrasts and comparisons were used to validate the findings (Miles & Huberman, 1984; p. 230).

The nurses' perceptions and stories about work tasks, cooperational issues, and processes related to nursing care, admission, and discharge of patients were the main data sources for the analysis. The transcripts were analyzed by searching for threads and patterns and by surveying processes and different ways of handling tasks and dilemmas. The analysis mainly used strategies described by Miles & Huberman (1984), but also followed the steps for analyzing grounded theory and the development of constructs (Glaser & Strauss, 1967).

FINDINGS

Nurse Leaders' Influence On Administrative Decisions

In all three nursing services, the professional leader was regarded as having the most influence (Table 1).

Political management was not viewed as significantly different in influence among the nursing services. Administrative leadership was regarded as having the most influence on the decisions by respondents in the public health nursing services and less by the respondents in the nursing services in the nursing homes. According to respondents in the nursing homes, their professional leader had the most influence on decisions.

Nurse Leaders' Experience With Administrative And Political Management.

The nurse leaders' experience with administrative and political management differs and reflects only partly the picture shown in Table 1. The leaders of the public health nursing services believed that their service had low priority among political and administrative management. This impression was based on the lack of response when asking and bringing forward reasons for more resources. They thought that other services received higher priorities. One nurse said, "Three years in a row we have asked for an extra position and been refused. We have given as good a rationale for this as we could. We have written page after page. We have changed strategies. In spite of a very detailed proposition with good proof, we have been rejected."

Another public health leader had experienced that three of the professional leaders (herself, the medical officer, and the home nursing service leader) had to cut budget proposals. She, however, had to cut the most, much more than the home nursing service leader and the medical officer. One nurse found that the service was not at all popular: "An earlier medical office in the municipality did not want any public health nurses. It was not necessary. When I inherited this municipality I was the only public health nurse in 1964. It was a tremendous amount of work to get this service running."

This is quite a different picture than the home nurse leader discussed. Her experience with influence on administrative and political decision was that of support and understanding. They had to fight for resources, but they eventually got support. A nurse leader said, "The first year I exceeded the budget seriously, but I wrote a strong case saying why we needed the extra money and I got it." Another nurse leader said the following about response from management: "After all, it functions OK. I write and forward the cases to the next decision level. I discuss it with the department leader. We are physically closely located. I

TABLE 1. *Respondents Experience of Influence in Three Categories Of Leadership Within Three Nursing Services. Mean Value On Index*

	Public health nursing service n = 71	Home nursing service n = 100	Nursing service in nursing homes n = 127
Professional leader	3.9	4.5	5.2[ab]
Administrative leadership	2.5[a]	1.8[a]	0.8[ac]
Political management	2.8	2.8	3.0

[a]Significance level < .05. N = 308

[b]Nursing homes are significantly different from public health nursing service and home nursing service.

[c]All nursing services differ significantly.

have got all my cases accepted even further up (at the political level)."

The leader of the nursing home, who was regarded as having the most influence in the decision process, regarded herself as being quite restricted. Nursing home leaders believed above all that the border between the professional leader's responsibility and the political and administrative responsibility was unclear. One nursing home leader found that the political council tried to direct who could undertake work at the nursing home when someone was absent. She stated, "The municipality has, well it is I think political, a so-called fixed stand-in list. So you have to ask the first one on the list to come in first, even if you know that number eight is the best, because management has decided the priorities."

Another nurse leader discovered that her office clerk was made the head of a reorganization process at the nursing home.

Nurse Leader And Staff Nurse Relationship

Influence in administrative matters

The staff nurse's degree of influence on administrative matters is partly dependent on the nurse leader's ability and willingness to delegate responsibility and, also, the degree of democratic leading style. Size of the organization may also be an influential characteristic.

Findings indicated that staff nurses in public health nursing regarded themselves more influential than staff nurses in home nursing units or nursing homes (Table 2). There were no significant differences between the latter two, although home nursing was a much smaller unit than the nursing home unit. While the leaders in the nursing homes were regarded as having more influence, the staff nurses in the nursing homes had less influence than nurses in the other two nursing services.

Staff nurses' professional independence

Influence on administrative decisions is one part of an employee's independence. Another and, perhaps, equally important part, is the independence in professional work. In this investigation there were five questions used to compose an index of professional independence.

Not surprisingly, staff nurses in the public health service experienced the most autonomy and independence in professional work compared with the nurses in the nursing homes and home nursing service (Table 3). Nurses in nursing homes reported the lowest amount of autonomy and independence. Home nurses in the home nursing service reported less autonomy and independence than public health nurses but more than nurses in nursing homes. Both the public health nurse and the home nurse are very often working alone, which might account for a feeling of more independence. The difference between the public health nurse and the home nurse is somewhat unexpected.

The Relationship Between Nurse Leaders And Staff Nurses

The overall picture from the staff nurses and their relationships with their leaders is quite different. While the public health nurse experienced more independence and autonomy than did staff nurses in the other two services, their relationship with their leader did not reflect this in any way.

TABLE 2. *Experience of Influence by Nurse Leaders and Staff Nurses in Three Nursing Services. Mean Value on Index*

	Public health nursing service n = 71	Home nursing service n = 100	Nursing service in nursing homes n = 127
Staff nurses	4.8[ab]	2.9	2.8
Nurse leaders	6.4	6.5	7.6[ac]

[a]Significance level < .05. N = 308
[b]Public health nursing service differs from the other nursing services.
[c]Nursing service in nursing homes differs from the other nursing services.

TABLE 3. *Staff Nurses Experience of Professional Independence in Three Nursing Services. Mean Value on Index*

	Public health nursing service n = 71	Home nursing service n = 100	Nursing service in nursing homes n = 127
Staff nurse	3.9	3.1	2.8[ab]

[a]Significance level < .05. N = 308
[b]Nursing homes are significantly different from public health nursing service.

The public health nurses experienced their leaders as an obstacle. They told of an indolent and passive leader. She was also regarded as a weak leader. They expected more new ideas and support for new ideas. One public health nurse put it this way: "New ideas have not been easily accepted here. We have to find out for ourselves how to do things. I wish we could get more advice and guidance and been more inspired to start with new things." Another said, "We cannot just pass by the leader. We have to use a lot of time and strength to get things accepted. We manage in the end, but it takes time and it is heavy."

The home nurses experienced their leader on one hand as being absent and not available for support and help, and on the other hand restrictive. One nurse said, "We do get a reaction if we now and then make a decision: 'Did you do that?' she asks." A nurse said, "We notice that she is busy. We suffer under that." They "suffer" by feeling they cannot disturb her and get the support they need.

The leader of the nursing home was found to be dominating and authoritative. "We have little influence on the priorities. Too much has to pass through the leader. When she participates in courses or attends meetings things became stuck. It wouldn't hurt if she delegated more." Another nurse put it this way: "I have to say, the problem is the acceptance of a patient. Most of the time the professional leader accepts the patient and the ward has been told who and when a new patient will arrive. I think at least that the head nurse should be part of that decision."

DISCUSSION

Overall, the findings showed that the respondents (nurse leaders and nurses in the three nursing services), regarded the professional leader as having more influence than the superior manager and the political administration in administrative decisions. This can have different explanations. First of all, these respondents' answers may not coincide with other nurses working in the same setting. The respondents were professional leaders and staff nurses and the latter might have more remote and second hand knowledge of the decision process. The professional leader's importance and influence might also be overstated due to the fact that she/he is closer and more visible to the staff nurses.

Less influence for the professional leaders in public health nurses compared to those in nursing homes might be supported and partly explained by the size of the organization. Bigger organizations are more formalized and more employees might give more authority to the leader (Hall, 1991). Another point is that the nursing home, more than the other nursing services, has a much more enclosed setting. The staff nurses might have little contact with other personnel working in the municipality. This might support the impression of a much stronger leader due to the visibility of the leaders and invisibility of the other leaders in the health and social departments in the municipality.

The public health nurse service is an old service that, to a certain degree, contains a culture marked by tradition. It has been a service that traditionally has been greatly influenced and managed more by the medical officer than the nurse leader in the other two services. This might possibly account for administrative management's greater influence in this setting than the other two.

Another explanation of the differences might be sought in the gender perspective. Gender is supposed to count for more men in leading positions and more power in the leading position inhabited by men. Twenty-two percent of the leaders in the nursing home were male, 11% male in home nursing services, and none in the public health services. The tendencies of tradition and earlier practice might also be supported by the fact that the leaders in the public health services generally were older than the leaders in the other two nursing services.

While the leaders in the public health service had less influence in the decision-making process, the staff nurses in the public health nursing service had more professional autonomy than those in the nursing home. Two conditions might be of importance here. The first is the degree of dependence in the working process; the other is the hierarchical levels. The public health nurse is working, to a greater extent, alone in the health-visiting center and is independent of colleagues. In this aspect, her work is much more like the traditional professional. Her independence might be connected to lack of external control and to the absence of others (Katz, 1973), while the nurses in the nursing homes are restricted by the teamwork with several actors, hierarchical levels and the organization of the work.

The qualitative data presented another picture. It fills in the overall picture from the quantitative data and broadens our understanding of the topic. The most interesting aspect here is the nursing home leaders who were regarded as having the most influence on the decision-making process, but nursing home leaders themselves experienced restrictions from the administrative and political management. One important factor that might help to explain this are the organizational changes that had taken place in the Norwegian health service the year before this study took place. The nursing homes that were the counties' responsibility were transferred to the municipalities' responsibility. The nursing home leaders were curious about the new governing heads. The county managers had given them a great deal of autonomy, and they feared they would have less independence and more centralized and detailed management from the municipalities' management.

SUMMARY AND RECOMMENDATION

This study investigated the perception of influence and decision making among mid-level community based nurses. The results show that the leaders of the nursing service and nurses in the three services are regarded as having influence, and in fact, posses more influence on the decision process than the administrative leaders and political management. Overall, the nurse leaders were regarded as most influential in situations connected to resource allocation, hiring of professional personnel and upgrading courses. Although the leaders of the nursing service and nurses in the three services are on the same organizational level, there are great differences in the perception of decision making among them. The leader of the health visiting service has less influence on decision making than the leader of the nursing home, while the health visitor has more influence on decision making and autonomy in professional work than the nurse in the nursing home. These differences might be explained by contextual factors like tradition, gender and work process. Also, the question remains as to what is the importance of nursing leadership at higher levels of administration. These questions need to be explored in future research.

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