

The Role of First Line Nurse Manager

Seyyed Abolfazl Miri¹, Nur Naha Abu Mansor¹, Ahmed Alkali¹ & Aliyu Chikaji¹

¹ Department of Human Resource Development, Faculty of Management, Universiti Teknologi Malaysia, Johor Bahru, Malaysia

Correspondence: Seyyed Abolfazl Miri, Department of Human Resource Development, Faculty of Management, Universiti Teknologi Malaysia, Skudai, Johor Bahru, 81310, Malaysia. E-mail: syeed.miri@gmail.com

Received: September 9, 2014 Accepted: September 16, 2014 Online Published: November 15, 2014

doi:10.5539/res.v6n4p31

URL: <http://dx.doi.org/10.5539/res.v6n4p31>

Abstract

Changes in the healthcare system in relation to human resource conditions have somehow adversely influenced organizational effectiveness. In particular, this has exposed the FLNMs to multidimensional and ambiguity roles (management and clinical skills). Studies on FLNMs' roles have been conducted to clarify this, but little consensus has been reached so far. An exploratory qualitative research method is utilized to describe the terminologies "FLNMs' roles". In this regard, sixty text samples are conveniently selected as a secondary data (published articles, health care documentaries, and books from 2001-2012). Meanwhile, qualitative content analysis on the roles of FLNMs has been conducted on one thousand units (sentences or paragraphs in accessible sources) that appeared the FLNMs' role messages. Results indicated that their roles can be categorized into three main codes and 17 subcategories or factors, i.e., Planning (P₁-P₇), Organizing (Q₈-Q₁₂), and Leadership (L₁₃-L₁₇). More than 50% of the sources have cited "report delivery" and "patient care (health education)" of the planning role; "staff training and education" and "participation in training programs" of the organizing role; and "staff evaluation form and worker training" of the leadership role in their studies. This review has determined three central constructs of Mintzbergs' (1990) theory, including; "Interpersonal contact (IC)", "Information processing (IP)", and "Decision making (DM)" as a conceptual framework of FLNMs' roles. Further studies need to be established to study other important factors involved.

Keyword: first line nurse manager's role, planning role, organizing role, leadership role

1. Introduction

Since the 1990s, healthcare systems around the world have been geared towards decentralization to reduce organizational size and budgets. These changes that are aimed for increasing organizational effectiveness and efficiency have greatly influenced the roles and responsibilities of the first line nurse managers (FLNMs). Today, the FLNMs' roles have become multidimensional where they are expected to manage wards and carry out their overall daily duties for their patients at the same time (Loo & Thorpe, 2003; Johansson et al., 2007; Skytt et al., 2008). Within the last decade, some studies (Carnevale, 1997; Persson & Thylefors, 1999) have reported that such new directions have negatively led to overloading, conflicting, and ambiguous roles of the FLNMs because the nature of nursing management has been fundamentally misunderstood. Therefore, it is important that their roles are clarified to create competency and help the FLNMs to carry out their roles efficiently (McGillis, Hall, & Donner, 1997).

The "role" term, by definition, means the behavior expected of a person who has been designated a social position or status (Encyclopedia of Britannica, 2010). In the healthcare system, the roles of first line managers vary. For instance, his or her duty can be to carry out the routines in the personnel management such as work shift listing, hiring of substitutes, planning of staff training, and etc. (Viitanen et al., 2007). The *Employment Organization of the Islamic Republic of Iran (2010)* states that: "First line nurse manager of educational, health, and rehabilitation center is responsible for managing the nursing staff, equipment, and services nurse". To date, many studies on FLNMs have emphasized on the need to clearly define their roles. For example, Skytt et al. (2008) used Mintzberg's (1973) theory of the manager's working roles to categorize the FLNMs' duties, and discovered that their current roles mainly concern day-to-day work and responsibilities for personnel, particularly those related to empowerment and staff well-being. The authors also described an idealistic role for these FLNMs, which is to perform daily work that prioritizes the patients, this is followed by developing services and cooperating with others. On the other hand, the researchers stressed on the importance of having relevant

human, leadership, and effective communication skills (Johansson et al., 2007; Anvari et al., 2014; Anvari & Atiyaye, 2014). With regard to this, Loo and Thorpe (2003) also stated that FLNMs need to be equipped with interpersonal communication skills, managerial skills that concerns human resource development (HRD), and leadership skills. Generally, our review on relevant literatures showed that the FLNMs' roles have been discussed from two different aspects: 1) FLNMs' responsibilities and duties, and 2) FLNMs' skills and competences. Most importantly, little consensus have been reached in prior researches, and thus a comprehensive review has to be done to analyze the most common and vital concerns of nursing line managers.

To sum up, this study aims to provide an extensive overview of the FLNMs' roles through content analysis on the obtained results in recent studies (from year 2001 to 2012) with reference to the management principles of Carpenter et al. (2010). The followings sections shall describe the "managing principles as a theoretical framework" and "the role of first line nurse manger in literatures". It is hoped that this review will assist healthcare system personnel in designing suitable HRD assessment tool.

1.1 Management Principles as a Theoretical Framework

Carpenter et al. (2010) stated that: "The principles of management can be categorized into four major functions of planning, organizing, leading, and controlling (the P-O-L-C framework)". The four functions are actually highly integrated when carried out in the day-to-day realities of running an organization (see Figure 1). Planning is the function of management that involves setting objectives and determining a course of action for achieving those objectives. It requires that the managers are aware of environmental conditions faced by their organization and are able to forecast future conditions. Organizing is the function of management that involves developing an organizational structure and allocating human resources to ensure the accomplishment of objectives. Leading involves the social and informal sources of influence used to inspire action taken by others; if the managers are effective leaders, it will inspire the subordinates to enthusiastically exert their efforts to achieve common organizational objectives (Anvari et al., 2014). Controlling involves ensuring that performance does not deviate from standards. Table 1 presents the particular characters of the P-O-L-C managerial functions; this table provides a useful indication of activities carried out by the managers when they are working towards attaining organizational goals. Moreover, this coding scheme can be performed in a deductive manner to find out the factors involved in defining the FLNMs' roles.

Table 1. The P-O-L-C framework of Carpenter et al. (2010)

| Planning | Organizing | Leading | Controlling |
|-------------------------|------------------------|--------------------|------------------------------|
| 1. Vision and mission | 1. Organization design | 1. Leadership | 1. System/processes |
| 2. Strategizing | 2. Culture | 2. Decision making | 2. Strategic human resources |
| 3. Goals and objectives | 3. Social network | 3. Communication | |
| | | 4. Groups/teams | |
| | | 5. Motivation | |

Lussier (2006) presented the relationships among management levels and skill needed, and stressed that the roles of first line managers require technical skills for performing leading and controlling functions. In addition, Figure 1 shows the hierarchy of nursing managers regarding their manager levels, job title, and skills needed within the Iranian health care system context.

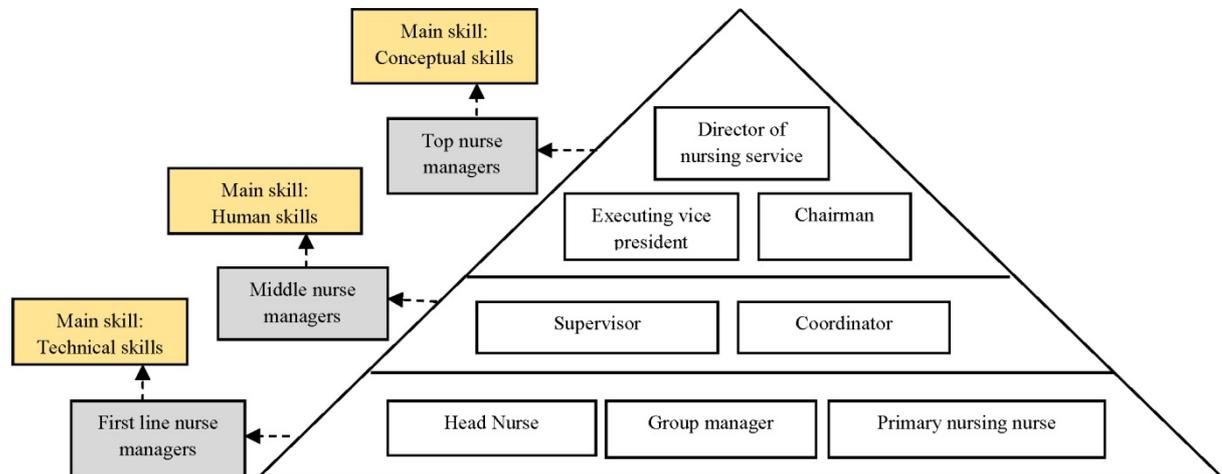


Figure 1. The hierarchy of nursing managers in regard to their manager levels, job title, and main skill needed in the Iranian health care system (Employment Organization of the Islamic Republic of Iran, 2010)

2. Aim

This study intends to categorize the FLNMs' roles based on management to design the FLNMs' roles conceptual frame work.

3. Methods

This study conducted an exploratory qualitative research method to fulfill conceptual frameworks for central issues of this research, namely, "First Line Nurse Managers' Roles". The existing academic publications, administration frameworks/documentaries, standards and reports around the terminologies "FLNMs' roles" were utilized in term of convenience sampling. Searching all relevant documents about the keywords via internet academic sources come up with different journal papers, conference proceeding, and project reports involved in the Web of Science, Citation Database, Academic ASAP, Pub Med, Nursing management, Nursing practices and Websites' health care organizations of USA, European, Iran. As a result, sixty sample texts were collected through this survey and, then analysis by content analysis technique.

Patton (2002) stated that "content analysis has been defined as a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding." However, content analysis quantitatively has been initially utilized in information library sciences (ILS), it recently goes beyond simply counting words. In new approaches, qualitative content analysis method extracts objective content from texts to examine meanings, themes and patterns that may be manifest or latent in a particular text (Patton, 2002). Consequently, the data of this study was analyzed via following steps;

1) Prepare the Data

The various types of secondary data come from existing texts (research articles, administration frameworks/documentaries, standards and reports) were gathered. This secondary data was selected based on FLNMs' roles concepts.

2) Define the Unit of Analysis

The unit of analysis refers to the basic unit of text to be classified during content analysis. Therefore, units were highlighted in term of sentences, or paragraphs in relevant texts, so that each unit appeared the message of FLNMs' roles. This study found 1000 units that discussed about this research objective that this amount of units was sufficient for saturation point (Lacy & Riffe, 1996).

3) Develop Categories and a Coding Scheme

In this study, the management principles of Carpenter et al. (2010) were utilized for generating a list of coding categories. The adoption of coding schemes developed in previous studies has the advantage of supporting the accumulation and comparison of research findings across multiple studies (Patton, 2002). Therefore, the matrix of Table 1 was deductively used as coding schema, and then the FLNMs' roles descriptive codes were inductively generated (see Section 4).

4) Assess the Coding Consistency

An assessment of inter-coder agreement was used to check the consistency of coding scheme. For this matter, two PhD scholars, Mrs. Zahra Ghasempour and Mr. Alireza Yosefpour assisted as two partner coders. According to Lacy and Riffe (1996), thirteen units of texts were separately given to them for coding units by seventeen acquired codes (see Section 4). The percentage of agreement was calculated based on Stemler (2001) formula, as a result, an enough consistency (0.86%) was found. Finally, inferences were made for presenting FLNMs' roles reconstructions as meanings derived from the data. Moreover, properties, dimensions, and connection of categories were explored and identified in term of a comprehensive conceptual framework of FLNMs' roles.

4. Finding and Dissection

The FLNMs' roles have been categorized based on the results that we have obtained from certain sources (published articles, health care documentaries, and books). With this, 60 relevant articles were found, but only 12 of them had extensively explored the roles of FLNMs. Based on management principles, their roles involve patient rights related to the nursing process and standards of care. Prior research findings have primarily categorized their roles into three sections:

- 1) Planning;
- 2) Organizing; and
- 3) Leadership.

4.1 Planning Role

The factors involved in the planning role of first line nurse managers can be divided into P₁ to P₇.

P₁- problem identification: Investigate the current situation in the dominated department to identify the problems related to delivering quality services (Cziraki, 2012; Johansson et al., 2007; Skytt et al., 2008; Duffield & Franks, 2001; Ramachandra, 2011).

P₂ - policy development: Determine the policy for the associated department in accordance with the general purposes of the organization (Skytt et al., 2008).

P₃ - implementation of standards: Plan for the implementation of caring standards (Cziraki, 2012; Loo and Thorpe, 2003; Johansson et al., 2007; Skytt et al., 2008; Duffield & Franks, 2001).

P₄ - work schedule and task assignment: Set the different work schedules for different workers (Loo & Thorpe, 2003), and assign the corresponding tasks (division of labor) (Skytt et al., 2008).

P₅ -report delivery: Plan to enhance the quality of service delivery in the departments under supervision (Gibb, 2003; Cziraki, 2012; Loo & Thorpe, 2003; Johansson et al., 2007; Skytt et al., 2008; Duffield & Franks, 2001; Ramachandra, 2011).

P₆ - patient care (health education): Plan to submit a report regarding the patients' condition in each shift (Cziraki, 2012; Loo & Thorpe, 2003). Plan for educating patients and their families (Gibb, 2003; Cziraki, 2012; Loo & Thorpe, 2003; Robson & Mavin, 2009; Maxwell & Watson, 2006; Ellström, 2012; Ramachandra, 2011).

P₇ - facility management: Make new staff aware of the regulations and standards, and familiarize them with the circumstances and the equipment at the workplace (Gibb, 2003; Cziraki, 2012; Loo & Thorpe, 2003; Ellström, 2012). Predict the units' needs in term of the required facilities and equipment, and taking measure to prepare them (Employment Organization of the Islamic Republic of Iran, 2010). Plan for the delivery of the required equipment in each shift and control the function of the equipment in each shift (Loo & Thorpe, 2003; Employment Organization of the Islamic Republic of Iran, 2010).

Figure 2 presents the percentage of each factor citation (the number of sources that cited the abovementioned factors). The figure clearly shows that factor P₅ and P₆ have the highest amount of citations (67%) while P₂ has the least (17%).

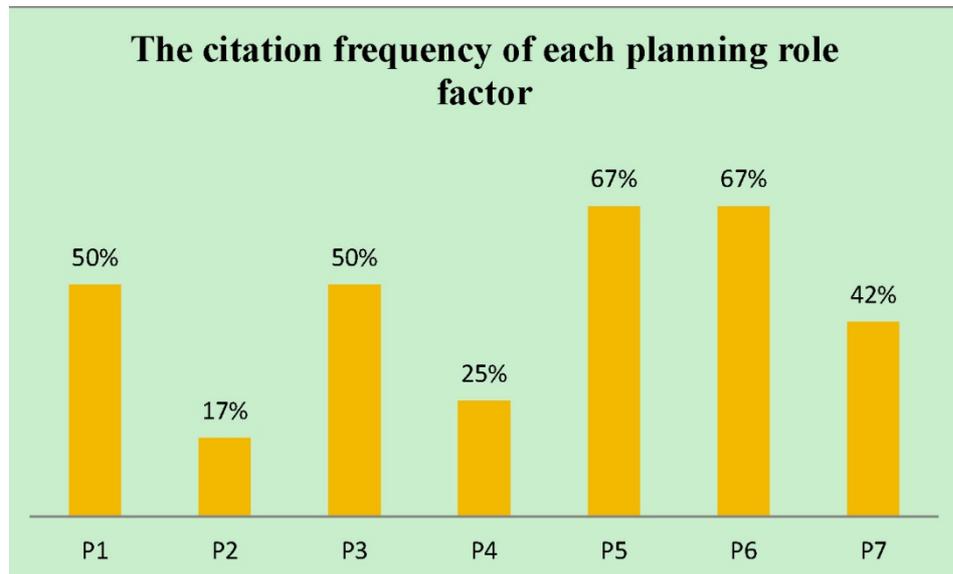


Figure 2. Factors of planning role and related frequency of citation

4.2 Organizing Role

The factors involved in the organizing roles of the first line nursing managers, as categorized by literature, can be divided into O_8 to O_{12} .

O_8 - staff training and education: Establish group meetings and attract employees to contribute in problem solving for the associated unit (Gibb, 2003; Cziraki, 2012; Skytt et al., 2008; Employment Organization of the Islamic Republic of Iran, 2010). Aware of the workers' needs and inspire them to develop job satisfaction (Gibb, 2003; Cziraki, 2012; Johansson et al., 2007; Skytt et al., 2008; Robson & Mavin, 2009; Chris, 2012; Anvari et al., 2013; Employment Organization of the Islamic Republic of Iran, 2010). Establish mutual agreement between the staff and other units' workers (Gibb, 2003; Cziraki, 2012; Employment Organization of the Islamic Republic of Iran, 2010). Attend managerial meetings and express the workers' needs (Gibb, 2003; Cziraki, 2012; Johansson et al., 2007; Skytt et al., 2008; Duffield & Franks, 2001; Chris, 2012).

O_9 - necessary reports delivery: Establish joint effort with doctors while visiting patients and provide necessary reports (Johansson et al., 2007; Employment Organization of the Islamic Republic of Iran, 2010). Report on the units' affairs which include shortages, emergencies, and requirements to the officials in charge (Employment Organization of the Islamic Republic of Iran, 2010).

O_{10} - nursing care in case of emergency: Provide necessary nursing care in case of emergency (Cziraki, 2012; Johansson et al., 2007; Skytt et al., 2008; Duffield & Franks, 2001; Employment Organization of the Islamic Republic of Iran, 2010).

O_{11} - collaboration between nursing staff and other departments: Coordinate and collaborate with other nursing staff and departments (Chris, 2012; Employment Organization of the Islamic Republic of Iran, 2010).

O_{12} - participation in training programs: Participate in training programs that involves nursing students and other trainees in the unit, and hold domestic conference to enhance the professional knowledge and skills of the nurses (Gibb, 2003; Cziraki, 2012; Loo & Thorpe, 2003; Robson & Mavin, 2009; Maxwell & Watson, 2006; Ellström, 2012; Ramachandra, 2011). Participate and collaborate in research and applied research of nursing students (Ellström, 2012; Employment Organization of the Islamic Republic of Iran, 2010).

Figure 3 illustrates the citation frequency of each factor. It is clear the factor O_8 and O_{12} have the highest amount of citations, marked at 67%. Meanwhile, O_{10} has less than 50% citation (42%), and O_9 and O_{11} have the least citation (17%).

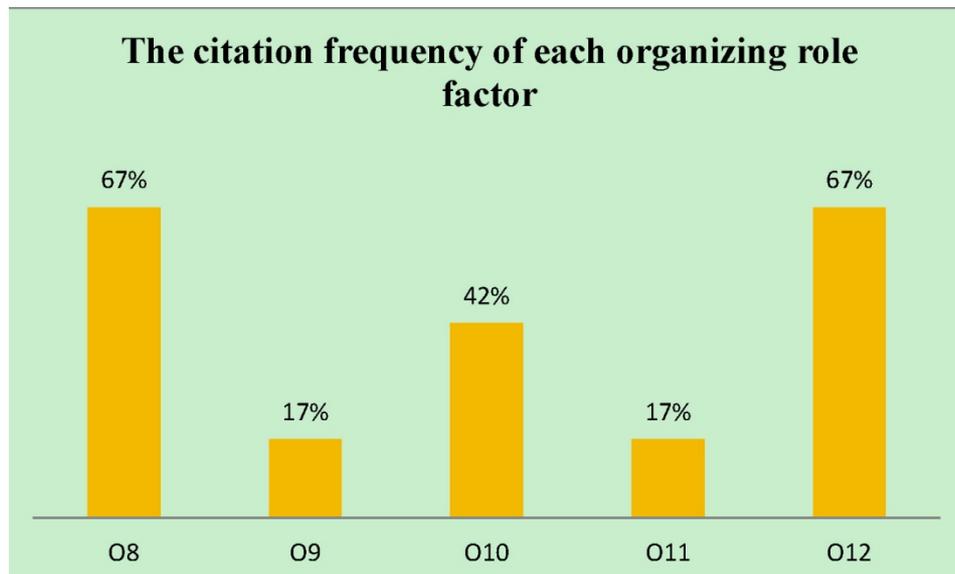


Figure 3. Factors of organizing role and related frequency of citation

4.3 Leadership Role

The leadership role is factorized into five factors (L₁₃-L₁₇):

L₁₃ - personnel attendance control: This is as stated in Gibb (2003) and Robson and Mavin (2009).

L₁₄ - staff evaluation form and worker training: This staff evaluation form has been disclosed by Employment Organization of the Islamic Republic of Iran (2010), and continuous evaluation of the workers performance involves check lists given by Gibb (2003); Cziraki (2012); and Employment Organization of the Islamic Republic of Iran (2010). This also involves monitoring and evaluation of ethical and professional behavior of the staff (Cziraki, 2012; Employment Organization of the Islamic Republic of Iran, 2010), and evaluation on the effectiveness of training given to workers (Gibb, 2003; Cziraki, 2012; Loo & Thorpe, 2003; Robson & Mavin, 2009; Maxwell & Watson, 2006; Ellström, 2012; Ramachandra, 2011; Employment Organization of the Islamic Republic of Iran, 2010).

L₁₅ - implementation control on physician orders: Control the implementation of physician orders (Johansson et al., 2007; Employment Organization of the Islamic Republic of Iran, 2010).

L₁₆ - partnership and report delivery: This involves partnership and collaboration with hospital committees (Employment Organization of the Islamic Republic of Iran, 2010), and accompanying visiting officials and giving report (Johansson et al., 2007; Employment Organization of the Islamic Republic of Iran, 2010).

L₁₇ - supervision on the implementation of nursing services: Supervise the tariff implementation of nursing services (Loo & Thorpe, 2003; Employment Organization of the Islamic Republic of Iran, 2010) and services in general (Johansson et al., 2007; Duffield & Franks, 2001). Constantly monitor necessary measures to prevent infection (Cziraki, 2012; Loo & Thorpe, 2003; Employment Organization of the Islamic Republic of Iran, 2010).

Figure 4 depicts the citation frequency of each factor in the literature. L₁₄ has more than half of the citations (67%) while the rest have less than 50% citation.

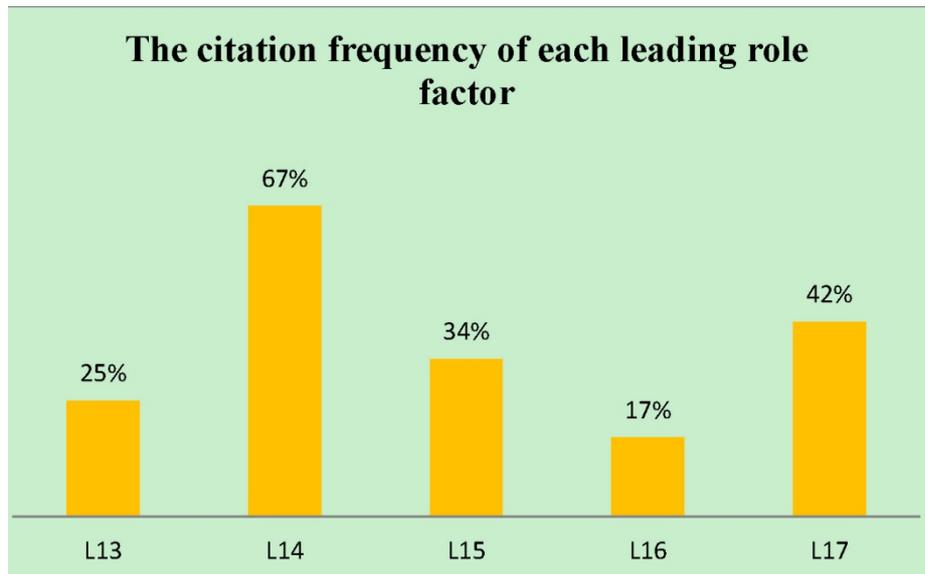


Figure 4. Factors of leadership role and related frequency of citation

Stating what the managers have to do is often not the straightforward answer to the roles they need to play, but once they are clear and familiar of their roles, then they will be able to perform better. The pattern behavior displayed here is thus the expectation for a certain job, and its form is the responsibility of the individual, though the general group can also decide it as well. Therefore, a manager's ability to full understanding his/her role and the expectations that come along with it, then he/she will be able to fulfill the role better. As such, the condition here is that everyone, especially the managers, should be aware of their roles. This has in turn encouraged Henry Mintzberg, Peter Senge (1990) to study on the roles of managers.

A comprehensive understanding on the great ideas put forth by different researchers and theorists has come to a general conclusion that managers are the leaders and are responsible of providing staff development policies and incentives, solve problems, and manage organizational conflicts efficiently. They are also the planner, the resource allocator, the data receiver, and the data distributor that set communication channels with subordinates and other organizations to achieve predetermined goals. They ought to be clear of the roles and objectives required for the job to fulfill the work objectives, deadlines, and performance expectation that need to be achieved both by the managers and the general staff. In Mintzberg's comprehensive theory, the author summarized these roles as: the Figurehead, the Leader, the Liaison, the Monitor, the Disseminator, the Spokesman, the Entrepreneur, the Disturbance Handler, the Resource Allocator, and the Negotiator.

According to Mintzberg's (1990) theory has capability to figure out roles of all managers' levels, some qualitative researches on FLNMs "role have generated their themes based on Mintzberg's" (1990) constructs (Skytt et al., 2007). Based on this theory, FLNMs' role involves patient rights related to the nursing process and standards of care have primarily categorized into three central constructs: 1) Interpersonal contact (IC), 2) Information processing (IP), and 3) Decision making. It describes "the role of first line nurse manger in literatures" in three constructs: "Interpersonal contact", "Information processing" and "Decision making" (see Table 2). In addition, this analysis concludes that the FLNMs' roles overlap that this result can be supported by Carnevale, (1997), as well as Persson and Thylefors (1999) findings (see Figure 5). Meanwhile, it is hoped that this review will assist healthcare system personnel in designing suitable HRD assessment tool.

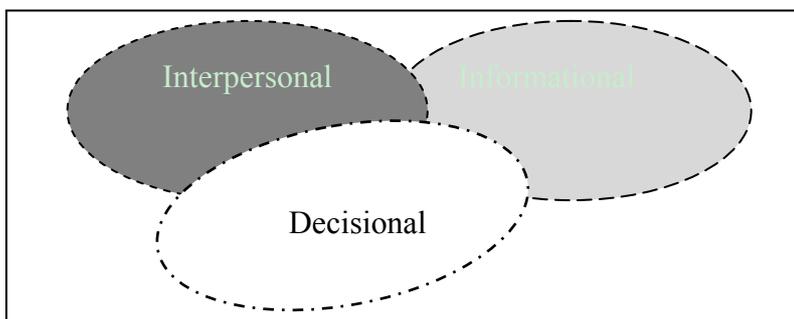


Figure 5. The overlapped FLNMs’ roles

Table 2. Conceptual framework of FLNMs’ roles based on Mintzbergs’ (1990) construct

| Mintzberg’s Categorization | | Criteria-Tree Structuring |
|----------------------------|-------------------|---|
| Layer 1 | Layer 2 | Layer 3 |
| 1 Interpersona Contact | 1.1 Figurehead | 1.1.1 FLNMs assist personnel participation by holding group meeting to resolve the relevant unit patients and personnel problems. |
| | 1.2 Leader | 1.2.1 FLNMs plan to inform new personnel with office, caring standards, understanding of physical environment, tools and equipment, and other center sections. 1.2.2 FLNMs plan to improve - the quality of service by staff under supervision. 1.2.3 FLNMs plan for patient training, families... 1.2.4 FLNMs predict and follow up the unit needs regarding facilities, existing equipment and consuming material to provide them. 1.2.5 FLNMs provide employee needs to create motivation and enhance job satisfaction. 1.2.6 FLNMs participate and collaborate in training programs (e.g., In-service nurse training, retraining and lunchtime sessions). 1.2.7 FLNMs participate in education programs for nursing students, and other trainees in relevant unit. 1.2.8 FLNMs control under supervision personnel attendance. 1.2.9 FLNMs fill out staff evaluation form for my under supervision personnel. 1.2.10 FLNMs continuously evaluate services s delivered by nurses under supervision by checking colleagues and patient satisfaction via appropriate instrument. 1.2.11 FLNMs monitor and evaluate staffs’ ethical and professional behavior in accordance with ethical and medical affairs standards. 1.2.12 FLNMs evaluate the effectiveness of staff, patients, families and students’ training. 1.2.13 FLNMs supervise the implementation of entire nursing services in relevant unit. |
| | 1.3 | 1.3.1 FLNMs attempt to make amity between staff and other |

(Gibb, 2003; Cziraki, 2012; Loo and Thorpe, 2003; Johansson et al., 2007; Skytt et al., 2008; Duffield and Franks, 2001; Ramachandra, 2011).

| | | |
|--|----------------------------|--|
| | Liaison | relevant units. 1.3.2 FLNMs develop coordination and collaboration between nursing staff and other departments. 1.3.3 FLNMs participate in managers meetings and present staff and patients needs in order to improve condition. |
| 2 | 2.1 Monitor | 2.1.1 FLNMs control and supervise the implementation of physician orders. 2.1.2 FLNMs supervise the virtue implementation of the “Tariff Nursing”. |
| (Johansson et al., 2007; Employment Organization of the Islamic Republic of Iran, 2010). | 2.2 Disseminator | 2.2.1 FLNMs plan and report the status of patients per shift. 2.2.2 FLNMs cooperate with doctors when visiting to patients and providing necessary reports. |
| | 2.3 Spokesperson | 2.3.1 FLNMs register and report all matters related to unit (e.g., needs, shortages, accidents...) the relevant officials. 2.3.2 FLNMs associate and collaborate with hospital committees within director discretion. |
| 3 | 3.1 Entrepreneur | 3.1.1 FLNMs review the situation under my supervision unit to determine problems related to delivery and caring quality services. 3.1.2 FLNMs develop a clear policy for the general purposes of the organization. 3.1.3 FLNMs plan for the implementation of caring standards. 3.1.4 FLNMs participate and collaborate in holding national or domestic conference to enhance the level of knowledge and professional skills of nurses. |
| (Cziraki, 2012; Johansson et al., 2007; Skytt et al., 2008; Duffield and Franks, 2001; Employment Organization of the Islamic Republic of Iran, 2010). | 3.2 Disturbance Handler | 3.2.1 FLNMs cooperate in nursing care in emergencies. 3.2.2 FLNMs constantly monitor necessary measures to prevent infection, use and maintenance of disinfectants. |
| | 3.3 Resource Allocator | 3.3.1 FLNMs set different shift schedules before the beginning of each month. 3.3.2 FLNMs assign tasks (division of labor) of their under supervision personnel. 3.3.3 FLNMs plan for the delivery and development of equipments and tools in each work shift. 3.3.4 FLNMs plan for control of function equipment per shift. |
| | 3.4 Negotiator | 3.4.1 FLNMs participate and collaborate in nursing research and applied research. 3.4.2 FLNMs cooperate and accompany senior officials and inspection group visit and report them. |

5. Conclusions and Application to Clinical Practice

This review has determined the multidimensional roles of first line nurse managers by analyzing the content of previously published papers. Based on Carpenter’s management principles, the roles involve duties and skills, and these can be clustered into three categories - Planning, Organizing, and Leadership. Seventeen subcategories have been further drawn as factors with their percentage of citation graphically illustrated. Conclusively, this study formulates conceptual framework of FLNMs “roles by Mintzbergs” (1990) theory. Based on this theory,

FLNMs' role involves patient rights related to the nursing process and standards of care have primarily categorized into three central constructs: Interpersonal contact (IC), Information processing (IP), and Decision making (DM). It seems that most studies only focus on a few factors and many have yet to be adequately studied. This shows a gap where future studies can fill in. It is hoped that the results of this research may help FLNMs to better understand their roles and duties to perform more effectively and intimately.

The authors expect the benefit of this paper for field professionals as well as academic researchers. In professional recommendation, it well understood that study helps to establish the effective job description. Academic researcher shall identify their interested research gap through the conducted review. Moreover, current holistic review on role of FILMs is cast the light in showing state of the art taxonomy of research field.

Acknowledgements

The authors would like to thank Dr Zahra Ghasempour who edited this paper with his insightful comments.

References

- Anvari, R., Irum, S., Ashfaq, M., & Atiyaye, D. M. (2014). The impact of leader's cultural intelligence on organizational commitment. *Asian Social Science*, 10(17), 45-51. <http://dx.doi.org/10.5539/ass.v10n17p45>
- Anvari, R., Huzaid, N. S. B. J., Miri, S. A., & Chermahini, S. H. (2013). Mediating effect of psychological contract in the relationship between learning and development initiatives and engineers' intention to stay. *Review of European Studies*, 5(5), 233-237. <http://dx.doi.org/10.5539/res.v5n5p233>
- Anvari, R., Irum, S., Shah, I. M., Mahmoodzadeh, N., & Ashfaq, M. (2014). Determinants of information technology leadership program. *Review of European Studies*, 6(2), 45-49. <http://dx.doi.org/10.5539/res.v6n2p45>
- Anvari, R., & Atiyaye, D. M. (2014). Determinants of effective communication among undergraduate students. *International Education Studies*, 7(9), 112-121. <http://dx.doi.org/10.5539/ies.v7n9p112>
- Carnevale, F. A. (1997). The practice of management in nursing: From novice to expert. *Canadian Journal of Nursing Administration*, 10(2), 7-13.
- Carpenter, M., Bauer, T., & Erdogan, B. (2010). *Principles of Management*. Jupiterimages Corporation.
- Cziraki, K. (2012). *Factors that Attract and Retain Registered Nurses in the First-Line Nurse Manager Role*.
- Chris. (2012). First Line Manager Training. *Corporate Coach Training*. Retrieved June 7, 2012, from <http://www.corporatecoachgroup.co.uk/blogDetail.asp?blogid=306>
- Duffield, C., & Franks, H. (2001). The role and preparation of first-line nurse managers in Australia: Where are we going and how do we get there? *Journal of Nursing Management*, 9, 87-91. <http://dx.doi.org/10.1046/j.1365-2834.2001.00214.x>
- Employment Organization of the Islamic Republic of Iran. (2010). *Form 1 (234 (74- 4) T. 2)*.
- Ellström, E. (2012). Managerial support for learning at work: A qualitative study of first-line managers in elder care. *Leadership in Health Services*, 25(4), 273-287. <http://dx.doi.org/10.1108/17511871211268919>
- Gibb, S. (2003). Line manager involvement in learning and development: Small beer or big deal? *Employee Relations*, 25(3), 281-293. <http://dx.doi.org/10.1108/01425450310475865>
- Johansson, G., Pörn, I., Theorell, T., & Gustafsson, B. (2007). A first-line nurse manager's goal-profile. *Journal of Clinical nursing*, 16(1), 149-159. <http://dx.doi.org/10.1111/j.1365-2702.2006.01446.x>
- Lacy, S., & Riffe, D. (1996). Sampling error and selecting inter-coder reliability samples for nominal content categories: Sins of omission and commission in mass communication quantitative research. *Journalism & Mass Communication Quarterly*, 73, 969-973. <http://dx.doi.org/10.1177/107769909607300414>
- Loo, R., & Thorpe, K. (2003). A Delphi study forecasting management training and development for first-line nurse managers. *Journal of Management Development*, 22(9), 824-834. <http://dx.doi.org/10.1108/02621710310495801>
- Lussier, R. N. (2006). *Management fundamentals: Concepts, Applications, Skills Development*. Thomson South-Western: United States of America.
- Maxwell, G. A., & Watson, S. (2006). Line manager challenges in human resource development: A study of Hilton international's UK managers. *International journal of hospitality & tourism administration*, 7(1), 83-99. http://dx.doi.org/10.1300/J149v07n01_05

- McGillis, H. L., & Donner G. J. (1997). The changing role of hospital nurse managers: A literature review. *Canadian Journal of Nursing Administration*, 10(2), 14-39.
- Mint berg, H. (1990). *The manager's job*. New York.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage.
- Robson, F., & Mavin, S. (2009). *Supporting the changing role of first line managers: Training and development as part of an absence management strategy*. Paper presented at the 10th International Conference on HRD Research and Practice across Europe, Newcastle Business School.
- Ramachandra, A. A. P. (2011). *Line Managers' Role in the Deployment of Human Resource Initiatives*. Universiti Teknologi Malaysia, Johor.
- Skytt B., Carlsson M., Ljunggren B., & Engström M. (2008). Psychometric testing of the Leadership and Management Inventory: A tool to measure the skills and abilities of first line nurse managers. *Journal of Nursing Management*, 16, 784-794. <http://dx.doi.org/10.1111/j.1365-2834.2008.00912.x>
- Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research & Evaluation*.
- Viitanen, E., Peltola, E. W., Jarvala, T. T., & Lehto, J. (2007). First line nurse managers in university hospitals—Captives to their own professional culture? *Journal of Nursing Management*, 15(1), 114-122. <http://dx.doi.org/10.1111/j.1365-2934.2006.00656.x>

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/3.0/>).