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The divergent opinions of nurses, nurse managers and nurse directors: the case in Lebanon

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Aim The present study provides an overview of the status of the nursing profession in Lebanon and compares and contrasts the opinions of directors, nurse supervisors/managers and nurses regarding the nursing profession and the workplace.
Background There are limited publications concerning the working conditions of nurses in Lebanon, and no studies on the views of directors, supervisors/managers and nurses regarding the priorities of the nursing profession. Such data are necessary to build a sound theoretical basis on which recommendations for improving the nursing profession in Lebanon are made as well as to compare and contrast cross cultural findings.
Method Data were collected from 45 hospitals using a mixed methods design. Qualitative data was obtained from 45 nursing directors whereas quantitative data were collected from 64 nursing supervisors and 624 nurses.
Results Similarities and differences in the opinions of nurses, nurse supervisors/managers and nurse directors regarding critical issues for the nursing profession are discussed and contrasted.
Conclusions/implications Nurses are more likely to be satisfied and committed to their profession when they feel that their opinions are being heard and that their work environment promotes professional advancement.

Keywords: Lebanon, nursing opinions, nursing profession, workplace

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Introduction

Attracting qualified nurses, retaining them and ensuring their satisfaction in the workplace are but a few factors that are critical to achieving optimal patient care. Healthy work environments that foster the personal growth of nurses are associated with increased patient satisfaction and retention of nurses and with decreased length of hospital stay and patient mortality (Baernholdt & Mark 2009, Kramer & Schmalenberg 2003, McLennan 2005). A multi-country study, conducted by the World Health Organization, International Council of Nurses, Royal College of Nursing UK (2003) notes that inadequate working conditions are the leading cause of nurses abandoning their jobs. Low wages, lack of resources, workload staffing, safety, lack of respect and limited career and educational opportunities are but a few of the factors that contribute to stress and can affect nurses' job satisfaction and retention (Boyle *et al.* 2006, Van Bogaert *et al.* 2009, McGilton *et al.* 2007, Stuenkel *et al.* 2007). Stressful working conditions have been reported in many countries, such as Australia (Tarnow-Mordi *et al.* 2000), Belgium (Stordeur *et al.* 2001), Great Britain (McGowan 2001, Payne 2001),

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Greece (Alexopoulos *et al.* 2003), Ireland (Wynne *et al.* 1993), Switzerland (Jakob & Rothen 1997), Taiwan (Lee & Wang 2002), Iceland (Sveinsdottir *et al.* 2006) and the US (Santos *et al.* 2003).

Evaluation of a sample of 1428 randomly selected nurses revealed that long working hours, lack of support, poor staffing and general unfairness were among the most frequent complaints mentioned (Geiger-Brown *et al.* 2004). This study's strength was its large sample size; however, it did not assess the managers' points of view. Atencio *et al.* (2003) assessed the perceptions of 257 acute care nurses and noted that nurses who felt they could make independent decisions and felt empowered were more likely to stay in the job. A study of 169 nurses in California noted that supervisory support was considered an important factor for job satisfaction, especially for new nurses (Stuenkel *et al.* 2007). Another large-scale study in the United States (n = 1783 nurses) found that workplace priorities were as follows in order of importance: safety, professional development, relationships at work, respect and recognition (Ulrich *et al.* 2005). A similar large-scale study in Australia (n = 1349 nurses) noted that 90% of nurses regarded their workload as heavy, 50% considered their salaries to be poor, 40% were stressed at work and 30% believed that they were not adequately rewarded (Hegney *et al.* 2003). The strength of this latter study was the inclusion of a qualitative assessment where nurses were given open-ended questions that were later analysed thematically.

Although there is an abundance of research publications on the workplace, job satisfaction and retention there is a dearth of research focused on the work environment of nurses or the profession which has considered the views of directors, supervisors/managers and nurses concurrently (e.g. Hinno *et al.* 2009, Brooks & Barrett 2003). A recent qualitative study by Price *et al.* (2007) focusing on the opinions of nurse managers and clinical nurses on quality improvement noted their divergent views in the way quality improvement is implemented. Based on their findings, the authors conclude that the success of a programme is largely dependent on the inclusion of the views of both managers and nurses.

In conclusion, there are limited studies addressing the working conditions of nurses and their opinions about their profession in comparison with their supervisors/managers and directors and no such studies have been published about Lebanan. Two recent studies in Lebanon address job satisfaction of nurses (Yaktin *et al.* 2003) or their intent to leave/migrate (El-Jardali *et al.* 2009). The present study will be the first to obtain information from directors, supervisors/managers and nurses about their views of the profession and the workplace with no underlying assumptions or direct questions related to their satisfaction at work or their intent to leave the profession. Results of this study are necessary to build a sound theoretical base on which to recommend changes and establish healthy, productive and rewarding environments for nurses to work in. In addition, data from this study could be valuable in comparing and contrasting the views of nurses from different cultures and countries.

In 2002 and after 40 years of legislation, the Order of Nurses in Lebanon was founded. It is the only official nursing association in Lebanon, and is a member of the International Council of Nurses. Since its inception it has been committed to improving the quality of nursing education and service (Order of Nurses 2009). To accomplish this goal, a thorough assessment identifying the opinions of directors/managers and nurses about the profession of nursing was deemed necessary. Thus, the purpose of the present study was to provide an overview of the existing status of the nursing profession in Lebanon and to assess the perceptions of directors, supervisors/managers and nurses as to what they consider priorities in the profession and the workplace. Nurses' opinions and priorities related to their workplace are central for job satisfaction as well as for quality patient care (Geiger-Brown *et al.* 2004, Erenstein & McCaffrey 2007, Hall 2007, Venturato *et al.* 2007). Furthermore, directors, managers and supervisors are more likely to be successful in promoting improvements in the work environment and in enhancing standards of care if they are aware of their nurse's views regarding their work environment and their priorities regarding the profession.

The goal of the present study was achieved by answering the following three questions:

- What are the opinions of nurse directors concerning the nursing profession in Lebanon, and what are their priorities for nursing education and service?
- What are the views of supervisors/managers and bed side nurses at different educational levels related to the profession of nursing and the workplace?
- How do the perceptions of directors, supervisors/managers and nurses compare and contrast?

Current status of health care and nursing in Lebanon

Health care

The 17-year civil war in Lebanon from 1975 to 1992 and the relentless instability since, have significantly damaged the infrastructure of Lebanon altering it from

a robust economy to one which is barley thriving, and in debt. This has negatively impacted public and social sectors such as health and education. However, Lebanon, a country with a population of approximately 4 million and a Gross Domestic Product (GDP) of $18 billion with over 80% living in urban areas, is currently in a state of epidemiological transition and significant political and economical reforms (Kronfol 2006, World Health Organization 2006a).

In terms of health, the total expenditure is around 12.3% of the GDP; and is much higher than the average for a Middle Eastern county or for Europe. For example, Egypt spends 6.1%, whereas England spends 8.1% of its GDP on health (WHO 2005, NCHS 2006). The proportion of the budget allocated by the government to health is around 6.5% which suggests that almost 50% of the remaining health expenditure is provided by the private sector such as by insurance companies or out of their own pockets. Despite the large expenditure on health care, indigent individuals and families may not receive appropriate care as the best services are often only available through private hospitals and insurance companies. In addition, many people especially those in remote rural areas are not able to access a functioning health facility either because it has been seriously damaged in the war or because it does not have the basic supplies or manpower required to provide health services (WHO 2006b). Currently there is a total of 127 hospitals in Lebanon with over 10 000 beds (36 hospital beds per 10 000) with 10% of the beds in the public sector. Most of the increase in hospital beds occurred in the private sector and during the war years where there was no government regulation or monitoring. The growth has escalated from 1562 beds in 1972 (before the war) to almost 10 000 in 2008. Most admissions are to private hospitals (86%) whereas public hospitals account for 9% of admissions (Ammar 2003, Kronfol 2006) resulting in 50–60% empty hospital beds in public hospitals. This is attributed to the fact that most newly constructed public hospitals lack human resources especially nurses to allow them to be fully operational. The Ministry of Health (MOH) has toiled for the last decade on increasing public hospitals beds from 810 beds to 3000 beds along with an accreditation system which is expected to disqualify hospitals that do not adhere to minimum standards of care (Kronfol 2006).

The provision of health care in Lebanon places little emphasis on health promotion and health education, with the majority of the budget of the MOH going to curative care. Emergency rooms often serve as primary health care centres with the preponderance of admissions being minor illnesses that can be better handled in small clinics. Thus, in Lebanon, there are 131.2 admissions per 1000 persons to the emergency room (ER) compared with 14.9 admissions per 1000 persons in Norway (Arbeed 2000, Jurjus 2000). Furthermore, there are around 10 000 physicians practicing in Lebanon (3.2 physicians per 1000 individuals, compared with 1.6 per 1000 in the USA), most are specialists; with a dearth of family and general practitioners (Ammar 2003, Kronfol 2006). This inefficiency translates to pricey specialists providing many of the services that should be provided by family/general practitioners at a lower cost.

Nursing

The 17 years of war have likewise negatively affected nursing education and service. The ratio of qualified nurses in Lebanon is one nurse to 1600 persons which is much higher than what is typically found in developed countries and 2–3 times what is noted in developing countries. Thus, the nurse density in Lebanon is 1.18 per 1000 individuals compared with a global average of 4.06 per 1000 (WHO 2006a). The ratio of hospital beds to nurses is 4.5 beds per nurse in Lebanon compared with a ratio of 1 and 2.5 beds per nurse in most Western European countries (Tabbara 2000). As result of this shortage, several hospital-based schools of nursing have opened to fill the gap (Kronfol 2006, Order of Nurses 2009). This has resulted in the education of nurses with varying levels of curricula and varied clinical experiences, which is bound to have a negative impact on the delivery of health services and the safety of patients (Aiken *et al.* 2002).

To date Lebanon lacks a unified national system to accredit or monitor nursing education or an official reporting mechanism to survey nurses. Presently, there are approximately 10 000 nurses working in Lebanon with 8132 registered members in the Order, and almost half (46%) have a Bachelor's degree in Nursing (BSN); (see Figure 1, Order of Nurses 2009). With the current number of hospital beds in Lebanon and those projected to be available in the near future, there is a need for an additional 20 000 registered nurses (RNs).

The critical shortage of nurses has recently declined, but there persists a paucity of qualified nurses especially in smaller villages and towns. The city of Beirut has a reasonable number of new and qualified graduates (37% of all BSN graduates work in Beirut), whereas cities in the North, the South and especially smaller villages and towns continue to experience severe shortages (Kronfol 2006). Furthermore, many graduates

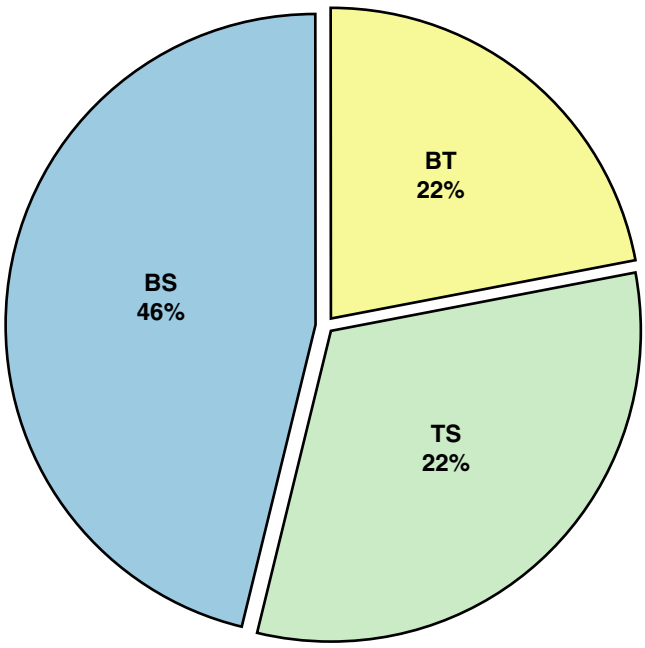

Figure 1
Distribution of different levels of nursing in Lebanon. BS, Bachelor of Science in Nursing, university graduates; TS, Technique Superior (3 years training in Hospitals after 13 years of high school); BT, Baccalaureate Technique (3 years training in hospitals after 10 years of basic education).

do not join the workforce or leave the profession as a result of emigration, family commitments, burnout or other reasons. It is estimated that only 60% of nurses who graduate remain in the workforce after 5 years which is reflected in the young age of nurses currently working; the majority are between the ages of 26 and 31 years (see Figure 2, Order of Nurses, 2009). A recent study noted that one in five Lebanese nurses migrate a few years after receiving their BSN (El-Jardali *et al.* 2009), however, this information contrasts with other statistics revealing that only 2% or 10% of nurses migrate (Kronfol 2006, Order of Nurses 2009). It is possible that nurses leave the profession but do not necessarily migrate.

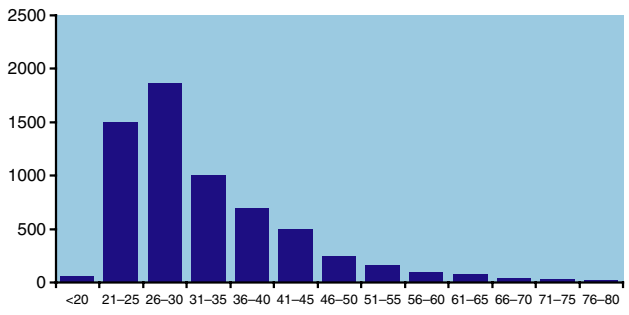

Figure 2
Age distribution of nurses working in Lebanon.

There are currently two tracks of nursing education approved by both the MOH and the Ministry of Education. The first is the academic track leading to a Bachelor's of Nursing (BSN) degree (3 years training after 13 years of basic education) and the second is the technical track leading to either the Technique Superior (TS; 3 years training after 13 years of basic education) or to the Baccalaureate Technique (BT; 3 years training after 10 years of basic education). All three degrees are offered in English or French. According to the nursing practice laws in Lebanon, BSN and TS holders are both considered professional registered nurses [i.e. registered nurses (RNs)] whereas BT holders are considered technical nurses. All graduates of university BSN programmes are required to sit a national exam before they are eligible to practice whereas graduates of the TS programmes are not required to sit such an exam as their degree is qualified for practice by the Ministry of Education and higher Education. Currently, Lebanon has 13 university-level programmes that prepare nurses at the BSN level, four of which offer a Master's programme in Nursing and one which has initiated a PhD programme. There are 72 hospital-based nursing schools that offer either the TS, or the BT degree, or both. These institutes train and graduate approximately 700 nurses a year mostly to fill the needs of the affiliated hospitals that often pay the tuition fees in turn for service after graduation. Unfortunately, little national monitoring of the curricula is available and there is no unified system for transferring credit from the TS degree to the BSN degree despite the same number of years of education.

Few studies have been conducted and even fewer published on the status of the nursing profession in Lebanon taking into consideration the views of nurses, supervisors/managers and directors concurrently which was the goal of this study.

Methods

Design

The goals of the present study were achieved using both qualitative and quantitative methods. A qualitative approach was used to obtain information from nurse directors as prior experience of the researchers in this study suggested that hospital directors in Lebanon would more likely discuss their views in an informal way than filling out questionnaires. In addition, qualitative methods allow for broader interpretation and deeper analysis (Sandelowski 2000). A quantitative approach was used to evaluate the perceptions of

nurse supervisors/managers and nurses regarding the priorities of the nursing profession and the workplace. This method assured the collection of a large number of responses in a relatively short time and is cost-effective.

Setting

All Lebanese hospitals with more than 100 beds were eligible for inclusion in this study. The choice of 100 bed hospitals was based on the fact that there are numerous small hospitals in Lebanon that operate mostly with technical nursing staff and thus would not provide a mix of participants. Based on the 100-bed criteria, 45 hospitals were selected out of a total of 127 hospitals. A letter was sent to hospital directors informing them of the nature of the study and inquiring whether they would be interested in being interviewed and being part of a national study. All 45 hospital directors agreed to participate. The principal investigator (PI) and a research assistant (RA) visited the hospitals where the directors were interviewed in person. Questionnaires were then left with the hospital directors to be distributed to the supervisors/managers and nurses from various educational backgrounds and working in different specialties. All interviews and questionnaires were completed in a 6-month period. This study was exempt from medical ethics committee approval according to the policy of the MOH in Lebanon.

Data collection

Qualitative interviews were conducted at the hospitals. Questions focused on what directors considered pressing needs for the nursing profession and explored areas of recruitment, staffing, retention and the promotion of nurses. Questions were adapted from interviews conducted in similar studies (e.g. Lövgren *et al.* 2002, Sveinsdottir *et al.* 2006). The interview lasted 45–60 minute and took the form of an informal conversation beginning with general open-ended questions and ending with more specific questions such as 'what do you consider the priorities for the nursing profession?', 'Are you satisfied with your nursing staff?', 'Has it been easy for you to recruit qualified Nurses?', 'What do you consider important characteristics of the nurse?' and 'What criteria do you use to promote your nursing staff?'. Interviews were not tape-recorded as it was felt that permanent records could hinder the responses of the directors. Instead, the interviewers (the PI and the RA) wrote down responses and later verified the answers given.

The quantitative portion of this study included a two-part questionnaire developed for the purposes of this study and based on prior questionnaires found in the literature (Hegney *et al.* 2003, Begat *et al.* 2005, Ulrich *et al.* 2005). The questionnaire was designed to answer specific questions related to the profession of nursing in Lebanon and was intended to capture similar concepts to the questions asked to directors. The first part included questions concerning demographic data such as age, gender and education and the second part assessed the perceptions of nurse supervisors/managers and nurses on issues of concern to the nursing profession in Lebanon, and the work place. This second part of the questionnaire included 22 items answered on a numerical rating scale with ratings from 1 (not important) to 10 (most important) related to the workplace and the profession (see Table 1). Prior to being used in this study, the questionnaire was pilot tested on a sample of 12 nurses working in a government hospital. The internal consistency of the questionnaire for this study was assessed using chronbach's α which was an $r = 0.88$, which supports the stability of the instrument used.

Sample

Each hospital director was asked to give the questionnaire to two nursing supervisors or managers and 20 nurses from different educational levels and working in different specialties. Based on a priori estimate of a 50% response rate from the 45 hospitals, a 5% margin of error, and the 10-point scale used in the questionnaires, the recruitment of 20 nurses per hospital would provide a sample of 450 nurses which is the more than the required sample size required for a significance of $P < 0.05$.

The response rate was 71% (64 responses) for supervisors/managers and 69% (624 responses) for nurses, a sample size large enough to detect significance. Individual questionnaires were sealed in envelopes and collected by RAs within 1-week of distribution. The high response rate compared with similarly published studies (e.g. Begat *et al.* 2005, Stuenkel *et al.* 2007) may reflect the eagerness of Lebanese supervisors/managers and nurses to have their voices heard. An alternative interpretation of the high response rate may be that nurses felt obligated to return the questionnaires to their directors (a limitation of the study acknowledged later in this study).

Data management and analysis

The opinions of the directors were qualitatively assessed using the content analysis method, widely used

Table 1
Factors considered important for nurses by order of importance and their educational level

	BS nurses		TS nurses		BT nurses	
Issues	*Mean*	*±SD*	*Mean*	*±SD*	*Mean*	*±SD*
Nursing skills						
Knowledge of new skills/technology	8.73	1.78	7.76	2.01	8.04	1.43
Preparation for the job	8.23	1.94	8.04	1.23	8.16	2.30
Continuing education						
Emergency care	7.76	1.45	7.45	2.12	7.32	2.13
Nursing process	7.40	2.11	7.11	2.14	7.02	1.29
Assertiveness training	7.43*	2.36	7.36	1.68	6.92	2.03
Communication skills	7.31*	1.67	7.17	1.31	6.52	2.19
Patient care issues						
Medical knowledge	6.84	2.86	6.87	2.03	5.23	1.24
Safety/medical errors	6.43	2.91	6.20	1.29	5.54	2.68
Satisfaction of client	6.12	1.84	6.14	2.01	5.38	1.77
Personal qualities						
Leadership	6.04	2.32	6.34	2.09	5.55	2.67
Communication	5.89*	1.64	5.64	1.92	4.08	2.11
Motivation	5.78*	2.04	5.05	1.86	4.45	1.84
Caring	5.03*	2.16	4.86	2.10	4.86	1.34
Working conditions						
Stress	4.01	1.25	3.25	1.30	6.94*	1.24
Working hours	3.82	2.34	3.34	1.96	6.08*	1.89
Relationships with colleagues	3.24	1.97	3.97	2.01	4.98	1.56
Relationship with supervisors	4.09	1.99	4.98	2.23	6.53*	1.55
Salary	2.98	1.76	3.90	1.65	5.03*	1.28
Professional advancement						
Appreciation	3.42	1.92	2.04	2.81	1.94	1.04
Fair promotion	3.01	2.90	2.36	2.14	2.31	2.00
Ethical concerns						
Providing good care despite the family	2.71*	1.08	2.04	1.98	1.99	1.06
Providing good care despite the physician	3.01*	2.14	2.36	1.54	2.31	1.00

BS, Bachelor of Science in Nursing, university graduates; TS, Technique Superior (3 years training in Hospitals after 13 years of high school); BT, Baccalaureate Technique (3 years training in hospitals after 10 years of basic education).
*Significant difference between respondents at $P < 0.05$.

for eliciting meaning in qualitative studies (Weber 1990, Kvale 1996). This method classifies recurrent words or themes of text to categories. The handwritten notes of the PI and RA were compared and organized, and then recurrent categories or themes were identified and prioritized. As more notes were collected, data were classified into existing themes or new themes were developed. Anonymity was maintained by keeping all information numerically coded.

For quantitative analysis, frequencies, percentages, means and standard deviations (SD) were calculated using SPSS version 14 (SPSS Inc., Chicago, IL, USA). Differences between the ratings of supervisors/managers and nurses were evaluated using the Mann–Whitney non-parametric test with a statistical significance difference of $P < 0.05$. The views of nurses by educational level (i.e. BSN, TS and BT) were compared using the Kruskal–Wallis test with a statistical significance of $P < 0.05$.

Results

All but one of the nursing directors were female, 40 out of the 45 (89%) had BSN degrees and their ages ranged from 43 to 67 years (mean = 52.5, SD = ±12.6). Nursing supervisors/managers were 97% female, 58 of the 64 (91%) held a BSN degree and their ages ranged from 29 to 62 years (mean = 48.7, SD = ±14.9). Nurses were 94% female, 338 of the 624 held BSN degrees (54%) with ages ranging from 21 to 53 years (mean = 33.2, SD = ±12.9).

Qualitative results

Content analysis of the interviews revealed seven issues that were frequently mentioned by Lebanese nursing directors:

1) Lack of qualified nurses. The majority of directors indicated that they had a shortage of qualified applicants for the vacant nursing positions in their hospitals.

This was reflected by the wide variation in the number of RNs per hospital surveyed. The number of RNs per hospital was largely determined by the location and wealth of the hospital. Government and small-town hospitals had the least number of RNs. Indeed, of the 18 government hospitals visited the ratio was 6.2 beds per RN.

2) Personal characteristics. Many directors felt that their nurses lacked the characteristics or qualifications that reflect the professional image of a 'nurse'. These characteristics included assertiveness, leadership, communication skills and motivation.

Sample Statement: 'A significant number of nurses in my hospital are working because they lack an alternative. They are neither motivated nor interested in the job; they are here because they need the salary'.

3) Retention. Lack of retention was another recurrent theme. Forty per cent of directors reported difficulties in retaining qualified nurses. One university hospital reported an attrition rate of 30%. On the other hand, hospitals run by philanthropies (e.g. nuns) did not typically report high attrition rates, possibly because such hospitals normally promote positive working conditions and a family atmosphere engendered by the nuns. For example, in one hospital run by nuns, it was noted that the nursing supervisor greeted her employees by name, including the clerical and cleaning staff; she asked about their health and their families and showed genuine interest in the work they were doing. Several nursing directors in the hospitals run by nuns boasted that they encouraged the 'family time' prompting nurses to stay home if their children were ill and making special efforts to provide sufficient vacation time. In general, French-educated nurses are more likely to remain in their jobs compared with the English-educated nurses. This trend could be as a result of the fact that English-educated nurses have a better chance of finding jobs outside of Lebanon.

Sample Statement (director of a French system hospital): 'When I found out that an international agency was trying to recruit my nurses to France, I made every effort to speak to the recruiter and make sure that she is not welcome here. I had a special meeting with my employees urging them not to succumb to such enticing but possibly false advertisements and that this hospital and their country needed them'.

Sample Statement (director of an English system hospital): 'No matter what salaries I pay or what incentives I provide, the nurses in this hospital leave to the Gulf area or to the United States for better jobs and careers'.

4) Promotion. Nursing directors expressed concern because of the absence of a standard method through which to evaluate and promote nurses. In the United States and other European countries, nurses maintain their license by attending continuing education classes, conferences and other scholarly activities. In contrast, several nurses, especially in government and small rural hospitals, had graduated 20–25 years earlier and had never since attended any enrichment or continuing education classes. More attention is currently being given to the necessity of continuing education for nursing licensure by the MOH and requiring the accreditation of hospitals and the Order of Nurses. The Order of Nurses currently requires 30 hours of continuous education hours per year; however, this requirement has yet to be enforced. Few directors were able to provide objective criteria for promotion based on performance, peer evaluation or continuing education credits. Most promotions occur based on years of service and nepotism.

Sample Statement: 'Promotion is rarely based on performance or clinical skills…it is not based on what the nurse knows, but rather ''who'' she knows and whether I receive a call from a significant person pressuring me to promote that nurse'.

5) Preparation of nurses. Directors also expressed concerns that nurses lacked adequate preparation for the job. This was more apparent in the responses of the directors in remote areas where as indicated earlier there is a dearth of RNs.

Sample Statement: 'I will hire any BSN nurse that applies to my hospital since I have not had an applicant in 2 years, I have to do with what I have. Most of the nurses here are vocational nurses who we have trained at the school of nursing affiliated with our hospital'.

6) Hiring of nurses. Nursing directors indicated that important criteria for hiring new nurses were the personal qualities of the nurse (66.7%), followed by education (60%) and nursing skills (45.5%). Few directors mentioned the leadership abilities or years of experience as important qualities for choosing to hire a nurse. This was rather surprising considering that most directors expressed a concern that their nurses lacked leadership skills. It may be that directors did not look for leadership abilities when they hired their nurses but expected that quality in the nurses they retained.

7) Satisfaction with nurses. The vast majority of directors (82%) acknowledged that they were satisfied with the skills and knowledge of their nursing staff. The ones who expressed dissatisfaction listed inadequate preparation in nursing skills as the number one cause of dissatisfaction followed by the absence of continuing education and finally, a lack of managerial skills.

Quantitative results

The similarities and differences in the views of nurses with different levels of education are listed in order of importance in Table 1. Table 2 provides averages for the views of supervisors/managers as well as the nurses (combined). The 22 responses related to the profession of nursing were grouped into seven broad categories.

It is interesting to note that most nurses, irrespective of their educational background (i.e. BSN, TS, BT), agreed on the priorities for their profession and the workplace. Factors deemed important by all nurses were: nursing skills, the need for continuing education and patient care. Working conditions (hours and salaries) were more important to technical nurses (BT) than RNs, whereas personal qualities ranked higher for RNs compared with BT nurses. It is likely that technical nurses were concerned about working conditions because they are often trained on the job, had little formal education, are paid minimal wages and are expected to take on a large amount of responsibility in patient care.

Table 2
Perceptions of the profession by order of importance by nursing supervisors and all level nurses

	Supervisors (n = 64)		*Nurses (n = 624)*	
Concerns	*Mean*	*±SD*	*Mean*	*±SD*
Nursing skills				
Knowledge of new skills/technology	8.45	2.38	8.66	2.01
Preparation for the job	8.46	2.34	8.65	1.66
Personal qualities				
Leadership	7.89*	1.64	5.64	1.92
Communication	7.78*	2.04	5.05	1.86
Motivation	7.03*	2.16	4.86	2.10
Caring	7.14	2.67	4.77	1.99
Patient care issues				
Satisfaction of client	6.84	2.86	6.87	2.03
Medical knowledge	6.43	2.91	6.20	1.29
Safety/medical errors	6.01	1.84	6.14	2.01
Continuing education				
Emergency care	5.76	1.45	7.35*	2.45
Nursing process	5.42	2.11	7.23*	1.90
Assertiveness training	5.03	2.36	7.05*	2.09
Communication	6.31	1.67	7.22*	1.87
Working conditions				
Stress	3.01	1.25	4.25*	1.30
Working hours	3.82	2.34	4.34	1.96
Relationships with colleagues	3.24	1.97	4.97*	2.01
Relationship with supervisors	3.99	2.04	4.89	2.18
Salary	3.22	2.23	3.88	1.96
Professional advancement				
Appreciation/recognition	3.42	1.92	3.94	2.81
Promotion	3.01	2.90	3.56	2.14
Ethical concerns				
Ability to provide good care despite the family	2.71	1.08	2.04	1.98
Ability to provide good care despite the physician	3.01	2.14	2.36	1.54

*Significant difference between respondents at $P < 0.05$.

As reflected in Table 2, the most important factor for both nurses and their supervisors/managers was nursing skills, with knowledge of new technology followed by preparation for the job. The need for continuing education was an important issue for nurses, but not as much for their supervisors ($P < 0.05$). Under the heading of continuing education, both supervisors and nurses ranked the need for more experience in emergency care as most important followed by the nursing process. While 73.3% of nurses expressed a need for assertiveness training, only 26% of supervisors expressed such a need ($P < 0.05$). This finding also contrasts with information gathered in the qualitative section of the study: most directors indicated that there was an urgent need for more assertive nurses and more leadership in the workforce. On the other hand, both directors and supervisors/managers agreed as to the importance of personal qualities of the nurse, a factor deemed relatively less important to the nurses. Surprisingly, given the low average salaries (average salary for a RN in Lebanon is $400 per month) and the shortages of nurses, nurses and their supervisors/managers ranked working conditions (e.g. salary, stress in the job and working hours) as fifth priority. Patient care issues such as patient safety, satisfaction and medication errors were ranked third in importance by both supervisors/managers and nurses. This may indicate that Lebanese nurses prioritize their needs above those of the patients, an observation worth further exploration. Professional advancement and appreciation/recognition was ranked sixth in importance whereas ethical concerns were ranked last. Questions related to ethical concerns were itemized into two questions 'Do you think you are able to provide good care to a patient even if a family member asked you to conceal the real diagnoses, prognosis, or management plan?', 'Do you think you are able to provide good care to a patient even if the physician asked you to conceal the real diagnoses, prognosis or management plan?'

Discussion

Although several studies have looked at the competencies of nurses and their perceptions of the profession and the work environment (Begat *et al.* 2005, Ulrich *et al.* 2005, Khomeiran *et al.* 2006, Pongpirul *et al.* 2006, Stuenkel *et al.* 2007, Hallin & Danielson 2008), few if any have assessed and compared the views of

directors, supervisors/managers and nurses simultaneously. Furthermore, no such study has been conducted in Lebanon. The results of this study point to the fact that while there are some similarities in what nursing directors, supervisors and nurses perceive as important for the nursing profession and the workplace in Lebanon, there are also a few disparities. Inadequate preparation in nursing skills was considered an important factor by all three levels of nurses as well as by their supervisors/managers and directors. This implies that graduates may not be equipped with the necessary nursing skills to begin practicing; new graduates may not feel ready for the job and the young age of nurses in Lebanon indicates that they have had few years of on the job experience to develop their competencies. Becoming experienced as a nurse is a continuous process dependent on time spent on the job (Arbon 2004) a process which may not apply to nurses in Lebanon given their young age. It is possible that most nurses may not have had enough years of experience to develop the necessary nursing skills required for the highly technical and acute care currently required in most hospitals.

Nurses rated the need for continuing education as the second most pressing need in the profession (Ulrich *et al.* 2005), whereas supervisors and directors did not feel this was a critical issue. This may reflect the enthusiasm of young nurses to promote their competence and further their knowledge, a passion not shared by their older supervisors or directors. While the ranking of continuing education was different for supervisors versus nurses, it is rather interesting that all groups chose emergency care and the nursing process as topics of priority in continuing education. This may be because emergency services are of utmost importance in a society where political unrest prevails. Thus, it is recommended that when continuing education sessions are organized they should be catered to the needs of the nurses which can positively affect their commitment and satisfaction with the job, quality of care as well as retention (Eustace 2001, Chiu 2005, Hallin & Danielson 2008). Furthermore, as nurses are in direct contact with patients, their needs and views should be considered when planning continuing education sessions. It would be of little benefit, for example, to launch a continuing education programme to foster better communication skills because supervisors deem it important if the nurses themselves do not feel that it is a pressing issue in their practice. The low priority placed by nurses on patient care may be because Lebanese nurses envision that an improvement in their skills and knowledge (continuing education) will translate into better patient care. Alternatively, Lebanese nurses may just perceive their own needs as more important than those of their patients. This finding may be culturally based and is worth further investigation.

In previous studies, remuneration is often cited as one of the major concerns for nurses and one of the reasons for job dissatisfaction and emigration (Hoffman & Scott 2003, El-Jardali *et al.* 2008). In contrast, the results presented here do not support remuneration as critically important to Lebanese nurses (Cowin & Jacobsson 2003). This is an unlikely finding considering the low pay of nurses in Lebanon (average salary is $500 per month) and may point to the fact that professional development, personal qualities and other concerns are more important for nurses who are working and have no intention of leaving. The study by El-Jardali *et al.* (2008) cited salary as one of the main reasons for the emigration of nurses; however, the data for that study was collected from nurses who had emigrated and does not reflect the opinion of nurses currently working in Lebanon.

Earlier studies (e.g. Hegney *et al.* 2003) have cited heavy workload as a one of the most important factors for job dissatisfaction and stress, but this was not noted in the results of this study indicating that nurses in Lebanon may be willing to accept heavy workloads if other needs, such as their professional advancement and improved working conditions, are met. This is also true for stress as outlined reports from several other countries; stress emerges as one of the top concerns for nurses in the workplace (e.g. Santos *et al.* 2003, Begat & Severinsson 2006, Verhaeghe *et al.* 2006). It is possible that stress was not a significant concern for Lebanese nurses in comparison with other concerns such as career advancement, education and other patient care issues. Familiarity with political unrest and frequent wars may also ease the burden of stress related to the job in Lebanon. This is supported by an earlier study on nurses who emigrated from Lebanon and which noted that career development and promotion were rated as highly important (El-Jardali *et al.* 2008).

Healthy relationships with colleagues were not noted to be a significant priority for nurses, possibly because most nurses in Lebanon intrinsically work well with their colleagues considering their homogeneity. Hayhurst *et al.* (2005) noted that nurses who stayed on their units had better relationships with their peers than those who left their units or the hospital. On the other hand, it is interesting that nurses considered their relationship with their supervisors more important than workload or salary. An earlier study by McNeese-Smith and Crook (2003) likewise found that a good relationship

with supervisors was of high value for nurses which may be a strategy for recruiting and retaining qualified nurses. In addition, support from managers has been related to better job satisfaction and less turnover (Ulrich *et al.* 2005, Laschinger *et al.* 2006, McGilton *et al.* 2007). Anecdotal reports from many nurses in Lebanon indicate lack of respect for their role and unfairness in promotions, but these complaints were not reflected in the present study and may need further investigation.

Ethical issues were not considered a major concern for Lebanese nurses. In fact, ethical issues ranked least important with respect to the broad categories of priorities related to the nursing profession and the workplace which is unlike some studies reported in the West (e.g. Begat *et al.* 2005). This finding may be explained by the fact that nurses in Lebanon may not face similar ethical dilemmas as their counterparts in Europe and the United States probably because they are not given as much autonomy and ethical decisions are the sole responsibly of the physicians. The culture in Lebanon still regards the physician as the ultimate decision maker. For example, it is not uncommon for an educated client going for chemotherapy to be told by his family members or his/her nurse that the treatment is for a blood disorder because his/her physician had requested that the client not be given the actual diagnoses. It is also not uncommon for a client who is dying to be told by family member, nurse or physician that he is improving and will be up and about in no time as his physician decided that was the best course of management.

Limitations

Despite the rich data gathered in this study, the first to be conducted on a large-scale in Lebanon taking into consideration the views of directors, supervisors/managers and nurses, there are a few limitations worth noting. First, although there were a large number of respondents from all districts of Lebanon, the supervisors and nurses were chosen by the directors creating a bias in selection. It is possible that if nurses were randomly selected, the results would have revealed a different picture. Second, the questionnaire used to assess nursing priorities was specifically designed for this study and has not been tested among other populations. Third, results may not be valid for comparison with results from studies in Europe and the USA because of differences in health care organizations and structures, salaries and cultural issues. Fourth, qualitative results obtained by directors were compared with quantitative results obtained by nurse supervisors and nurses which may not be the best approach methodologically, albeit a method used in prior studies (Zahr 2001, Seers *et al.* 2009). In addition, based on the experience of the researchers and prior attempts to obtain an adequate response rate from hospital directors, it was felt that a face-to-face interview would yield better results.

Conclusion and implications for nursing management

Nursing directors would benefit from listening to their nurses and allowing them to have a say in what is important for their professional development and the workplace. It behooves directors and supervisors/managers to have regular meetings with their staff nurses to examine their values, goals and priorities which will provide the nurses with a sense of support and empowerment. Several studies have noted that nurses are more likely to be satisfied and remain in their jobs if they feel supported, appreciated and empowered (Riggs & Rantz 2001, Shields & Ward 2001, Kramer & Schmalenberg 2003, Larrabee 2003, Santos *et al.* 2003). The main findings of this study point to the fact that while there are some similarities in what directors, supervisors/managers and nurses deem important for the profession and the workplace there are also disparities. It is quite promising that if the chasm between these disparities can be narrowed by open discussion and a supportive environment which is sensitive to the needs of its nurses then it may be the ideal workplace with minimum attrition and maximum job satisfaction.

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