Recently the question about nursing as a profession is the subject of lively debate, especially in undergraduate and graduate schools of nursing. It is probably fair to say there continues to be controversy about what the answer to that question should be and we haven’t reached a conclusion with which everyone agrees. We can ask the same question of nurse executive practice and the practice of nursing managers. Why should we bother? The question of whether management is a profession is hotly debated by our colleagues in business. We should learn from that dialogue and ask ourselves the same question regarding nursing management.

Is Management a Profession?

Khurana and Nohria (2008) boldly assert “it’s time to make management a true profession” (p. 36). Their position is true professions have codes of conduct with consequences, a governing body/peer review structure to ensure compliance, science-based education, and certifications that would guarantee the public a minimal level of competence. These authors are concerned unprepared managers don’t have the knowledge to understand the complicated world of financial derivatives, for example, and many boards are not knowledgeable of the potential for risky processes and investments. Interestingly, these authors note professionals with MBA degrees are less likely to invest in lifelong learning than those without an MBA, which is not the expectation of a professional. But without certification and the requirement for lifelong learning, many people do not invest in new knowledge.

Khurana (2010) pursues this argument by noting the founders of the first business schools envisioned management as a profession that would efficiently organize the corporation for the benefit of all constituencies including the state and community. But, in the 1970s, this vision deteriorated into the sole drive for profit and managers were merely hired hands without any higher purpose or theory to drive their practice. Khurana (2010) calls for a major reorganization of schools and proposed the professionalization of management will be the vehicle to upgrade the level of business practices in the future. Santiago Iniguez de Onzono (2011), the dean of a business school in Spain, believes better research, better programs, and faculties who are more keenly focused on the needs of the real world will create the manager we need in the future.

Other authors such as Pfeffer (2011) note professions have a specialized body of knowledge they are expected to apply to their everyday practice. While he reports the move toward evidence-based management seems to be growing, he bemoans the fact that it is not an essential part of any manager’s practice and not enough organizations set the utilization of evidence as a standard.

What Does This Imply for the Executive And Managerial Leaders of Nursing Practice?

The practice of the nurse executive and the nurse manager demonstrates wide variation as we scan across the health care system and other countries. The managerial and leadership preparation to take the role of the nurse manager is often absent, and extremely variable if it does happen. The nurse manager who comes to the role educationally prepared is rare and managers prepared at the ADN or BSN level are the most common. Returning to school after assuming the role is a common educational route. The choice of an advanced degree in nursing management or in a related field results in a population of nurse managers with widely varied skills and conceptual frameworks. The chief nursing officer (CNO) also

EXECUTIVE SUMMARY

▲ The question of whether management is a profession is hotly debated by our colleagues in business.
▲ We should learn from that dialogue and ask ourselves the same question regarding nursing management.
▲ Looking at our practice against the commonly accepted descriptions of professional practice, the answer is probably no.
▲ This is an ideal time to reflect on the practice of nursing management and executive practice.
▲ We must examine nursing management practice and learning deliberately from our experience.
Improvement only comes from daring to question everything we do.

comes to the role from many different educational preparations ranging from a master’s in nursing to a degree outside of the profession such as an MBA or a degree in a related area of study. As the result of regulatory bodies and certification organizations such as the Joint Commission and Magnet® making recommendations about the preparation of the CNO and the nurse manager, we are seeing more uniformity now across the country.

Lifelong learning is one of the hallmarks of a professional. The commitment to this quest is also variable, but hopefully improving. With the advent of certification for the CNO and the nurse manager, additional education is inherently embedded in the requirements for recertification. However, the number of certified nurse managers and CNOs has not reached the tipping point and certification has not been achieved by the majority of nurse leaders. There is real potential to encouraging a 100% certification rate of nurse managers and CNOs to profit from the additional education certification requires. Certification is one vehicle to demonstrate mastery over the world of nursing management and executive practice.

The ability to use evidence-based management and leadership processes is also variable based on the rigor of the person’s understanding of evidence and research-based clinical processes and outcomes. There are many examples of managers and CNOs not skilled in evidence, for example, in informatics, patient safety, human resource practices, health care architecture, or staffing that have caused failures in the past. While evidence-based management has been more of a concern of late, it is fair to say we have missed many opportunities to establish evidence-based management as the basis of nursing management and executive practice. Opinion-based versus evidence-based management is still too common for us to declare evidence-based management/leadership is practiced consistently.

An important part of professional practice is self-examination and learning deliberately from the experience. Improvement only comes from daring to question everything we do. This involves examining success and failure equally to determine the science that makes for a successful or failed project. For example, if we treated all unexpected turnover as a sentinel event or failure to successfully complete orientation as a sentinel event, what would we learn to improve our practice and move it closer to perfection? We have learned from root cause analysis of patient events many important facts and have changed practice. We have the same opportunity to review managerial practices to learn how to improve. Personal self-examination involves questioning everything we do to learn more. The danger of the unexamined life is that we make the same mistake over and over and fail to learn the evidence we need to lead from a position of facts versus opinions or faith.

Educationally, we have a long way to go to reach the standard that Iniguez de Onzono (2011) challenged us to create — faculty focused on the real world. Faculty in non-clinical majors often do not know the work of nursing management and leadership. There is a lack of partnerships with schools of nursing to create an integrated learning experience. With the advent of the doctor of nursing practice degree, we have a huge opportunity to teach evidence-based leadership and management much better than we have done previously.

Is Nursing Management and Executive Nursing Practice a Profession?

Looking at our practice against the commonly accepted descriptions of professional practice, the answer is probably no. We do not have a code of ethics specific to management or a peer-review body to enforce the code. We do not have a clear entry into practice route that keeps the unqualified out, or agree on the necessary skills for the practice. Nursing leaders come from many different educational routes, with great variability in preparation. We do not have a separate license or strong certifying process. And finally, the research and evidence on nursing management and CNO practice is sparse and we cannot guarantee it is read and implemented consistently. Now that the debate about management being a profession is alive and well in the business journals and other venues, this is an ideal time to reflect on the practice of nursing management and executive practice. The current approach won’t work for the future. As the complexity of health care increases and as the demands on the nurse manager and executive accelerate, we need to mirror the approach of the business schools and leaders in management. We must examine nursing management practice and learn deliberately from our experience.$

REFERENCES