

**A Study of Newfoundland and Labrador's Health and Community  
System Managers**

**A Report of the Management Survey and Audit**

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**Prepared by:  
Stephanie Mandville and Tanya Noseworthy  
Health and Community Services Human Resources Sector Study**

**For more information on this report or any other project of the Provincial Health and Community Services Human Resource Planning Steering Committee please contact:**

- 1. Newfoundland and Labrador Health Boards Association (709) 364-7701 ext 321 or**
- 2. Department of Health and Community Services (709) 729-1890.**

**Information can also be obtained on the Committee's website at <http://www.nlhba.nf.ca/hr>**

## **Acknowledgements**

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The Health and Community Services Human Resource Sector Study would also like to acknowledge the efforts of Ms. Leslie Harnett in the development of this project.

## ***Executive Summary***

In 2002, the Provincial Health and Community Services Human Resource Planning Steering Committee carried out a study of Newfoundland and Labrador's Health and Community Services (H&CS) system managers. The purpose of this study was to create a demographic profile of management personnel and to identify the key issues facing this group. This was accomplished through surveying H&CS managers (Management Survey) and through gathering statistical information from human resource departments (Management Audit). For the purposes of this document, a manager would be considered someone who is remunerated on the HAY management pay scale.

The results of this study can be summarized as follows:

### **Demographic Profile**

- The Management Audit showed that:
  - As of September 2002 there were approximately 950 managers working throughout the provincial health boards and within the Department of Health of Community Services.
  - Approximately, two thirds (67%) of health system managers were female.
  - Thirty percent of managers were 40 years old or younger, while 50% of management personnel were over the age of 45.

### **Education Profile**

- The Management Survey showed that two thirds of survey respondents indicated that their highest level of education was either a Certificate/Diploma (39%) or a Bachelor's degree (34%). Nineteen percent (19%) of survey respondents also held Master's degrees in addition to their Bachelor's degree. A small percentage (22%) were pursuing further education.
- Seventy-eight percent of survey respondents believed that their education and experience had prepared them for their managerial role.
- The Management Audit illustrated that 51% of managers have some formal business training, with the majority of this training being obtained from programs offered by the Canadian Healthcare Association.

### **Workload/Work Patterns**

- Information from the Management Audit showed that 70% of managers were employed in an Institutional Board, 14% worked in a Health and Community Services Board, 9% were employed by the DOHCS and the Integrated Boards employed the remaining 6%.
- Results from the Management Audit also showed that management personnel had extensive work experience in the H&CS system and in management positions; however 37% of health system managers had less than five years management experience.
- Results from the Management Survey revealed that 92% of survey respondents reported being employed in permanent management positions.

- Forty-five percent of survey respondents have never been employed outside the H&CS system. Sixty percent of these were in clinical or program management positions, compared to 29% of those employed in administrative or support services positions.
- Ninety percent of survey respondents identified career advancement as their main attraction to their management position.
- The top three management activities performed during the workday, as outlined in the Management Survey, were communication, human resource management and policy development. While the majority of respondents tended to agree that the time devoted to communication and human resource management was appropriate, 50% of respondents reported that not enough time was devoted to policy development activities.
- Forty-nine percent of survey respondents indicated they had less than ten employees reporting to him/her. Ten percent of survey respondents had greater than fifty employees reporting to them, with the majority of those being employed in clinical or program management positions. Sixty-four percent of those with greater than fifty employees reporting to them had a nursing professional background.
- The travel responsibilities of survey respondents with staff in alternative locations were also significant as 46% indicated having this added challenge. Of those, 50% indicated they traveled more than once a week and 60% indicated they traveled in excess of 100 kilometers per month.
- The Management Survey also showed that 95% of all survey respondents worked some overtime each week. Of the senior management respondents, 33% stated they worked greater than 15 hours per week, while frontline and middle management respondents tended to work between 5-10 hours of overtime per week.
- Survey respondents were satisfied with their job, were likely to remain with their current employer for the next 3-5 years, and felt that their work was important. Management personnel exhibited dissatisfaction with their level of pay, their professional development opportunities, and the amount of paperwork that was required of them.
- The Management Survey showed that managing workload was reported as the biggest challenge of respondents. Human resource management and financial management were ranked second and third respectively.

### **Management Transition**

- The Management Audit showed that in the fiscal year 2001/2002, there were 150 management separations, which translates into a rather high turnover rate of 16%. Fifty-three percent of these separations were considered internal, meaning the manager moved to another position within their organization.
- There were also 150 management position postings in 2001/2002; with 91 (69%) of the 132 positions filled being awarded to an internal employee. On average, there were approximately 3.4 applicants per management posting, who met posting requirements.
- The main factors reported by organizations, in the Management Audit, as impeding their recruitment and retention efforts were compensation, the geographic location of the position, and the level of expertise the management position required.
- The Management Survey also revealed that a high percentage of survey respondents (69%) were not actively searching for alternative employment. However of those searching for alternative employment, 46% were looking exclusively outside the H&CS system.

- Based on the current age of health system managers, provided by organizations in the Management Audit, and assuming a retirement age of 55, it is estimated that in the next ten years, approximately 53% of managers will retire from the H&CS system. This retirement estimate decreases to 39% based on a retirement age of 58. Few organizations reported having succession plans in place to deal with this management transition.

Analyses of survey respondents indicating a nursing, allied health including social work, or business/health administration as their professional background are depicted in Appendixes B through D. A brief synopsis of the information contained in these appendices is as follows:

### **Appendix B: Management Survey Results by Professional Group – Cohort Reporting Registered Nursing Background**

- The average age of survey respondents with a nursing professional background was 46. Two-thirds (68%) of nursing respondents were between the ages of 41 and 55.
- A little over three quarters of respondents with a nursing professional background stated a Certificate/Diploma (49%) or a Bachelor's degree (30%) as their highest level of education obtained.
- Seventy-eight percent of survey respondents with a nursing professional background indicated their primary area of responsibility as clinical/program management.
- Thirty-eight respondents (20%) with a nursing professional background had more than 50 employees reporting to them; these respondents comprise 64% of the overall management survey respondents who fall within this cohort.
- Compared to the overall Management Survey, survey respondents with a nursing professional background exhibited stronger levels of dissatisfaction with their level of pay.
- The top three management activities reported by respondents with a nursing professional background were communication, human resource management and policy development, which were identical to those reported in the overall Management Survey.
- Survey respondents with a nursing professional background ranked human resource management as their biggest challenge. Managing workload was ranked first in the overall Management Survey.
- Fifty-eight percent of survey respondents with a nursing professional background stated that they expected to retire in the next ten years.

### **Appendix C: Management Survey Results by Professional Group – Cohort Reporting Allied Health Background**

- The social work discipline comprised 57% of survey respondents with an allied health background, with the remaining 43% representing a number of different allied health disciplines.
- The average age of survey respondents with an allied health professional background was 42, two years younger than the overall survey sample.
- With regard to the highest level of education obtained, 89% of survey respondents held a Bachelor's degree or higher.
- Eighty-two percent of survey respondents with an allied health professional background indicated their primary area of responsibility as clinical/program management.

- Forty-four percent of respondents with an allied health background had ten employees or less reporting to them.
- Compared to the overall Management Survey, respondents with an allied health professional background exhibited a more neutral position towards their level of compensation but disagreed more strongly with the statement regarding their staff's professional development opportunities.
- Respondents with an allied health professional background ranked communication, client/family issues and policy development as their top three management activities. Human resource management and financial management were ranked fourth and fifth respectively for allied health respondents, however in the overall Management Survey these activities were ranked higher.
- Human resource management and financial management were ranked second and third respectively, behind managing workload as the top three ranked challenges of respondent with an allied health professional background.
- Thirty-two (35%) survey respondents with an allied health professional background indicated that they expected to retire in the next ten years.

#### **Appendix D: Management Survey Results by Professional Group – Cohort Reporting Registered Business/Health Administration Background**

- The average age of survey respondents with a business/health administration professional background was approximately 41, three years younger than the overall management survey respondents.
- Approximately 57% of respondents with a business/health administration professional background held a minimum of a Bachelor's degree, 34% had a minimum of a Certificate/Diploma as their highest level of education.
- Ninety percent of respondents with a business/health administration professional background specified administrative/support services management as their primary area of responsibility.
- Seventy-seven percent of respondents with a business/health administration professional background had been employed elsewhere prior to accepting a position with the H&CS system.
- Sixty percent of respondents with a business/health administration professional background had less than ten personnel reporting to them.
- Respondents with a business/health administration professional background ranked human resource management, communication, and policy development as their top three management activities, respectively. Managing workload, human resource management and financial management were considered the top three challenges of respondents with a business/health administration professional background.
- Respondents with a business/health administration professional background also exhibited a more neutral position towards their level of compensation compared to the overall Management Survey.
- Thirty-nine (27%) respondents with a business/health administration professional background stated they expected to retire in the next ten years.

# Table of Contents

<b>Executive Summary</b> .....	iv
<b>1 INTRODUCTION</b> .....	1
1.1 Purpose .....	1
1.2 Methodology.....	1
1.2.1 Management Survey .....	1
1.2.2 Management Audit .....	2
<b>2 DEMOGRAPHIC PROFILE</b> .....	3
<b>3 EDUCATION PROFILE</b> .....	4
3.1 Educational Background.....	4
3.2 Preparedness for Management Position .....	6
3.3 Pursuing Further Education .....	6
3.4 Formal Business Training.....	7
<b>4 WORKLOAD/WORK PATTERNS</b> .....	9
4.1 Career Profile.....	9
4.1.1 Employment Setting, Position, Area of Responsibility and Status .....	9
4.1.2 Management Structure .....	10
4.1.3 Years in Management Position .....	13
4.1.4 Professional Background .....	16
4.1.5 Previous Employment.....	16
4.1.6 Attraction to a Career in the Health and Community Services System .....	18
4.2 Management Activities.....	18
4.3 Management Roles .....	20
4.4 Staff Responsibilities/Span of Control .....	20
4.5 Overtime .....	24
4.6 Job Satisfaction.....	24
4.7 Management Challenges.....	27
<b>5 MANAGEMENT TRANSITION</b> .....	28
5.1 Actively Searching for Employment .....	28
5.2 Attrition Patterns .....	29
5.2.1 Management Separations .....	29
5.2.2 Management Job Competitions.....	30
5.2.3 Factors Affecting the Recruitment and Retention of Management Personnel.....	31
5.2.4 Retirements .....	32
5.2.5 Succession Planning .....	34
<b>6 CONCLUSION</b> .....	36
Appendix A: Breakdown of Management Survey Results by Education Level .....	38
Appendix B: Management Survey Results by Professional Group - Cohort Reporting Registered Nursing Background.....	40
Appendix C: Management Survey Results by Professional Group - Cohort Reporting Allied Health Background.....	47
Appendix D: Management Survey Results by Professional Group - Cohort Reporting Business/ Health Administration Background .....	54

## LIST OF TABLES

Table 1: Age Breakdown of Survey Respondents .....	4
Table 2: Highest Level of Education Obtained of Survey Respondents.....	5
Table 3: Highest Level of Education Obtained by “Years From Retirement” and “Total Years Employed in the Health and Community Services System” .....	5
Table 4: Formal Business Training of H&CS Managers .....	8
Table 5: H&CS Managers by Employment Setting.....	9
Table 6: Survey Respondents by Position.....	10
Table 7: The Workplace Distribution of Managers .....	11
Table 8: Total Years Employed in Current Management Position.....	13
Table 9: Total Years Employed in the Health &Community Services System .....	13
Table 10: Professional Background.....	16
Table 11: Employment Sector Prior to Health and Community Services System.....	17
Table 12: Ranking of Management Activities .....	19
Table 13: Staff Responsibilities .....	21
Table 14: Staff Within the Same Department or Program.....	21
Table 15: Frequency of Travel for Manager’s with Staff in Alternative Locations.....	22
Table 16: Average Number of Overtime Hours Per Week.....	24
Table 17: Job Satisfaction.....	25
Table 18: Major Challenges.....	27
Table 19: Actively Searching for Employment .....	29
Table 20: Management Separations by Employment Setting, 2001/2002 .....	30
Table 21: Number of Health System Managers Reaching Age 55 by Calendar Year .....	33
Table 22: Retirement Projections Using Age 55 as Retirement Age.....	33
Table 23: Retirement Projections Using Age 58 as Retirement Age.....	34

## LIST OF FIGURES

Figure 1: Age Distribution.....	3
Figure 2: Health and Community Services System Managers Pursuing Further Education.....	6
Figure 3: Current Management Count vs. Management Count Prior to Restructuring .....	12
Figure 4: Total Number of Years Employed in Management Positions.....	15
Figure 5: Appropriateness of Time Spent on Management Activities.....	19
Figure 6: Span of Control – All Managers and Supervising Managers .....	23
Figure 7: Job Satisfaction.....	26
Figure 8: Percentage of Positions Filled Internally and Externally .....	31
Figure 9: Difficult to Replace by Retirement Cohort.....	35

## LIST OF TABLES – APPENDIX

### Appendix A: Breakdown of Management Survey Results by Education Level

Table 1: Educational Background of Survey Respondents.....	39
--	----

### Appendix B: Management Survey Results by Professional Group – Registered Nursing

Table 1: Staff Responsibilities of Respondents with a Nursing Professional Background.....	42
Table 2: Frequency of Travel for Manager’s with Staff in Alternate Locations.....	43
Table 3: Average Number of Overtime Hours per Week .....	44
Table 4: Job Satisfaction.....	45
Table 5: Biggest Challenge of Survey Respondents with a Nursing Professional Background .....	46

### Appendix C: Management Survey Results by Professional Group – Allied Health

Table 1: Total Years Employed in H&CS System .....	49
Table 2: Staff Responsibilities of Respondents with an Allied Health Professional Background.....	50
Table 3: Frequency of Travel for Manager’s with Staff in Alternate Locations.....	50
Table 4: Allied Health Respondents Average Number of Overtime Hours.....	51
Table 5: Job Satisfaction.....	52
Table 6: Biggest Challenge of Survey Respondents with an Allied Health Professional Background .....	52

### Appendix D: Management Survey Results by Professional Group – Business/Health Administration

Table 1: Total Years Employed in H&CS System .....	56
Table 2: Staff Responsibilities of Business/Health Administration Respondents .....	57
Table 3: Frequency of Travel for Manager’s with Staff in Alternate Locations.....	57
Table 4: Business/Health Administration Respondents Average Number of Overtime Hours per Week .....	58
Table 5: Job Satisfaction.....	59
Table 6: Biggest Challenge of Respondents with a Business/Health Administration Professional Background.....	59

## LIST OF FIGURES – APPENDIX

### Appendix B: Management Survey Results by Professional Group – Registered Nursing

Figure 1: Highest Level of Education Obtained by Survey Respondents with a Nursing Background.....	41
Figure 2: Appropriateness of Time Spent on Management Activities.....	44

### Appendix C: Management Survey Results by Professional Group – Allied Health

Figure 1: Highest Level of Education Obtained by Survey Respondents with an Allied Health Background.....	48
Figure 2: Appropriateness of Time Spent on Management Activities.....	51

### Appendix D: Management Survey Results by Professional Group – Business/Health Administration

Figure 1: Highest Level of Education Obtained by Survey Respondents with a Business/Health Administration Background.....	55
Figure 2: Appropriateness of Time Spent on Management Activities.....	58

## **1 INTRODUCTION**

Health system managers are a fundamental component of Newfoundland and Labrador's health system. Despite this, there is very little provincial information available regarding this group. The Provincial Health and Community Services Human Resource Planning Steering Committee had previously collected selected data on this group, such as management count and span of control. However, other information such as demographics, career and education profiles, workload patterns and job satisfaction of health system managers was relatively unknown. Therefore, the Steering Committee decided a further examination of Health & Community Services (H&CS) system managers was needed. This was accomplished by surveying managers and through gathering statistical information from human resource departments. For the purpose of this document, H&CS system managers included those working in the provincial health boards and those located at the Department of Health and Community Services (DOHCS).

In this province, the Patient Research Centre had conducted a previous study with selected health boards regarding the impact of health reforms on management personnel<sup>1</sup>. The purpose of that study was to evaluate managers' attitudes following restructuring of the provincial health system. Other purposes were to develop baseline data on the work-related attitudes of managers in the system and to monitor changes in attitudes over time. The introduction of program management at the Health Care Corporation of St. John's (HCCSJ) was also examined for these managers. Managers from three acute care settings in the province were surveyed. Findings indicated that managers were more positive than negative concerning the overall impact of health reforms, were more satisfied than dissatisfied with their jobs, and believed that the objectives of regionalization and program management were being obtained<sup>1</sup>.

The study completed by the Steering Committee was designed to provide further insight into the issues facing Newfoundland and Labrador's H&CS system managers.

### **1.1 Purpose**

There are two main purposes of this study. The first objective was to determine priority issues from managers' perspectives regarding management of the H&CS system and its potential impact on human resource planning for the management group. The second aim of this study was to create a demographic profile of H&CS system managers in Newfoundland and Labrador.

### **1.2 Methodology**

A Management Survey and a Human Resource Management Audit were the two main sources of data used in this analysis.

#### **1.2.1 Management Survey**

The Management Survey tool was developed through a review of the literature and from other survey tools that had been used with health system managers both provincially and nationally.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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Stakeholders from the DOHCS, provincial health boards, HR managers, and CEOs were also involved in the development of the Management Survey. This survey tool was piloted from February 14 – 20, 2002 by disseminating surveys to six managers in the system representing different employment settings and professional backgrounds.

Management lists were obtained from each of the 14 provincial health boards and at the DOHCS in Fall 2001. These lists outlined all employees on the Hay Management Pay Plan, with many boards listing the job title. Some management lists were updated immediately prior to sending out the survey; lists were also adjusted to exclude any individuals who were no longer a board employee or who were not in a management role (e.g. Executive Secretary). From March 1 to March 5, 2002, individually addressed surveys were sent to approximately 896 managers in the 14 health boards throughout the province. Additional surveys were sent to the approximately 79 managers at the DOHCS on March 22, 2002.

### **1.2.2 Management Audit**

The Management Audit consisted of both quantitative and qualitative questions. Primarily, this audit collected demographic data, recruitment and retention statistics and information on management compensation issues.

The Management Audit was sent to the 14 health board human resource departments on September 24, 2002 and to the DOHCS human resource department on September 27, 2002. A letter accompanied the Management Audit explaining its purpose and asking human resource departments for their cooperation and assistance. Following consultation slight revisions were made to the Management Audit tool.

The Management Survey and Management Audit tools can be viewed at [www.nlhbs.nf.ca/hr/projects.htm](http://www.nlhbs.nf.ca/hr/projects.htm).

## **2 DEMOGRAPHIC PROFILE**

Results from the Management Audit revealed that as of September 2002, there were approximately 950 managers working in the H&CS system. For the purposes of this document, a manager would be considered someone who is remunerated on the HAY management pay scale. At this time, there were approximately 30 physician managers employed in the H&CS system; however information on only six physician managers were reported in the audit.

There were 975 Management Surveys distributed throughout the H&CS system in March 2002, of this number 569 surveys were returned for a response rate of 58%. A high proportion of survey respondents 367 (65%) were female, 190 (33%) were male and 12 (2%) respondents did not specify their gender. These survey findings were reaffirmed by the Management Audit, which found similar percentage breakdowns by gender (female: 67%; male: 33%). While a high percentage of health system managers are female, this percentage is lower than the overall health system workforce, which is approximately 90% female<sup>2</sup>.

Seventy-seven percent of survey respondents indicating their primary area of responsibility as clinical or program management were female, 21% were male and 2% did not specify. There was a more equal distribution by gender for respondents whose primary area of responsibility was administrative or support services, as 51% of these survey respondents were female and 47% were male.

The age distribution of health system managers, based on the information provided in the Management Audit, is depicted in Figure 1.

**Figure 1: Age Distribution**

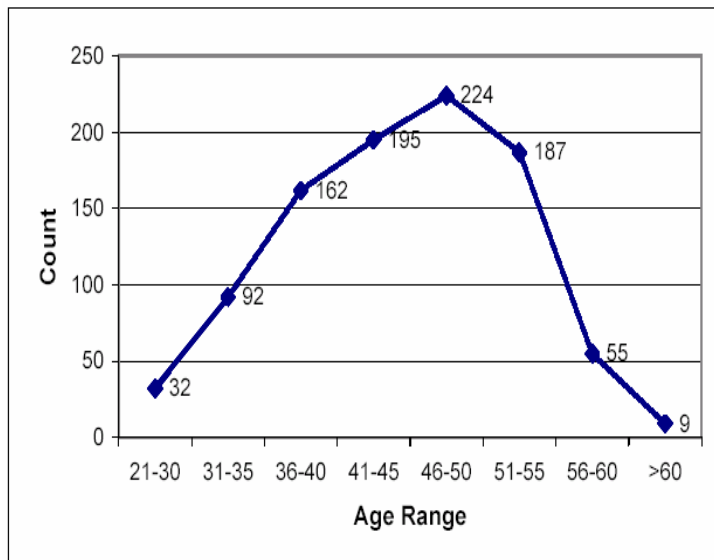


Figure 1 illustrates only 32 (3%) health system managers are under the age of 30. This is likely a result of the education and work experience required for many management positions. For example, many management job postings require a minimum of a Bachelor's degree and five years of related work experience, therefore age 28 would be the minimum age a potential health system manager could meet these qualifications. If a Master's degree is required, the age at which an individual could become a manager further increases.

Source: Management Audit

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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There are 286 (30%) health system managers who were 40 years old or younger; with 475 (50%) managers being over the age of 45. Figure 1 also illustrates a sharp decline in the number of managers in the 56-60 age cohort compared to those in the 51-55 age cohort, which is likely due to retirements. The age breakdown of survey respondents is outlined in Table 1.

**Table 1: Age Breakdown of Survey Respondents**

Age	Count	% of Total	Cumulative %
21-30	25	4%	4%
31-35	57	10%	14%
36-40	101	18%	32%
41-45	105	18%	51%
46-50	135	24%	74%
51-55	80	14%	88%
>56	23	4%	92%
Not Specified	43	8%	100%
>45	238	42%	
<b>Total</b>	<b>569</b>	<b>100%</b>	

Table 1 illustrates that 60% of survey respondents were between the ages of 36 and 50, with 42% of survey respondents being over the age of 45. Recall from Figure 1 that half the population of H&CS managers was over the age of 45, indicating that this group may be underrepresented in the Management Survey. The overall age of survey respondents was 44.

Source: Management Survey

**Demographic Profile – Key Findings**

- In September 2002 there were approximately 950 managers working throughout the health boards and within the DOHCS.
- Approximately two thirds (67%) of health system managers were female.
- Two hundred and eight-six (30%) managers were 40 years old or younger, with 475 (50%) managers being over the age of 45.

### **3 EDUCATION PROFILE**

#### **3.1 Educational Background**

The Management Survey collected information regarding the educational background of management personnel. Table 2 shows survey respondents' highest level of education obtained. Breakdowns by discipline can be found in Appendix A.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 2: Highest Level of Education Obtained of Survey Respondents**

Highest Level of Education Obtained	Count	% of Total	Cumulative %
High School	17	3.0%	3.0%
Certificate/Diploma	220	38.7%	41.7%
Bachelor's Degree	193	33.9%	75.6%
Master's Degree	110	19.3%	94.9%
M.D.	17	3.0%	97.9%
PhD	2	0.4%	98.0%
Not Specified	10	1.8%	100.0%
<b>Total</b>	<b>569</b>	<b>100.0%</b>	

Source: Management Survey

Table 2 shows that the highest proportion of survey respondents, 39%, were educated at a Certificate/Diploma level, followed by 34% who had a Bachelor's level education and 19% who were educated at a Masters level. Only a small portion survey respondents (3%) indicated that they had high school education only, and few respondents held M.D's or PhD's, as these levels comprised 3% and 0.4% respectively of total survey respondents.

Analyzing the responses to survey questions related to "years from retirement" and "total years employed in the H&CS system" provides an indication of how education levels of health system managers may change in the future. Table 3 presents a breakdown of education levels of those who expect to retire within the next 5 years (90 survey respondents) and those survey respondents who have been working in the H&CS system for less than 5 years (91 survey respondents).

**Table 3: Highest Level of Education Obtained by "Years From Retirement" and "Total Years Employed in the Health and Community Services System".**

Highest level of education obtained	< 5 years from retirement	% Of Total	<5 years employed in the H&CS System	% Of Total
High School	10	11%	2	2%
Certificate/Diploma	46	51%	11	12%
Bachelor's Degree	20	22%	53	58%
Master's Degree	11	12%	14	15%
Other <sup>1</sup>	3	3%	11	12%
<b>Total</b>	<b>90</b>	<b>100%</b>	<b>91</b>	<b>100%</b>

<sup>1</sup> Includes those respondents who held a M.D, a PH.D or did not specify their education level.

Source: Management Survey

Table 3 shows that 51% of those expected to retire in the next five years were educated at the Diploma/Certificate level; compared to 12% of survey respondents with similar education who

have been working in the system for less than 5 years. Fifty-eight percent of survey respondents working in the system for less than 5 years were educated at a bachelor's level. Since a Bachelor's Degree is a prerequisite for a Master's Degree, M.D. or a PH.D. it can be further stated that 82% of survey respondents working in the system for less than 5 years possess a minimum of a bachelor's level education.

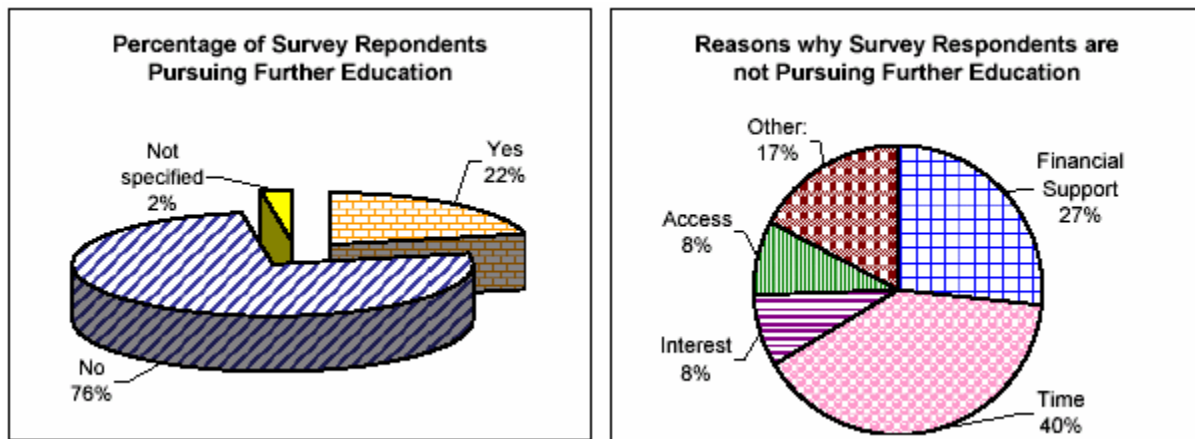
### 3.2 Preparedness for Management Position

Four hundred and forty-six (78%) survey respondents believed that their personal education and experience had prepared them for their managerial role. Of those remaining, 114 (20%) felt they were unprepared for their role, and 9 (2%) respondents did not answer this question. Further analysis of the 114 (20%) who felt unprepared for their position revealed that 65 (57%) were employed in middle management positions, with 37 of these 65 middle managers employed in their position for less than 5 years.

### 3.3 Pursuing Further Education

Figure 2 illustrates that 123 (22%) survey respondents were pursuing further education, while 432 (76%) survey respondents were not pursuing any kind of further education. Fourteen (3%) respondents did not answer this question. The type of formal education being pursued by the 123 respondents included the following: Master's, 32 (26%); Bachelors, 18 (15%); PhD, 4 (3%); Certificates/ Diplomas or course work, 58 (47%) with the remaining 11 (9%) respondents not specifying the type of education they were pursuing.

**Figure 2: Health and Community Services System Managers Pursuing Further Education**



Source: Management Survey

The reasons provided by survey respondents as to why they are not pursuing any type of formal education, also illustrated in Figure 2, included lack of: time (40%), financial support (27%), access (8%) interest (8%), and other reasons, such as age, family constraints (17%). A further examination of the 432 survey respondents not pursuing formal education revealed that 194 (45%)

have been working in the system for 20 years or more, with 94% of these 194 respondents educated at a minimum of a certificate or diploma level. Analysis by primary area of responsibility (i.e. Clinical/Program Management or Administrative/Support Services Management) was also conducted; however no significant differences were identified.

### **3.4 Formal Business Training**

Due to the clinical role often associated with being a H&CS system manager, it is not surprising that the educational background of the majority of survey respondents was in health related disciplines. As most H&CS management positions would benefit from formal business training, questions were included in the Management Audit to try to determine this information. Formal business/ management training included the following:

- ***Bachelors and Masters Degrees in Business***
  - Bachelor of Commerce (B. Comm.), Bachelor of Business Administration (B.B.A), Masters of Business Administration (M.B.A)
- ***Bachelors and Masters Degrees in Health Administration***
  - Bachelor of Health Administration (B.H.A), Masters of Health Administration (M.H.A), Masters of Health Science - Health Administration (M.H.Sc).
- ***Courses Offered by the Canadian Healthcare Association (CHA)***
  - Health Services Management, Modern Management, Quality Management, Departmental Management etc.

Note that formal Business Training would not include certificate courses, such as Frontline Leadership and certificate programs offered through universities and colleges.

Information on H&CS manager's formal business training is not readily available within human resource departments, as a result, each employer had to manually collect this information through surveying all their managers. This process resulted in a response rate of less than 100% for all organizations. Information was received for 881 of the 950 (93%) managers employed in the H&CS system. Of these 881 managers, 451 (51%) reported having formal management training. Of the 451, 286 (63%) were non-clinical managers and the remaining 165 (37%) were clinical managers. Additional information on H&CS managers with formal business training is presented in Table 4.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 4: Formal Business Training of H&CS Managers**

<b>Formal Business Training Type</b>	<b>Count</b>	<b>% Of formal Business Training</b>	<b>% Of overall management population (n=881)</b>
Bachelors	64	14%	7%
Masters	36	8%	4%
CHA	249	55%	28%
Other	44	10%	5%
Breakdowns not provided <sup>1</sup>	58	13%	7%
<b>Total Business Training</b>	<b>451</b>	<b>100%</b>	<b>51%</b>
<sup>1</sup> A small portion of employers did not submit formal business training by type and instead provided an overall aggregated total.			

Source: Management Audit

Table 4 illustrates that of the majority of H&CS managers, 249 (55%), obtaining their business training through courses offered by the CHA, with approximately 100 (22%) acquiring their business training through Bachelors or Masters programs. Of the 165 clinical managers with business training, approximately 126 (76%) obtained this training through CHA courses. CHA program and course descriptions can be retrieved from the website <http://www.cha.ca>.

Results from the Management Survey indicated that 47 health system managers have Bachelor of Commerce Degree. With respect to Masters, 20 survey respondents indicated they held a MBA, while another 12 respondents indicated they held a MHA. Of the overall survey respondents, approximately 14% of health system managers were considered to have formal business training at a Bachelor or Master's level. However, results presented in Table 4, from the Management Audit, show that approximately 11% of H&CS managers are considered to have formal business training at a Bachelor or Masters level. Recall from Table 4 that the training type for 58 H&CS managers could not be separated, which could partly account for the 3% difference between the Management Survey and Audit results.

Access to formal management training, especially a Masters in Health Service Administration (MHA), has historically been a barrier for H&CS system managers, as the program has not been offered in this province. Memorial University is currently developing a Masters in Health System Management program, however as the data presented in subsection 3.3 suggests, time, not access is the number one reason managers report for not pursuing further education. H&CS managers educated at a Certificate or Diploma level would also be unable to access this program.

**Education Profile – Key Findings**

- A little over two thirds of survey respondents indicated that their highest level of education was either a Certificate/Diploma (39%) or a Bachelor's degree (34%). Nineteen percent of survey respondents held a Master's degree. A small percentage (22%) were pursuing further education.
- Seventy-eight percent of survey respondents believed that their education and experience had prepared them for their managerial role.
- Fifty-one percent of H&CS managers have some type of formal business training; with the majority of this training being obtained from programs offered by the Canadian Healthcare Association (CHA).

**4 WORKLOAD/WORK PATTERNS**

**4.1 Career Profile**

**4.1.1 Employment Setting, Position, Area of Responsibility and Status**

Using the information provided by employers in the Management Audit, Table 5 presents a breakdown of H&CS managers by employment setting.

**Table 5: H&CS Managers by Employment Setting**

<b>Work Setting</b>	<b>Count</b>	<b>% Of Total</b>
Health & Community Services Boards	135	14%
Institutional Boards	667	70%
Integrated Boards	60	6%
DOHCS	88	9%
<b>Total</b>	<b>950</b>	<b>100%</b>

Source: Management Audit

As previously mentioned, in March 2002, 975 Management Surveys were distributed in the H&CS system, of this number 569 surveys were returned for a response rate of 58%. An examination of the response rates by employment setting revealed that the Health and Community Services Boards had an excellent response rate, at 95%. However, the Institutional Boards comprised the greatest percentage of returned surveys and as illustrated in Table 5 employ 70% of all health system managers.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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The Management Survey asked managers to indicate if their current position would be considered a senior, middle or frontline management position. Examples of possible job titles were outlined to survey participants and included the following:

- Senior Manager: Chief Executive Office (CEO), Vice President, and Assistant Executive Director, Deputy and Assistant Deputy Ministers etc.
- Middle Manager: Director, Professional Practice Coordinator etc.
- Frontline Manager: Manager, Supervisor etc.

**Table 6: Survey Respondents by Position**

<b>Position</b>	<b>Count</b>	<b>%</b>
Senior Manager	76	13%
Middle Manager	247	43%
Frontline Manager	240	42%
Not Specified	6	1%
<b>Total</b>	<b>569</b>	<b>100%</b>

Source: Management Survey

Table 6 shows that senior managers comprised the smallest proportion of survey respondents at 13%. Almost an equal number of middle and frontline managers completed the survey, with these positions comprising 43% and 42% of the total survey respondents respectively. Only a small number of respondents failed to specify their current management position.

A clinical or program manager is responsible for managing direct client services; whereas administrative or support services managers include managers of human resources, information technology, environmental services, facilities management and others. There was almost an equal split among the number of survey respondents with clinical/program management responsibilities at 50% and those with administrative/support services responsibilities at 48%. The remaining 2% did not specify their area of responsibility.

The Management Survey found that 523 (92%) of survey respondents held permanent management positions while 44 (8%) were employed in temporary positions. Only 2 survey respondents failed to indicate their employment status.

#### **4.1.2 Management Structure**

The Management Audit asked each human resource department to indicate how many clinical managers were working in their organization and how many of these clinical managers were considered frontline clinical managers. The number of non-clinical managers could then be calculated by subtracting the number of clinical managers from the overall management count (excluding physicians). The distribution of managers between clinical and non-clinical areas by employer is outlined in Table 7.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 7: The Workplace Distribution of Managers**

Employment Setting	Employer	Clinical Managers	Frontline Clinical Managers <sup>1</sup>	% Of Clinical Managers who are Considered Frontline Clinical Managers	Non-Clinical Managers	Total
<b>Health and Community Services Boards</b>	HCSSJ	30	17	57%	18	48
	HCSW	24	15	63%	8	32
	HCSE	18	13	72%	12	30
	HCSC	16	13	81%	9	25
	<b>Subtotal</b>	<b>88</b>	<b>58</b>	<b>66%</b>	<b>47</b>	<b>135</b>
<b>Integrated Boards</b>	HLC	20	13	65%	17	37
	GRHSB	9	7	78%	14	23
	<b>Subtotal</b>	<b>29</b>	<b>20</b>	<b>69%</b>	<b>31</b>	<b>60</b>
<b>Institutional Boards</b>	PSCH	2	0	0%	2	4
	CEHCIB	19	9	47%	40	59
	PHCC	21	13	62%	29	50
	AHCIB	18	13	72%	26	44
	SJNHB	33	25	76%	50	83
	HCCSJ	118	91	77%	137	255
	CWHC	41	32	78%	28	69
	WHCC	31	25	81%	60	91
	NCTRF	6	5	83%	6	12
	<b>Subtotal</b>	<b>289</b>	<b>213</b>	<b>74%</b>	<b>378</b>	<b>667</b>
<b>Other</b>	DOHCS <sup>2</sup>	0	0		88	88
<b>Total</b>		<b>406</b>	<b>291</b>	<b>72%</b>	<b>544</b>	<b>950</b>

<sup>1</sup> Frontline clinical managers are a subset of the clinical managers group.

<sup>2</sup> The DOHCS does not have clinical areas.

Source: Management Audit

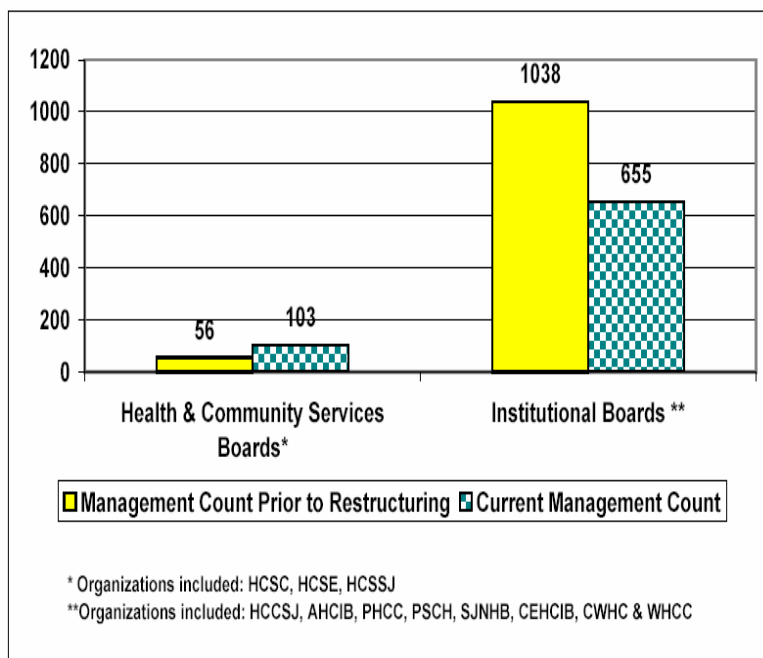
Table 7 shows that the number of clinical versus non-clinical managers varied by employer. For example, Western Health Care Corporation and Central East Health Care Institutions Board had a higher proportion of non-clinical managers than clinical managers; while Central West Health Corporation, Health Labrador Corporation and all the Health and Community Services Boards had more clinical managers than non-clinical managers. Within all the health boards, a high proportion of clinical managers were considered frontline clinical managers. However, this percentage varies significantly by board setting; ranging from 57% to 81% within the Health and Community Services Boards, 47%-83% within the Institutional Boards and 65%-78% within the Integrated Boards.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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To provide an indication of how management structures have changed since the movement towards a more regionalized health system, human resource departments were asked in the Management Audit to provide their management count prior to restructuring. This was defined as the total number of managers prior to the formation of the Regional Health Boards in the mid 1990s. For Health and Community Services Boards this would be the number of managers prior to the merger of Human Resources and Employment (HRE) programs. It is important to note that in the case of restructuring in the mid 1990s, there were no overall services added to the H&CS system. The merger of HRE programs with Health and Community Services Boards introduced three new larger client programs in addition to support services.

**Figure 3: Current Management Count vs. Management Count Prior to Restructuring**



Source: Management Audit

Figure 3 illustrates that restructuring resulted in significant reduction in management personnel for the Institutional Boards. While Figure 3 shows that the Health and Community Services Boards experienced an increase in management personnel this would have been to accommodate the management of HRE programs that were transferred. Please note that the Grenfell Regional Health Services Board (GRHSB), Health Labrador Corporation (HLC), Health and Community Services Western (HCSW) and the Newfoundland and Labrador Cancer Treatment and Research Foundation (NCTRF) were unable to provide this information; as a result, these employers were excluded from the above calculations. The DOHCS was also excluded.

### 4.1.3 Years in Management Position

**Table 8: Total Years Employed in Current Management Position**

Timeframe	Count	% of Total	Cumulative %
< 1 year	87	15%	15%
1-3 years	158	28%	43%
3-5 years	83	15%	58%
6-10 years	120	21%	79%
11-15 years	40	7%	86%
16-20 years	22	4%	90%
>20 years	24	4%	94%
Not specified (>5 years) <sup>1</sup>	32	6%	99%
Not specified	3	1%	100%
<b>Total</b>	<b>569</b>	<b>100%</b>	

<sup>1</sup> 32 respondents indicated that they held their position for >5 years but did not specify the exact number of years for groupings to occur.

As shown in Table 8, 328 (58%) survey respondents had been employed in their current position for 5 years or less.

Examining these 328 survey respondents by position revealed that 44 (13%) were senior managers, 141 (45%) were middle managers and 139 (42%) were frontline managers.

In the mid to late 1990's, Newfoundland and Labrador's health system underwent significant reform. Therefore, caution is required in interpreting these findings because a number of positions in the Health Boards and in the DOHCS were made redundant with new management structures being implemented. As a result, it is not clear how survey respondents viewed this restructuring when answering this question.

Source: Management Survey

Table 9 illustrates survey respondents total years employed in the H&CS system, which includes both management and non-management positions.

**Table 9: Total Years Employed in the Health & Community Services System**

Timeframe	Count	%	Cumulative %
<5 years	91	16%	16%
5-10 years	60	11%	27%
11-15 years	72	13%	39%
16-20 years	95	17%	56%
>20 years	248	44%	99%
Not specified	3	1%	100%
<b>Total</b>	<b>569</b>	<b>100%</b>	

Source: Management Survey

As illustrated in Table 9, 248 (44%) survey respondents had been employed in the H&CS system for greater than 20 years. Further examination of those working in the H&CS system for less than 5 years revealed that 56 (62%) survey respondents indicated their primary area of

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

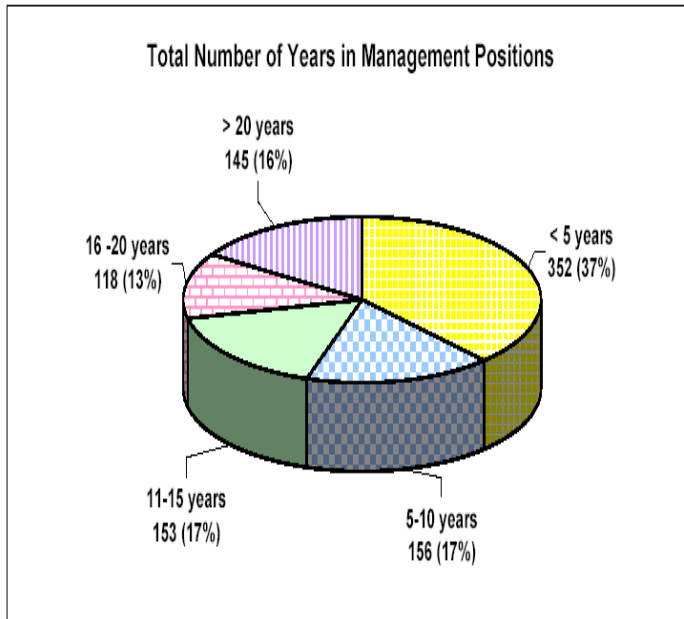
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responsibility as administrative or support services areas with 32 (35%) indicating clinical or program management. These results were anticipated as clinical or program managers (e.g. Nurse Managers) tend to have more experience in the H&CS system prior to entering management, than administrative or support services managers (e.g. Information Technology Managers).

Table 8 shows that 58% of survey respondents had been employed in their current management position for less than five years; however, Table 9 indicates that 16% of survey respondents reported working in the system for less than five years. Further to this, 44% had worked in the H&CS system for greater than 20 years; yet 4% of survey respondents had been in their current management position greater than 20 years. This would suggest that many managers had either worked their way up to their management position, and/or held a variety of different positions within the H&CS system prior to accepting their current position.

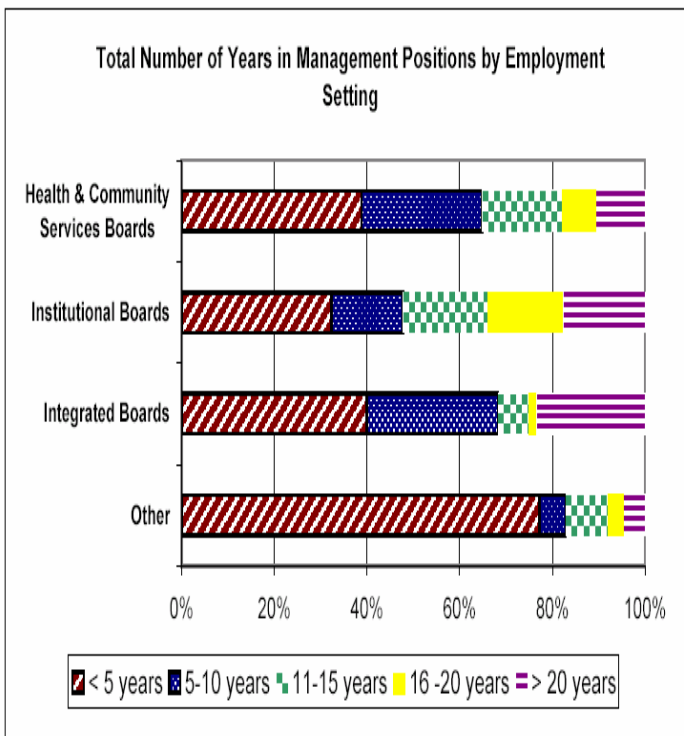
**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Figure 4: Total Number of Years Employed in Management Positions**



The Management Audit collected information on the total number of years of management experience within the H&CS system, which is illustrated in Figure 4. To provide this information, many employers had manually collect this information, therefore Figure 4 accounts for approximately 97% of managers employed in the H&CS system.

Figure 4 illustrates that the majority of H&CS system managers have substantial management experience as 572 (63%) had greater than five years management experience. The remaining 352 (37%) health system managers had less than five years of total management experience. This percentage was higher for the DOHCS where approximately 77% of its managers had less than five years in total management experience in the H&CS system.



It is important to note that Figure 4 excludes any non-management experience managers had in addition to their work in management. For example, a Nurse Manager with 14 years health system experience - four years in management and ten years as a registered nurse would be placed in the < 5 year cohort. This figure would also exclude any management experience a DOHCS manager would have acquired in another government department or agency.

Source: Management Audit

#### 4.1.4 Professional Background

**Table 10: Professional Background**

<b>Professional Background</b>	<b>Count</b>	<b>%</b>
Nursing	193	34%
Business/Health Administration	145	26%
Social Work	52	9%
Allied Health <sup>1</sup>	41	7%
Diagnostic	24	4%
Other <sup>2</sup>	106	19%
Not Specified	8	1%
<b>Total</b>	<b>569</b>	<b>100%</b>
<sup>1</sup> Includes a variety of allied health disciplines, such as psychology, dietetics, physiotherapy, pharmacy and speech language pathology.		
<sup>2</sup> Represents a number of other disciplines such as food service nutrition, information technology, engineering, medicine, professional accounting etc.		

Table 10 shows that 34% of survey respondents had a nursing professional background; followed by business/health administration; (26%); allied health, including social work comprise (16%); diagnostic (4%) and a variety of other professional backgrounds which comprise the remaining 19%.

Analysis revealed that 90% of the 145 survey respondents with a business/health administration background indicated that their primary area of responsibility was administrative or support services; whereas, the vast majority of respondents with a nursing (78%) or allied health background (82%) indicated that their primary area of responsibility was clinical or program management.

Source: Management Survey

Additional analysis of survey respondents indicating a nursing, business/health administration or allied health including social work as their professional background is depicted in Appendixes B through D.

#### 4.1.5 Previous Employment

To obtain further insight into the professional careers of health system managers, the Management Survey asked respondents to indicate what sectors they had been employed in prior to working in the H&CS system. Table 11 presents the survey findings.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 11: Employment Sector Prior to Health and Community Services System**

<b>Employment Sector</b>	<b>Count</b>	<b>%</b>
Never employed outside the H&CS system	<b>258</b>	<b>45%</b>
Private Sector	<b>126</b>	<b>22%</b>
• Business/Finance	15	
• Private Health System	15	
• Retail/Sales	14	
• Primary Production (fishery, mining, oil and gas etc.)	13	
• Manufacturing and Construction	9	
• Other (Food Service, Communications etc)	21	
• Not Specified	39	
Public Sector:	<b>147</b>	<b>26%</b>
• Provincial Government	97	
Department/Agency/Stakeholders	15	
• Federal Government	10	
• Municipal Government	3	
• Not Specified	37	
Not-for-profit	<b>12</b>	<b>2%</b>
Self-employed	<b>10</b>	<b>2%</b>
Other/Not Specified	<b>16</b>	<b>3%</b>
<b>Total</b>	<b>569</b>	

Source: Management Survey

Forty-five percent of survey respondents had never been employed outside the H&CS system. Seventy-four percent of respondents with a registered nursing professional background had never worked outside the system.

Respondents employed in the H&CS system for longer periods were more likely to never have worked outside the system. For example, 151 of the 248 (61%) survey respondents employed in the H&CS system for greater than 20 years had never worked outside the system, whereas 32 of 151 (21%) survey respondents who had worked in the H&CS for 10 years or less have never worked outside the system. These results also demonstrate the new profile of health system managers today, with greater market opportunities and mobility of professionals.

One hundred and forty-seven (26%) of survey respondents had worked in other public sector organizations before working in the health system. Ninety-one (65%) of those 147 respondents worked for another provincial government department or agency. A breakdown by work setting, of the 91 respondents who indicated working in another provincial department or agency is as follows: DOHCS (21), H&CS boards (34), Institutional Boards (36) Integrated Boards and Other (6). These results would be expected for both the DOHCS and the Health and Community

Services Boards with integration of programs from the Department of Human Resources and Employment, which occurred in the late 1990s.

Twenty-two percent of survey respondents worked in a variety of different areas within the private sector prior to coming to work in the H&CS system. Very few respondents indicated they were self employed (2%) or worked in the not-for-profit sector (2%) prior to accepting their current position.

Further analysis of previous employment revealed that 60% of clinical or program management respondents have never worked outside the system; compared to 29% for administrative or support services respondents. The higher percentage of clinical or program management respondents who have never been employed outside the H&CS system was expected as the majority of career opportunities for managers working in this primary area of responsibility would be located within the H&CS system.

#### **4.1.6 Attraction to a Career in the Health and Community Services System**

The Management Survey asked survey participants what attracted them to a career in H&CS system management. These answers were coded by common themes, and while the answers varied, 517 survey respondents (90%) indicated that they accepted their position as a form of career advancement. Making a difference, the challenge of the position and to provide leadership were also reasons given for becoming a H&CS leader.

#### **4.2 Management Activities**

A health system manager performs a variety of tasks every day; including: human resource management, financial management, client and/or family issue management, materials management, communication and policy development, program planning and strategic planning. Using these categories of management activities as a template, survey respondents were asked to rank each activity in terms of time spent each day, with 1 being "most amount of time" and 6 being "least amount of time". Once respondents had ranked each activity they were asked to indicate if they believed the time they spend on each activity is too little, about right or too much.

Survey respondents were expected to use each ranking only once. However, only 340 (60%) survey respondents ranked per the intended instructions. One hundred and ninety-two (34%) survey respondents did not use each ranking only once or checked if the time spent on each activity was appropriate without ranking the activities. Thirty-seven (6%) survey respondents did not answer this question. Since, this question was answered in two ways, only those who ranked this question as expected were used to determine the overall rankings of management activities. The rankings are presented in Table 12.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

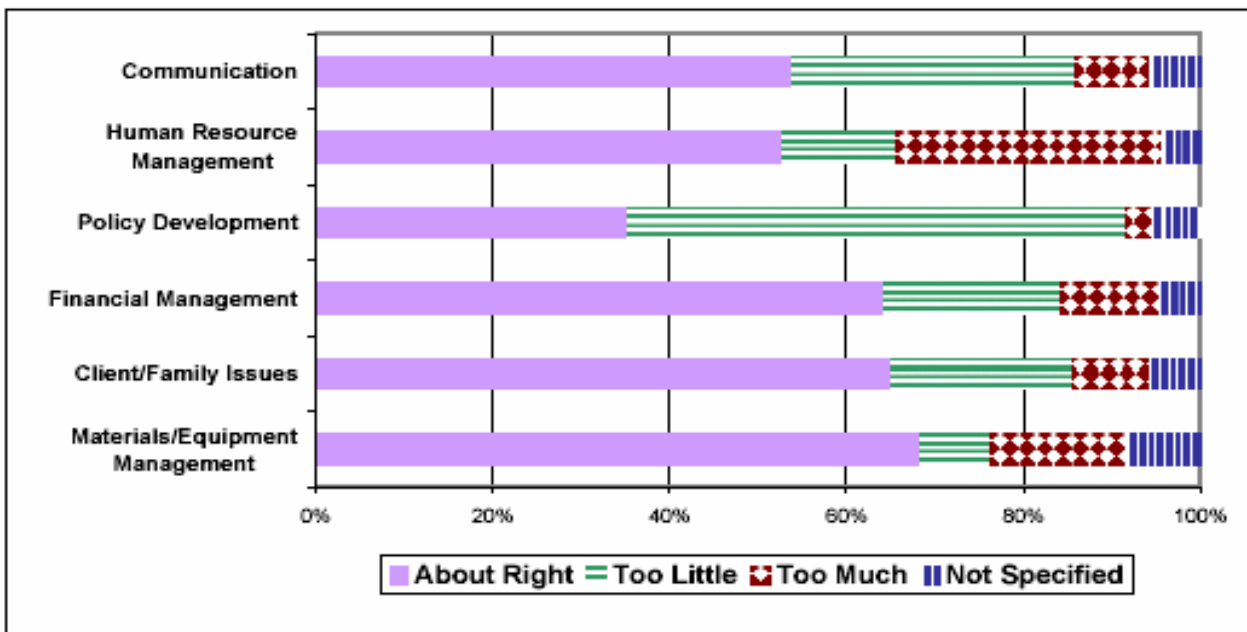
**Table 12: Ranking of Management Activities**

Activity	Overall Ranking	Average	Number of times ranked (Out of a possible 340)
Communication	1	2.71	335
Human Resource Management	2	3.08	324
Policy Development	3	3.65	329
Financial Management	4	3.84	319
Client/Family Issues	5	4.14	311
Materials/Equipment Management	6	4.70	313

Source: Management Survey

Table 12 shows that the top three management activities were communication, human resource management and policy development. Figure 5 outlines how respondents felt about the time spent on each of these activities. This figure is only based on those 340 respondents who ranked per intended instructions.

**Figure 5: Appropriateness of Time Spent on Management Activities**



Source: Management Survey

With the exception of policy development, Figure 5 shows that the majority of respondents thought the time devoted to each activity was about right. While 50% of respondents also felt that the time devoted to human resource management was about right; 29% felt that too much time was devoted to this activity. Only 3% of respondents felt that too much time was devoted to policy development, in fact 50% of survey respondents believed too little time was spent on this activity. Section 4.6 of this report, which discusses job satisfaction of health system

managers, reports that survey respondents tended to agree with the statement "I have authority in planning policies and procedures for my area of responsibility". Thus, not only was there a recognition among survey respondents of the importance of policy development, managers also acknowledged that they have a certain level of authority to implement policy changes. As a result, having insufficient time to devote to this activity appears to be one of the biggest stumbling blocks.

While the responses of survey respondents who used the ranking more than once could not be used to calculate the overall rankings, the frequency counts of each ranking per management activity were examined. This analysis also illustrated that survey respondents spend the majority of their time on communication, human resource management and policy development activities. Survey respondents could also indicate if there were any other activities, besides those stated in the survey question, which they perform throughout their day. One hundred and eighty three survey respondents did indicate at least one other response. Many of these other answers were determined to fall within the categories provided.

### **4.3 Management Roles**

The Management Survey also asked survey respondents if they had any clinical or other non-management roles, in addition to their management role. Four hundred and three (71%) respondents indicated they did not have other roles, 149 (26%) of survey respondents had other roles and the remaining 17 (3%) of respondents did not respond to this question. The main types of activities specified by those with additional roles were clinical (43%), teaching (27%) and research (22%). Eight percent (8%) of respondents did not specify what their additional roles included. Further analysis of the 149 survey respondents with additional roles by professional background revealed that approximately two thirds of survey respondents had either a nursing (42%) or allied health, including social work (25%) professional background.

### **4.4 Staff Responsibilities/Span of Control**

Both the Management Survey and the Audit collected information on the span of control of health system managers. Span of control refers to a manager's accountability in terms of the number of staff he/she is responsible for in their organization.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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**Table 13: Staff Responsibilities**

Staff	Count	%	Cumulative %
0	48	8%	8%
1 - 5	131	23%	31%
6-10	97	17%	49%
11- 15	48	8%	57%
16-20	33	6%	63%
21-30	53	9%	72%
31-40	31	5%	78%
41-50	37	7%	84%
> 50	59	10%	94%
Not Specified	32	6%	100%
<b>Total</b>	<b>569</b>	<b>100%</b>	

Source: Management Survey

Table 13 demonstrates that 489 (86%) survey respondents had staff reporting to them. Nearly 50% of this group had ten employees or less reporting to them.

Analysis of the survey respondents indicating they had greater than 50 staff reporting to them revealed that 36 (61%) were frontline managers with 15 (41%) of these frontline managers responsible for multiple departments and/or programs. Overall, 45 (76%) respondents who indicated clinical/program management as their primary area of responsibility fell within this cohort. Further analysis also showed that 38 (64%) of the 59 survey respondents indicating they had greater than 50 staff reporting to them had a nursing professional background.

**Table 14: Staff Within the Same Department or Program.**

Within same department/program	Count	%
Yes	308	63%
No	179	36.6%
Not specified	2	0.4%
<b>Total</b>	<b>489</b>	<b>100%</b>

Source: Management Survey

Table 14 shows that 308 (63%) of managers' staff were located in the same department or program. Of those who had staff reporting to them in a different department/program, 49 (27%) were senior managers, 70 (39%) were middle managers and the remaining 60 (34%) were frontline managers. These results demonstrate the complexity associated with being a H&CS system manager, as all levels of management can potentially be responsible for staff in different departments/ programs.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

---

An added challenge to the responsibilities of management personnel is that many are responsible for staff which are not located within the same physical building or facility; 226 (46%) survey respondents indicated having this added challenge. The frequency of survey respondents travel as a result of having staff located in a different location is depicted in Table 15.

**Table 15: Frequency of Travel for Manager's with Staff in Alternative Locations**

<b>Frequency of Travel</b>	<b>Count</b>	<b>%</b>
I am not required to travel	16	7%
<Once a month	26	12%
Once a month	29	13%
Once every two weeks	33	15%
Once a week	25	11%
>Once a week	58	26%
Daily	30	13%
Not Specified	9	4%
<b>Total</b>	<b>226</b>	<b>100%</b>

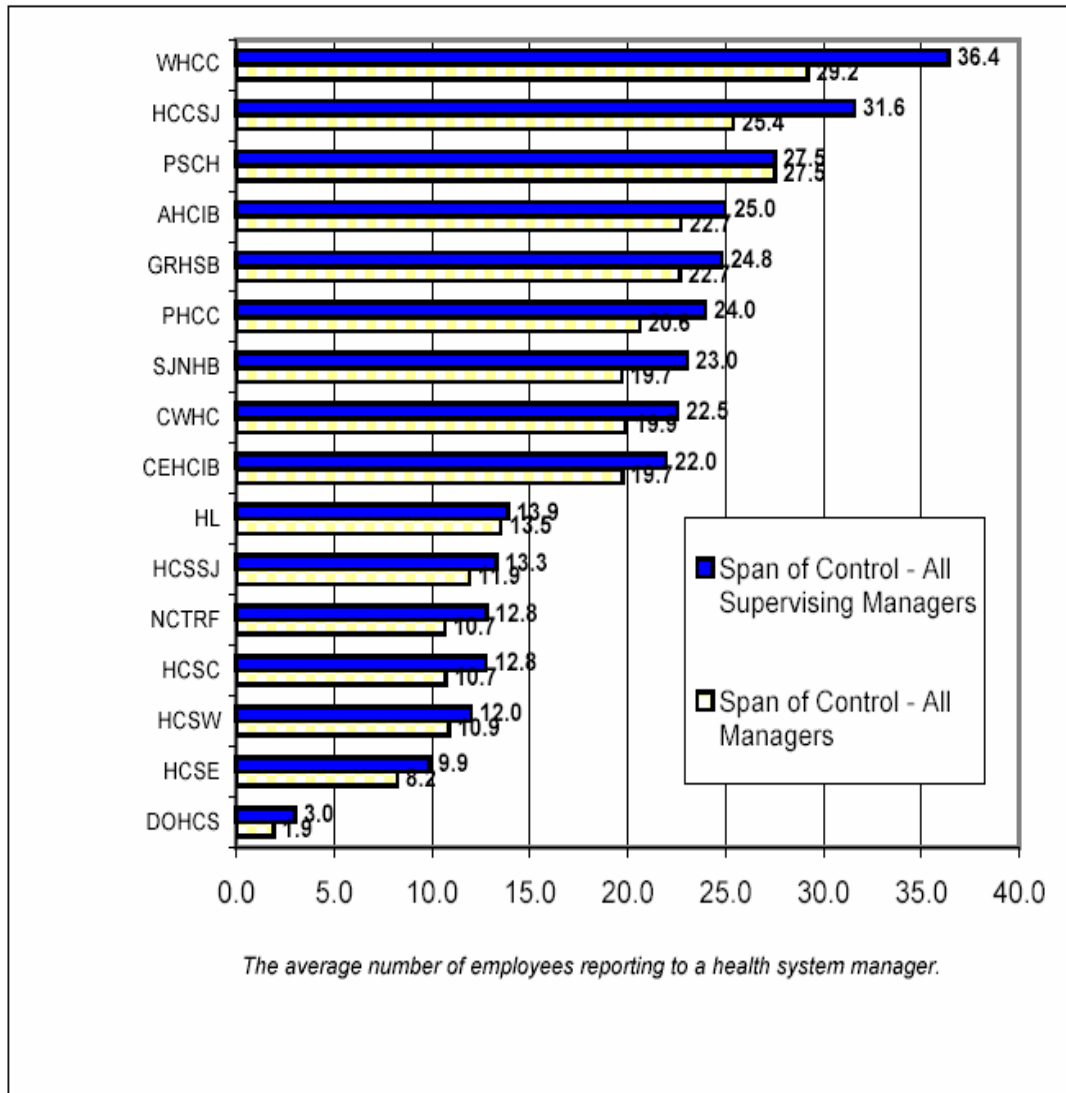
As Table 15 shows, travel responsibilities for managers with staff in alternative locations was significant with 50% indicating they traveled greater than once a week. Further analysis showed that 60% of respondents travel in excess of 100 kilometers per month, 14% travel less than 20 kilometers, 7% travel between 21-50 kilometers and 13% travel between 51 and 100 kilometers a month.

Source: Management Survey

Figure 6 shows the average number of employees a manager had reporting to them by organization, as reported in the Management Audit. There are two span of control indicators: (1) span of control - all managers and (2) span of control – all supervising managers. The difference between these indicators is that the span of control – supervising managers includes those managers with personnel reporting to them, excluding a personal clerk or secretary.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Figure 6: Span of Control – All Managers and Supervising Managers**



Source: Management Audit

Overall, 791(83%) H&CS managers supervise more than a personal clerk or secretary. Figure 6 demonstrates the two largest institutional boards, Western Health Care Corporation and the Health Care Corporation of St. John's had the largest spans of control. This figure also demonstrates that health system managers' span of control increased when managers who do not have supervisory roles are excluded. This is especially true for Western Health Care Corporation whose span of control indicator increased by 7.2 employees per manager. This figure also shows that there were significant variances in the span of control between the two integrated boards. While Figure 6 shows the average span of control per organization, as Table 13 demonstrated the staff accountabilities of individual managers could vary considerably.

### 4.5 Overtime

The Management Survey also asked respondents to reflect on the past 12 months and indicate the amount of overtime hours they worked per week. Overtime hours would include all hours over and above regular working hours. Table 16 indicates that approximately 95% of all respondents worked some overtime each week.

**Table 16: Average Number of Overtime Hours Per Week**

Hours	Survey Respondents		By Current Management Position			
	Count	%	Senior	Middle	Frontline	Not Specified
No overtime	29	5%	2	7	19	1
<5 hours	153	27%	9	73	70	1
5-10 hours	215	38%	22	103	90	0
11-15 hours	74	13%	18	30	24	2
>15 hours	91	16%	25	29	35	2
Not specified	7	1%	0	5	2	0
<b>Total</b>	<b>569</b>	<b>100%</b>	<b>76</b>	<b>247</b>	<b>240</b>	<b>7</b>

Source: Management Survey

Twenty-seven percent of survey respondents worked less than 5 hours of overtime per week; 38% worked between 5 and 10 hours; 13% worked between 11 and 15 hours while another 16% worked in excess of 15 hours of overtime per week. The results depicted in Table 16 can be further analyzed by examining the number of overtime hours by position. This analysis revealed that 25 (33%) of the 76 senior managers surveyed worked greater than 15 hours of overtime per week, which translates to a minimum of 3 hours of overtime per day. A further 103 (42%) of the 247 middle managers and 90 (38%) of the 240 frontline managers worked between 5 and 10 hours of overtime per week, which equates to 1-2 hours of overtime per day.

### 4.6 Job Satisfaction

The Management Survey also asked survey respondents about their job satisfaction. Respondents were asked to specify on a scale of 1 to 5 (with "1" being I strongly disagree, "3" being I neither agree or disagree and "5" being I strongly agree) their level of satisfaction with a number of statements related to their job. The average response provided for each of these statements is outlined in Table 17 and is graphically presented in Figure 7.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 17: Job Satisfaction**

Statement #	Statement	Average Response
1.	Considering what is expected of me, the pay I get is reasonable.	2.50
2.	There is no doubt in my mind that the work I do is important.	4.56
3.	I have authority in planning policies and procedures for my area of responsibility.	3.87
4.	There is good communication between management and staff.	3.58
5.	I regularly meet with my staff to identify ways to solve problems and build on strengths.	3.85
6.	I am able to commit a sufficient amount of time and resources to my staff's development.	2.62
7.	I have opportunity and resources available to pursue personal professional development activities.	2.46
8.	I have the freedom in my position to make important decisions, as I see fit, and can count on those senior to me to back me up.	3.50
9.	I have the ability to control/assert influence over the environment in which my staff work each day.	3.28
10.	I have the resources available to help me make decisions, implement changes, resolve problems, etc.	3.01
11.	There is too much paperwork required of me.	3.49
12.	There are sufficient opportunities available for me to consult and communicate with various levels of management in my organization.	3.59
13.	I have access to a confidential Employee Assistance Program (EAP) service, should I require it.	4.25
14.	My personal health/wellness (mental and physical) is important to my employer.	3.44
15.	It is likely that I will stay with my current employer for the next 3-5 years.	3.77
16.	If I had to make the choice again, I would go into the H&CS system management.	3.52
17.	Overall, I am satisfied with my job.	3.73

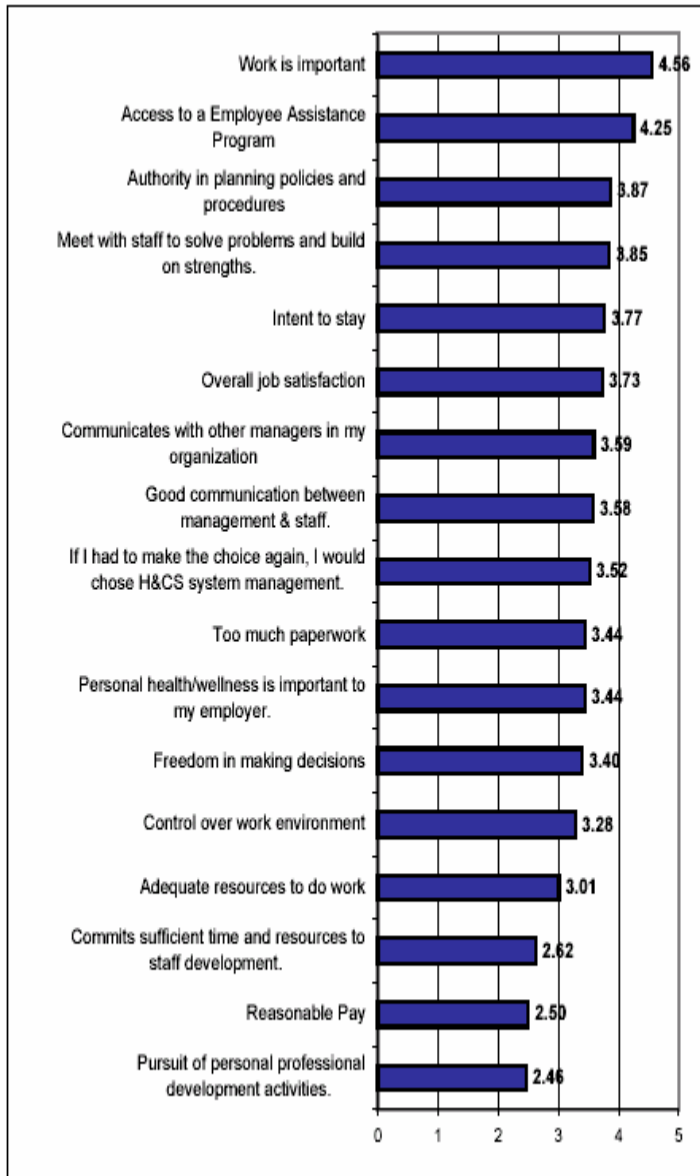
Source: Management Survey

As Table 17 and Figure 7 illustrate, overall, management personnel were satisfied with their job and were likely to remain with their employer for the next 3-5 years. The fact that management personnel were more satisfied with their jobs is consistent with findings reported in a similar study examining the impact of health care reforms on management personnel<sup>1</sup>. There was also a strong belief among health system managers that their work was important as 70% of survey respondents strongly agreed with the statement "there is no doubt in my mind that the work I do is important". Fifty six percent of survey respondents either disagreed or strongly disagreed with the statement "considering what is expected of me, the pay I get is reasonable" indicating a level of dissatisfaction among management personnel regarding the amount of compensation they

**A Study of Newfoundland and Labrador’s Health and Community System Managers  
A Report of the Management Survey and Audit**

received. Survey respondents with a nursing professional background tended to be even more dissatisfied with their level of pay as the average response to this statement among this group was 2.12. Survey respondents tended to agree with the statement that there is too much paper work required of them.

**Figure 7: Job Satisfaction**



Source: Management Survey

findings of the Recruitment and Retention consultation paper that was prepared by the Steering Committee earlier in 2002. Professional development and continuing education opportunities were reported to be a major gap in the health system and were seen to have a large impact on recruitment and retention.

Survey respondents tended to agree with statements “there is good communication between management and staff” and “I regularly meet with my staff to identify ways to solve problems and build on strengths” as the average responses to these statements were 3.58 and 3.85 respectively. Recall from section 4.3 that survey respondents spent the majority of their time on communication, which could contribute to their level of satisfaction with these statements.

Responses to the statements involving professional development were mixed. For example the average response to the statement “I am able to commit a sufficient amount of time and resources to my staffs’ development” was 2.62 and the average response for the statement “I have the opportunity and resources available to pursue personal professional development activities” was 2.45. Closer analysis of both these statements revealed that 47% and 57% respectively disagree or strongly disagree with these statements, with survey respondents tending to be more dissatisfied with their own professional development opportunities. This is consistent with

**A Study of Newfoundland and Labrador’s Health and Community System Managers  
A Report of the Management Survey and Audit**

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There was also a split among respondents as to whether they agreed or disagreed with the statement, which read, “I have the resources available to help me make decisions, implement changes, resolve problems etc.” as 34% either disagreed or strongly disagreed and 39% either agreed or strongly agreed.

**4.7 Management Challenges**

The Management Survey also asked health system managers what they saw as their biggest challenge. Managers were given a list of items and were asked to rank them from 1 “most challenging” to 9 “least challenging”. Similar to Section 2.3, it was expected that survey respondents would use the rankings from 1-9 only once. Again, this question was not completed as expected as 424 (75%) survey respondents used each ranking per intended instructions, 133 (23%) used the rankings more than once and the remaining 12 (2%) survey respondents did not answer this question. To present the information as accurately as possible respondents who ranked the answers only once were used.

**Table 18: Major Challenges**

<i><b>Biggest Challenge</b></i>	<i><b>Average</b></i>	<i><b>Overall Ranking</b></i>
Managing Workload	3.11	1
Human Resource Management	3.15	2
Financial Management	3.68	3
Policy Development	4.25	4
Communication	4.90	5
Client/and or Family Issues	5.38	6
Accessing Professional Development	5.69	7
Materials/Equipment Management	6.19	8

Source: Management Survey

As Table 18 illustrates the biggest challenge of survey respondents was managing workload. A close second was human resource management, with financial management ranking third. With the work demands of a health system manager combined with the number of overtime hours they worked per week it is not surprising that managing workload was reported as the biggest challenge. It is worthwhile to note that human resource management was also ranked second in section 4.3, which discusses the management activities performed by a manager per day. Accessing professional development was ranked low, in seventh position; yet section 4.6 suggests that a proportion of survey respondents were dissatisfied with their level of professional development opportunities. However, in pressure to getting job done, professional development may be viewed as a luxury whereas the top three ranked challenges are a mandatory component of a H&CS manager’s job.

**Workload/ Work Patterns – Key Findings**

- Seventy percent of H&CS managers are employed in an institutional board.
- The majority of management personnel have extensive work experience in the H&CS system and in management positions; however 37% of health system managers had less than five years management experience.
- Forty-five percent of survey respondents had never been employed outside the H&CS system.
- The top three management activities performed during the workday were communication, human resource management and policy development.
- Forty-nine percent of those surveyed indicated they had less than ten employees reporting to him/her. Ten percent of survey respondents had greater than fifty employees reporting to them, with the majority of those being employed in clinical or program management positions. Sixty-four percent of those with greater than fifty employees reporting to them had a nursing professional background.
- Ninety- five percent of all survey respondents worked some overtime each week. Of the senior management respondents, 33% stated they worked greater than 15 hours per week, while frontline and middle management respondents tended to work between 5-10 hours of overtime per week.
- Survey respondents were satisfied with their job, were likely to remain with their current employer for the next 3-5 years and felt that their work was important. Management personnel exhibited dissatisfaction with their level of pay, their professional development opportunities and the amount of paperwork that was required of them.

## **5 MANAGEMENT TRANSITION**

### **5.1 Actively Searching for Employment**

The Management Survey also asked respondents if they were actively searching for employment in the last 12 months. As Table 19 indicates, 69% of survey respondents were not actively searching for employment, 28% were actively looking for employment and 3% did not respond. Section 4.7, which discusses the Job Satisfaction of health system managers, reported that survey respondents tended to agree with the statement “It is likely that I will stay with my current employer for the next 3-5 years”. The high percentage of survey respondents who were not seeking alternative sources of employment further validates this finding.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 19: Actively Searching for Employment**

Response	Count	%
I have not been actively searching	<b>392</b>	<b>69%</b>
Actively searching for employment <sup>1</sup>	<b>160</b>	<b>28%</b>
<ul style="list-style-type: none"> <li>• Within the provincial H&amp;CS system</li> <li>• Outside the provincial H&amp;CS system</li> <li>• Outside the province</li> </ul>	<ul style="list-style-type: none"> <li>66</li> <li>107</li> <li>61</li> </ul>	<ul style="list-style-type: none"> <li>28%</li> <li>46%</li> <li>26%</li> </ul>
Not Specified	<b>17</b>	<b>3%</b>
<b>Total</b>	<b>569</b>	<b>100%</b>
<sup>1</sup> Respondents asked to check all that apply, thus total will not sum to 160.		

Source: Management Survey

Table 19 also illustrates that 46% of the group seeking employment were looking for employment outside the provincial H&CS system, 28% were looking within the provincial H&CS system, and the remaining 26% were looking outside the province. By position, 16 (10%) of these 160 respondents were senior managers, 78 (49%) were middle managers and 66 (41%) were frontline managers. Eighty-eight percent of senior managers, 50% of middle managers and 66% of frontline managers who were looking for employment, were looking exclusively outside the H&CS system (looking for employment exclusively outside the H&CS system would include those who indicated they were looking outside the province and outside provincial H&CS System).

Seventy- six (48%) survey respondents who were looking for employment indicated that their primary area of responsibility was administrative or support services management, with 67% looking exclusively outside the system. Eighty-four (52%) stated their primary area of responsibility was clinical or program management, with 59% of the managers within this group looking for employment exclusively outside the H&CS system.

## 5.2 Attrition Patterns

To provide further insight into a health systems manager's transition to and from the management role, the Management Audit asked human resource departments to provide information on management separations, management job competitions, and factors affecting the recruitment and retention of management personnel.

### 5.2.1 Management Separations

Management separations in the fiscal year 2001/02 were broken into two categories: internal and external separations. An internal separation included separations where the employee remains with their current employer, but transfers to another management position or accepts a bargaining unit position. An external separation would be a separation where the employee is no longer an employee of that organization and would include resignations, retirements or deaths.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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External separations did not include temporary leaves (e.g. maternity, parental, education) or secondments.

**Table 20: Management Separations by Employment Setting, 2001/2002**

Employment Setting	Management Separations		
	Internal	External	Total
Health and Community Services Board	13	8	21
Institutional Boards	63	45	108
Integrated Boards	1	11	12
Other	2	7	9
<b>Total</b>	<b>79</b>	<b>71</b>	<b>150</b>
<b>% Total</b>	<b>53%</b>	<b>47%</b>	<b>100%</b>

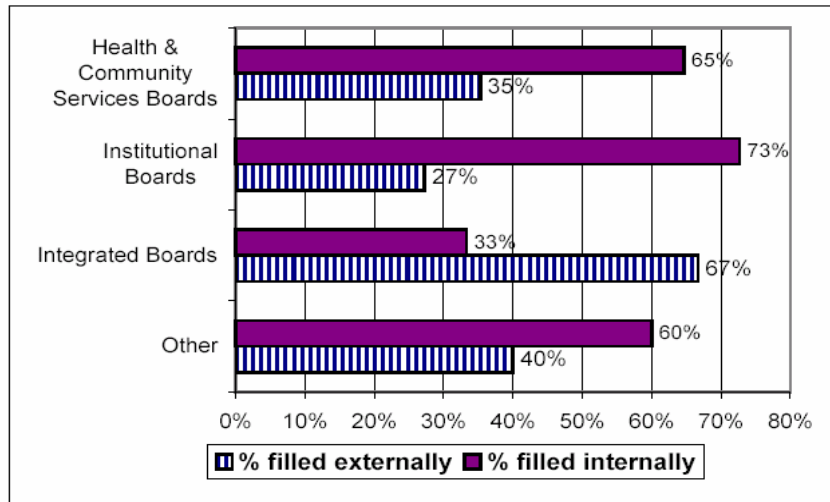
Source: Management Audit

Table 20 illustrates that provincially there were approximately 150 management separations in the health system in the fiscal year 2001/02, translating into a turnover rate of approximately 16%. There was much internal movement during this time frame as 53% of the total management separations were internal. The reverse is true of the Integrated Boards as the majority of their separations in the 2001/2002 were external.

### **5.2.2 Management Job Competitions**

In addition to collecting information on the number of management separations, the Management Audit also collected information on the number of management position postings in the fiscal year 2001/2002 and how these positions were filled. Provincially, there were approximately 150 management position postings during and 132 were filled. Of the 132 filled, 91 (69%) were filled by an internal employee. The actual percentage of positions filled internally and externally by employment setting is illustrated in Figure 8. The Institutional Boards comprise 75% of the management postings that were filled in the fiscal year 2001/2002, as a result caution should be taken in interpreting the percentages filled internally and externally for the remaining employment settings.

**Figure 8: Percentage of Positions Filled Internally and Externally**



Source: Management Audit

Figure 8 also shows that the integrated boards filled two-thirds of their management positions with external candidates; whereas, the remaining boards relied more heavily on internal employees. The integrated boards experience the most external movement as the majority of their management separations are external and the majority of their job competitions are filled with external candidates.

In addition to how the positions were filled, the Management Audit collected information on the number of applications received per management posting and of these applications, how many met posting requirements. Provincially, in the fiscal year 2001/2002, 1590 applications were received for the 150 management postings. Of these applications, 502 met posting requirements. Therefore, an average of 3.4 applications per management posting met the posting requirements. This ranged from a low of 1.2 qualified applicants per posting to a high of 7.6 qualified applicants per management posting. The vacancy period for each of management positions varied considerably by position type and by organization.

### **5.2.3 Factors Affecting the Recruitment and Retention of Management Personnel**

In the Management Audit, organizations provided similar factors believed to impede recruitment and retention initiatives. Inadequate financial compensation was the major reason provided by organizations as hindering their ability to recruit and retain management personnel. In the fiscal year 2001/2002 management salary expense was approximately 9% of total organizational salary expense. Employers indicated that the salaries of their management positions are not seen as an incentive by internal bargaining unit employees to leave the security of their current position. These compensation problems are primarily highlighted by the 143 (15%) health system managers who as of November 2002, were receiving a payment differential to ensure their base salary is a minimum of 5% above the highest step of the highest classified bargaining unit

employee reporting to him/her. The 105 (11%) health system managers who were being paid above step 25 also emphasize the compensation problems that exist.

Organizations also stated that they could not compete with the salary levels being offered in the external labour market with one board stating that job candidates often withdraw from job competitions once they know the position's starting salary. Management areas identified by employers as being difficult to recruit due to low salary included: senior executive positions, information technology managers, human resources managers, management engineers, and various nursing management positions.

The geographic location of the position was another factor identified by employers as affecting their ability to recruit and retain management personnel. The location of certain positions was viewed as limiting the career opportunities for a job candidate's spouse or the potential employees access to professional development. The degree geography hindered the recruitment of management personnel varied by employer with the integrated boards reporting being more disadvantaged by geography. Other employers stated that while the geographic location of certain management positions made filling management positions more challenging, overall it did not impede recruitment and retention initiatives.

The level of expertise required for certain management positions also affected employers' recruitment and retention initiatives. Human resource departments reported that their ability to recruit managers with specialized skills is made even more difficult by a combination of factors, such as the salary of the position, the increased workload, and the geographic location, ultimately deterring qualified candidates from applying. Management areas that organizations reported difficult to recruit for due to the specialized skill sets included but are not limited to Medical Officers of Health, Program and Policy Development Specialists, Board Services Consultants, Manager of Radiation Therapy, and Managers of Information Technology.

#### **5.2.4 Retirements**

Many employers indicated that one of the main causes of management vacancies was retirements. Eligibility to receive pension benefits depends on age and years of credited service. Fifty percent of survey respondents indicated that they expect to retire at age 55. Information provided from the Management Audit revealed that approximately 7% of managers were over age 55 indicating that many health system managers retire around this time. Using the age of health system managers provided in the Management Audit and assuming age 55 is the average age of retirement it can be determined how many health system managers will reach age 55 through to 2020. Table 21 presents by calendar year these results and Table 22 provides cumulative totals.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 21: Number of Health System Managers Reaching Age 55 by Calendar Year**

<b>Management Audit - Age</b>	<b>Retirement Year (Year Reaching Age 55)</b>	<b>Count</b>
55	Already 55 or older	90
54	2003	25
53	2004	39
52	2005	50
51	2006	47
50	2007	40
49	2008	48
48	2009	34
47	2010	61
46	2011	41
45	2012	36
44	2013	50
43	2014	36
42	2015	43
41	2016	30
40	2017	48
39	2018	34
38	2019	35
37	2020	22

Source: Management Audit

**Table 22: Retirement Projections Using Age 55 as Retirement Age**

<b>Years from Retirement</b>	<b>Count</b>	<b>% Of Total</b>	<b>Cumulative %</b>
<5	251	26%	26%
5-10 years	260	27%	53%
11-15 years	207	22%	75%
16-20 years	148	15%	91%
21-25 years	65	7%	97%
>25 years	25	3%	100%
<b>Total</b>	<b>956<sup>1</sup></b>	<b>100%</b>	

<sup>1</sup> Age data included six physician managers.

Source: Management Audit

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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Table 21 and Table 22 show that approximately 26% of health system managers could potentially retire in less than five years growing to 53% retiring over the next ten years. However, not all managers will retire at age 55. Table 23 illustrates an alternative retirement projection using age 58 as a retirement age.

**Table 23: Retirement Projections Using Age 58 as Retirement Age**

<b>Years from Retirement</b>	<b>Count</b>	<b>% of Total</b>	<b>Cumulative %</b>
<5	115	12%	12%
5-10 years	258	27%	39%
11-15 years	224	23%	62%
16-20 years	190	20%	82%
21-25 years	123	13%	95%
>25 years	46	5%	100%
<b>Total</b>	<b>956<sup>1</sup></b>	<b>100%</b>	
<sup>1</sup> Age data included six physician managers.			

Source: Management Audit

As expected using age 58 as a retirement age decreases the number of managers who will retire in the next ten years. It is likely that the actual retirements will fall somewhere between the two estimates. In less than five years between 115 and 251 managers will retire from the system. This translates into a turnover rate of approximately 3-7% per year due to retirements and does not include any other separations that may occur during this time. It is likely that a number of internal separations will also occur as managers move into vacant management positions created by retirements.

### **5.2.5 Succession Planning**

The process of identifying people who could move into key management positions is called succession planning<sup>3</sup>. Succession planning is considered a proactive approach to combat management turnover. The Management Audit asked each human resource department to indicate if their organization currently addresses succession planning for its management personnel. Responses to this question revealed that the majority of organizations do not formally address succession planning. Employers did mention that succession planning will become important with the anticipated number of management retirements and that succession planning has been informally discussed at a senior management level. Other employers also reported that they pursue other 'informal' strategies of preparing for management vacancies, such as providing their employees with developmental opportunities, promoting from within and so on.

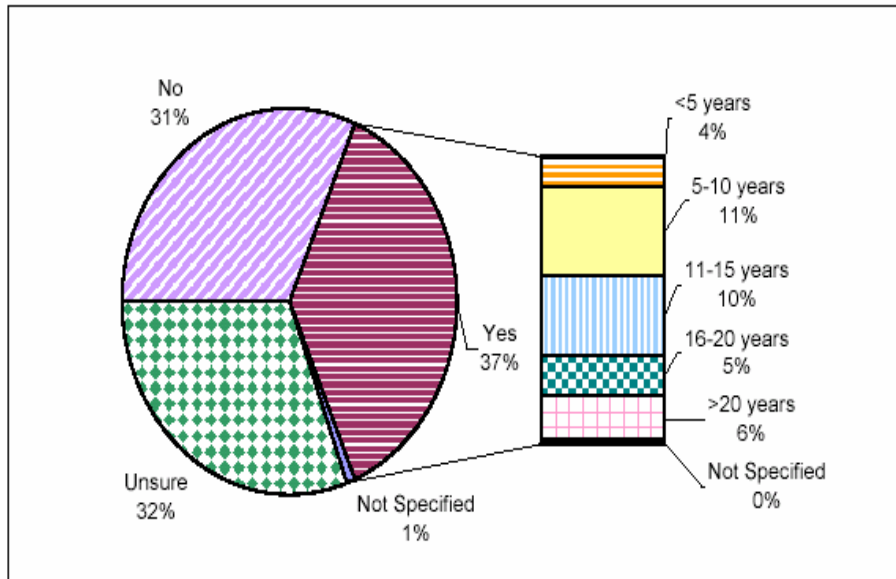
The Management Survey also asked health system managers to indicate if they believed their organization would have a difficult time replacing them if they were to leave their current position. Two hundred and twelve (37%) survey respondents felt their organization would encounter difficulties, 178 (31%) survey respondents believed their organization could replace

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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them easily, and another 174 (31%) were unsure. As analysis of this information by retirement cohort is presented in Figure 9.

**Figure 9: Difficult to Replace by Retirement Cohort.**



Source: Management Survey

Ninety (16%) of the 569 survey respondents were either eligible or planned to retire within the next 5 years. Within this group, 41% felt their organization would not encounter difficulties in replacing them, 32% were unsure and 27% thought their organization would have difficulty replacing them. As Figure 9 indicates, managers expecting to retire in the 5-10 and 11-15 year cohorts are those who believe their organization will have difficulty replacing them.

In the next ten years, an estimated 39% - 53% of H&CS managers will leave the system due to retirements alone. Employers have already identified compensation, geography and the level of expertise required for management positions as currently impacting their recruitment and retention efforts. These factors combined with a lack of succession plans and the uncertainty among managers themselves about their organizations ability to replace them signifies that organizations may be unprepared for this leadership transition. The clinical component of certain leadership roles would suggest that a proportion of H&CS leaders would continue to come from within the system. The data previously presented in this paper suggests that the majority of management position postings are currently being filled internally therefore, succession planning could help prepare an organizations' future leaders, while also ensuring the organization is prepared for this leadership transition. It is recognized that succession planning may yield more success for clinical versus non-clinical management positions.

### **Management Transition – Key Findings**

- A high percentage of survey respondents, 69% were not actively searching for employment. However, 46% of the survey respondents searching for employment were looking exclusively outside the H&CS system.
- In the fiscal year 2001/2002, there were approximately 150 management separations, a 16% turnover rate.
- There were approximately 150 management position postings in 2001/2002; with 91 (69%) of the 132 positions filled being awarded to an internal employee.
- The main factors reported by organizations as impeding their recruitment and retention efforts were compensation, the geographic location of the position, and the level of expertise that the management position requires.
- Based on the current age of health system managers and assuming a retirement age of 55, it is estimated that in the next ten years, approximately 53% of managers will retire from the H&CS system. This retirement estimate decreases to 39% based on a retirement age of 58. Few organizations reported having succession plans in place to deal with this management transition.

## **6 CONCLUSION**

Prior to this study, there was very little information available regarding Newfoundland and Labrador's H&CS managers. This study, the first of its kind, presents a comprehensive demographic profile and an overview of the key issues facing this group.

This study shows the key attributes of the approximately 950 managers working in the provincial health boards and in the DOHCS. While variances exist, H&CS managers are typically over age 45, are female, are employed by an institutional board in middle or frontline positions and have significant work experience in the H&CS system.

H&CS managers reported managing workload as their biggest challenge, an issue that was reinforced by the overtime hours survey respondents reported working each week. The staff accountabilities of many managers are made more complex by being responsible for staff located in other program areas and/or in different sites. Human resource management was considered a challenge for management personnel and was also an activity that takes up a great deal of their time. Despite the challenges associated with being a H&CS manager, there was strong agreement among survey respondents that their work was important and respondents also tended to be satisfied with their jobs.

The aging of the management workforce is noteworthy with up to 53% of the management workforce potentially retiring in the next ten years. Replacement of these professionals could also be difficult for organizations without succession plans. Turnover in 2001/2002 was also

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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high at 16%. If this high turnover continues and retirement patterns occur as predicted, the recruitment and retention of H&CS managers will become a major concern for organizations. If the majority of these positions are filled with internal employees, this in turn will create vacancies in other areas.

Managers play an important role in Newfoundland and Labrador's health system. Human resource planning for this group will largely be dependent upon successful recruitment strategies as well as an organizations ability to foster a management work environment that will entice young professionals into these positions. It is hoped that the information summarized in this document will be utilized by stakeholders and will serve as a foundation for future areas of study.

**Appendix A: Breakdown of Management Survey Results by Education Level**

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 1: Educational Background of Survey Respondents**

<b>Highest Level of Education obtained</b>	<b>Count</b>	<b>% of Total</b>	<b>Cumulative %</b>
High School	<b>17</b>	<b>3.0%</b>	<b>3.0%</b>
Certificate/Diploma: <ul style="list-style-type: none"> <li>• Nursing</li> <li>• Business Administration</li> <li>• Accounting Designation</li> <li>• Engineering</li> <li>• Food Service</li> <li>• Not Specified</li> <li>• Other (Health Records, Medical Laboratory Technology etc.)</li> </ul>	<b>220</b> 74 29 7 7 7 47 49	<b>38.7%</b>	<b>41.7%</b>
Bachelor's Degree: <ul style="list-style-type: none"> <li>• Bachelor of Commerce</li> <li>• Bachelor of Nursing</li> <li>• Bachelor of Social Work</li> <li>• Bachelor of Arts</li> <li>• Bachelor of Science</li> <li>• Not Specified</li> <li>• Other (Education, Dietetics, Engineering etc.)</li> </ul>	<b>193</b> 47 46 24 15 11 25 25	<b>33.9%</b>	<b>75.6%</b>
Master's: <ul style="list-style-type: none"> <li>• Masters of Business Administration</li> <li>• Masters of Nursing</li> <li>• Masters of Social Work</li> <li>• Masters of Health Administration</li> <li>• Masters of Education</li> <li>• Not Specified</li> <li>• Other (Psychology, Speech Language Pathology, Audiology etc.)</li> </ul>	<b>110</b> 20 20 18 12 9 7 24	<b>19.3%</b>	<b>94.9%</b>
M.D.	<b>17</b>	<b>3.0%</b>	<b>97.9%</b>
PhD	<b>2</b>	<b>0.4%</b>	<b>98.0%</b>
Not Specified	<b>10</b>	<b>1.8%</b>	<b>100.0%</b>
<b>Total</b>	<b>569</b>	<b>100.0%</b>	

Source: Management Survey

**Appendix B: Management Survey Results by Professional Group - Cohort  
Reporting Registered Nursing Background**

Of the 569 returned surveys, 193 respondents indicated nursing as their professional background. This number is further reduced to 187 by excluding those management employees with a nursing background located at the Department of Health and Community Services. The results that follow are based on these 187 survey respondents.

### Demographic Profile

The average age of survey respondents with a nursing professional background was approximately 46, two years older than the overall survey sample. Approximately two-thirds (68%) of respondents with a nursing background were between the ages of 41 and 55, 34 (18%) were forty years old or younger and the remaining 9 (5%) were over age 55. One hundred and seventy-five (94%) of this group identified themselves as being female.

### Education Profile

**Figure 1: Highest Level of Education Obtained by Survey Respondents with a Nursing Background.**

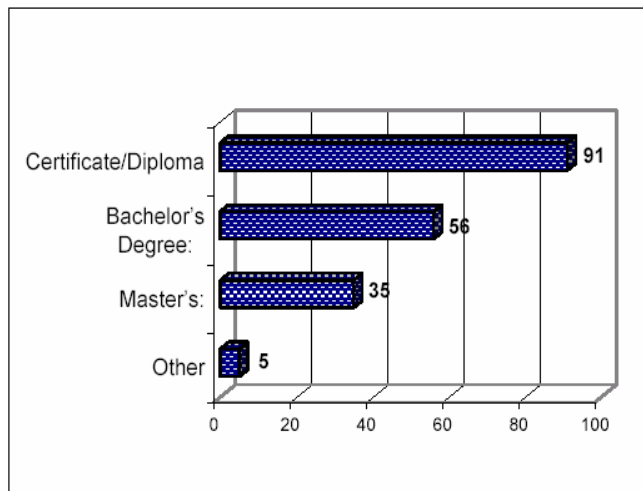


Figure 1 shows that 91 (49%) survey respondents indicated that a Certificate/Diploma was their highest level of education obtained. Since a Bachelor's degree is a prerequisite for a Master's degree another 91 (49%) survey respondents possess a minimum of a bachelor level education. The "other" category would include those who specified M.D, PH.D or high school as their highest education level or failed to respond to this question.

Source: Management Survey

Fifty-four survey respondents (29%) with a nursing background are pursuing further education. This group comprises 44% of the total management survey respondents pursuing further education. The reasons survey respondents with a nursing professional background were not pursuing formal education were similar to those outlined in the main body of this paper.

While a high proportion of survey respondents, 126 (67%), with a nursing professional background believed their education and experience had prepared them for their managerial role this percentage is slightly lower than the 78% of the total survey respondents who felt prepared for their management position.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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**Workload/Work Patterns**

One hundred and twelve (60%) survey respondents with a nursing professional background are employed by an institutional board, 35 (19%) are employed by a community board, 19 (10%) work in an integrated board, with the remaining 21 (11%) respondents either not specifying where they were employed or indicated 'other'. By position, 21 (11%) were senior managers, 76 (41%) were middle managers and 88 (47%) were frontline managers. These results were similar to the breakdowns presented in this paper; however, a slightly higher percentage were employed in frontline management positions. A high proportion, 176 (94%) of survey respondents with a nursing professional background are employed in permanent management positions.

More than three-quarters (78%) of survey respondents with a nursing professional background indicated that their primary area of responsibility was clinical/program management; as a result, approximately 50% of the total survey respondents whose primary area of responsibility was clinical/program management had a nursing professional background.

Survey respondents with a nursing professional background had extensive work experience in the system, with 122 (65%) nursing respondents having worked in the H&CS for greater than twenty years. Despite this, only 7(4%) have worked in their current position for twenty years or more; in fact, 102(54%) nursing respondents indicated working in their current position for five years or less. As outlined in the main body of this document, caution is required in interpreting respondents' total years employed in their current management position in light of the reforms of the health system that occurred in the mid to late 1990s.

A high percentage of survey respondents with a nursing professional background, 139 (74%) had never worked outside the health and community services system.

**Table 1: Staff Responsibilities of Respondents with a Nursing Professional Background**

<b>Staff</b>	<b>Count</b>	<b>%</b>	<b>Cumulative %</b>
0	8	4%	4%
1-10	45	24%	28%
11-20	24	13%	41%
21-30	23	12%	53%
31-40	16	9%	62%
41-50	17	9%	71%
> 50	38	20%	91%
Not Specified	16	9%	100%
<b>Total</b>	<b>187</b>	<b>100%</b>	

Table 1 presents the staff responsibilities of managers with a nursing professional background. As illustrated in this table, survey respondents with a nursing professional background had considerable staff accountabilities. Thirty-eight respondents (20%) with a nursing professional background had more than 50 employees reporting to them; these respondents comprise 64% of the overall management survey respondents who fall within this cohort.

Source: Management Survey

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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Further analysis of the 163 respondents who specified the number of personnel reporting to them revealed there was an equal distribution among where these staff were employed as 50% were employed in the same department or program and 50% were not. As well, 91 (56%) indicated that all their staff were located in the same building or facility with the remaining 71 (44%) being located in different sites.

**Table 2: Frequency of Travel for Manager's with Staff in Alternate Locations**

<b>Frequency of Travel</b>	<b>Count</b>	<b>%</b>
I am not required to travel	6	8%
<Once a month	11	15%
Once a month	7	10%
Once every two weeks	5	7%
Once a week	6	8%
>Once a week	20	28%
Daily	10	14%
Not Specified	6	8%
<b>Total</b>	<b>71</b>	<b>100%</b>

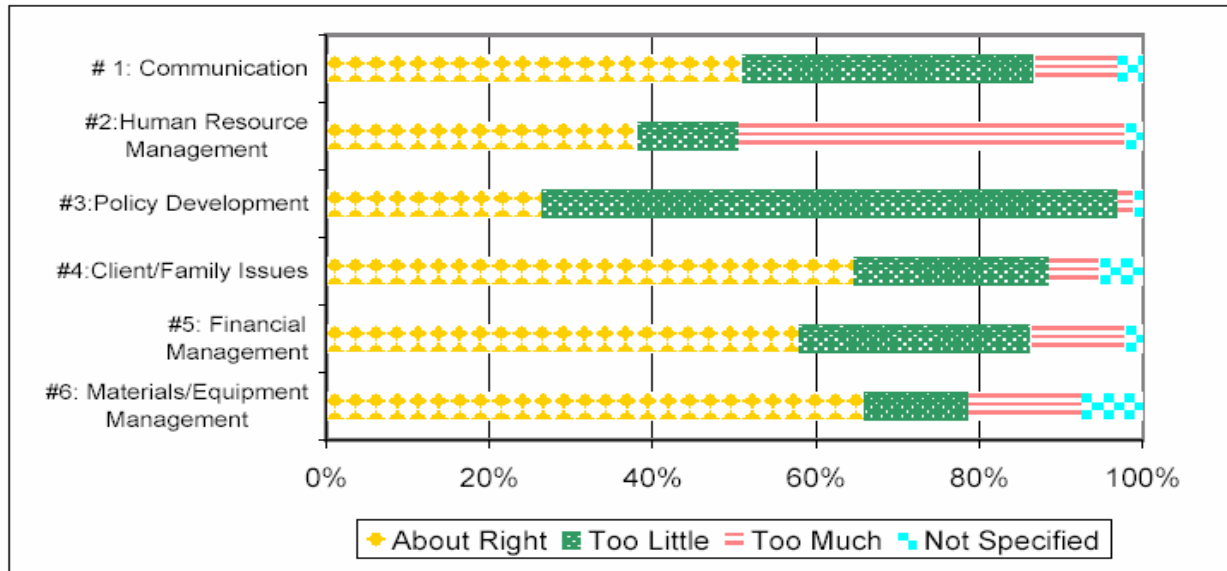
The travel responsibilities for these 71 survey respondents with staff responsibilities in alternative locations, is illustrated in Table 2. Table 2 shows that 36 (50%) of nursing respondents with staff in alternative locations traveled a minimum of once a week. Fifty respondents (73%) with a nursing professional background also stated that they traveled an average distance in excess of 51 kilometers.

Source: Management Survey

As outlined in the main document, there were problems with how survey respondents ranked their management activities. Of the 187 respondents with a nursing professional background, 100 ranked per intended instructions. These 100 respondents ranked communication, human resources management and policy development as their top three management activities, which were identical to those reported by the overall management survey respondents. However, survey participants with a nursing professional background did rank client and family issues fourth before financial management and materials/equipment management. Client and family issues was ranked fifth in the overall Management Survey.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Figure 2: Appropriateness of Time Spent on Management Activities**



Source: Management Survey

Figure 2 illustrates that with the exception of policy development and human resource management, the majority of respondents with a nursing professional background felt the time devoted to each management activity was about right. Respondents' perceptions towards the time devoted to human resource management was more divided as 46 (47%) believed they spent too much time on this activity, 37 (38%) indicated the time devoted to this activity was about right and 12 (12%) felt too little time was devoted to this activity. Nursing respondents' perceptions to the time devoted to policy development agreed with the overall survey findings, as 69 (70%) nursing respondents felt too little time was devoted to this activity.

**Table 3: Average Number of Overtime Hours per Week**

Hours	Registered Nurses	
	Count	%
No overtime	3	2%
<5 hours	49	26%
5-10 hours	71	38%
11-15 hours	31	17%
>15 hours	30	16%
Not specified	3	2%
<b>Total</b>	<b>187</b>	<b>100%</b>

The overall Management Survey reported that overtime responsibilities of H&CS managers are significant. The overtime worked by respondents with a nursing professional background over a twelve-month period is illustrated in Table 3. As this table indicates, the highest proportion of survey respondents with a nursing professional background tended to work between 5-10 hours of overtime per week, in other words a minimum of 1-2 hours per day.

Source: Management Survey

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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The average response for each of the job satisfaction questions was also calculated. In most cases, no variances existed between the respondents with a nursing professional background results and the overall Management Survey results. As a result, only those statements where variances existed are presented in Table 4. A variance is considered to be those responses that fall on differing sides of the midpoint of 2.5. As Table 4 illustrates the statements where variances were reported involved compensation and professional development opportunities, with respondents with a nursing professional background tending to disagree more strongly with these statements than the overall management survey respondents.

**Table 4: Job Satisfaction**

Statement	Managers with a Nursing Background Average Response	Average Response Management Survey
Considering what is expected of me, the pay I get is reasonable.	2.15	2.50
I am able to commit a sufficient amount of time and resources to my staff's development.	2.44	2.62
Respondents were asked to specify on a scale of 1 to 5 (with "1" being I strongly disagree, "3" being I neither agree or disagree and "5" being I strongly agree) with their level of satisfaction with each of the statements outlined above.		

Source: Management Survey

The biggest challenges reported by survey respondents with a nursing professional background are illustrated in Table 5. As outlined in the main document, there were problems with how survey respondents ranked their respondents; 142 of 187 respondents with a nursing professional background ranked per intended instructions. The main difference between the biggest challenges reported by respondents with a nursing professional background was that they ranked human resource management as their biggest challenge, not managing workload which was ranked first in the overall Management Survey.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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**Table 5: Biggest Challenge of Survey Respondents with a Nursing Professional Background**

<i>Biggest Challenge</i>	<i>Average</i>	<i>Overall Ranking</i>	<i>Number of times ranked (out of a possible 142)</i>
Human Resource Management	2.70	1	135
Managing Workload	3.25	2	137
Financial Management	3.79	3	134
Policy Development	4.20	4	138
Communication	4.73	5	135
Client/and or Family Issues	4.86	6	133
Accessing Professional Development	5.73	7	133
Materials/Equipment Management	5.99	8	131

Source: Management Survey

### **Management Transition**

In the next ten years, 108 (58%) survey respondents with a nursing background stated they expect to retire, with 35 (19%) indicating they expected to retire in less than five years. Ninety-six (51%) stated they expected to retire between the ages of 51 and 55. There was an equal split among survey respondents with a nursing background who believed they would retire with an unreduced pension, as 92 (49%) believed they would and 90 (48%) stated they would not.

Two-thirds (66%) of survey respondents with a nursing professional background stated that they had not been actively looking for employment. For those who were actively searching (47%) were looking completely outside the H&CS system; 31% were looking both inside and outside the system, with the remaining 22% limiting their search to inside the H&CS system.

Seventy-one nursing respondents (38%) indicated that their organization would have difficulty replacing them if they were to leave their current position, 55 (29%) said no, while the remaining 61 (33%) were unsure. However, employers did indicate in the Management Audit that nursing management positions were problematic to fill; citing poor compensation as one of the factors impeding recruitment and retention of these positions.

**Appendix C: Management Survey Results by Professional Group - Cohort  
Reporting Allied Health Background**

Of the 569 returned surveys, 93 respondents specified allied health as their professional background. Of these 93 respondents, 52 (57%) survey respondents represented the social work discipline, with the remaining 41(43%) survey respondents representing a variety of other allied health disciplines such as psychology, physiotherapy, speech language psychology, dietitians, pharmacy and others. The results that follow are based on these 93 survey respondents.

### **Demographic Profile**

Allied health respondents tended to be younger as only 28 (30%) of respondents were over the age of 46, 58 (62%) allied health respondents were between the ages of 26 and 45, with the remaining 7 (8%) respondents not providing their age. The average age of survey respondents with an allied health professional background was approximately 42, two years younger than the overall survey sample. Sixty-four (69%) of this group identified themselves as being female.

### **Education Profile**

**Figure 1: Highest Level of Education Obtained by Survey Respondents with an Allied Health Background**

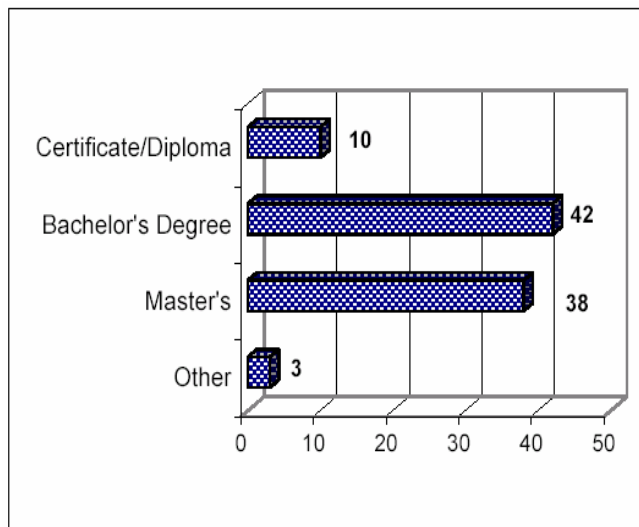


Figure 1 shows that only 10 (11%) survey respondents indicated a certificate/diploma as their highest level of education obtained. Given that a Bachelor's degree is a prerequisite for a Master's degree another 80 (86%) allied health respondents possess a minimum of a bachelor level education. The "other" category depicted in Figure 1 would include those who specified M.D, PH.D as their highest education level or failed to respond to this question. No survey respondents with an allied health background indicated high school as the highest level of education obtained.

Source: Management Survey

Fourteen survey respondents (15%) with an allied health professional background were pursuing further education. The reasons survey respondents were not pursuing formal education were similar to those outlined in the main body of this paper. A high proportion of survey respondents, 72 (77%), with an allied health professional background believed their education and experience had prepared them for their managerial role.

**Workload/Work Patterns**

The distribution of respondents with an allied health professional background by employment setting was as follows; 34 (37%) were employed by a community board, 36 (39%) were employed by an institutional board, 7 (8%) were employed in an integrated board, 12 (13%) were employed by the DOHCS with the remaining 4 (4%) respondents not specifying where were employed or indicating 'other'. By position, 11 (12%) were senior managers, 48 (52%) were middle managers and 34 (37%) were frontline managers. Seventy-six (82%) allied health respondents indicated their primary area of responsibility was clinical or program management, with the remaining 17 (18%) stating administrative or support services management. A high proportion, 81 (87%) of survey respondents with an allied health professional background are employed in permanent management positions.

**Table 1: Total Years Employed in H&CS System**

<b>Timeframe</b>	<b>Count</b>	<b>%</b>	<b>Cumulative %</b>
<5 years	15	16%	16%
5-10 years	15	16%	32%
11-15 years	24	26%	58%
16-20 years	19	20%	78%
>20 years	20	22%	100%
<b>Total</b>	<b>93</b>	<b>100%</b>	

Table 1 outlines allied health respondents' total years employed in the H&CS system. As this table shows the highest proportion of respondents stated they had been employed in the system between 11 and 15 years.

Source: Management Survey

The majority of allied health respondents, 58 (62%) stated they had worked in their current position for five years or less, while only a small number of respondents with an allied health professional background, 4 (4%) have worked in their current position for twenty years or more. As outlined in the main body of this document, caution is required in interpreting respondents total years employed in their current management position in light of the reforms of the health system that occurred in the mid to late 1990s.

Thirty-five (38%) allied health respondents had never been employed outside the health and community services system. Of the remaining 58 respondents who were employed elsewhere, 42 (45%) were employed in the public sector, 12 (13%) were employed in the private sector, and the remaining 4 (4%) were either employed in the not-for profit sector, were self employed or indicated other. The high percentage of respondents who specified working in the public sector is likely attributable to the transfer of programs from Human Resources and Employment to Health and Community Services Boards in the late 1990s.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 2: Staff Responsibilities of Respondents with an Allied Health Professional Background**

Staff	Count	%	Cumulative %
0	7	8%	8%
1-10	41	44%	52%
11-20	24	26%	77%
21-30	7	8%	85%
31-40	4	4%	89%
41-50	2	2%	91%
> 50	3	3%	95%
Not Specified	5	5%	100%
<b>Total</b>	<b>93</b>	<b>100%</b>	

Table 2 shows that 44% of allied health respondents had less than ten personnel reporting to them.

Further analysis of the 81 respondents who specified the number of personnel reporting to them revealed that 56 (69%) reported that all their staff were employed within the same department or program. Forty-five (56%) of the 81 respondents also had staff reporting to them who were located in different sites.

Source: Management Survey

**Table 3: Frequency of Travel for Manager's with Staff in Alternate Locations**

Frequency of Travel	Count	%
I am not required to travel	4	9%
<Once a month	3	7%
Once a month	4	9%
Once every two weeks	9	20%
Once a week	8	18%
>Once a week	13	29%
Daily	4	9%
Not Specified	0	0%
<b>Total</b>	<b>45</b>	<b>100%</b>

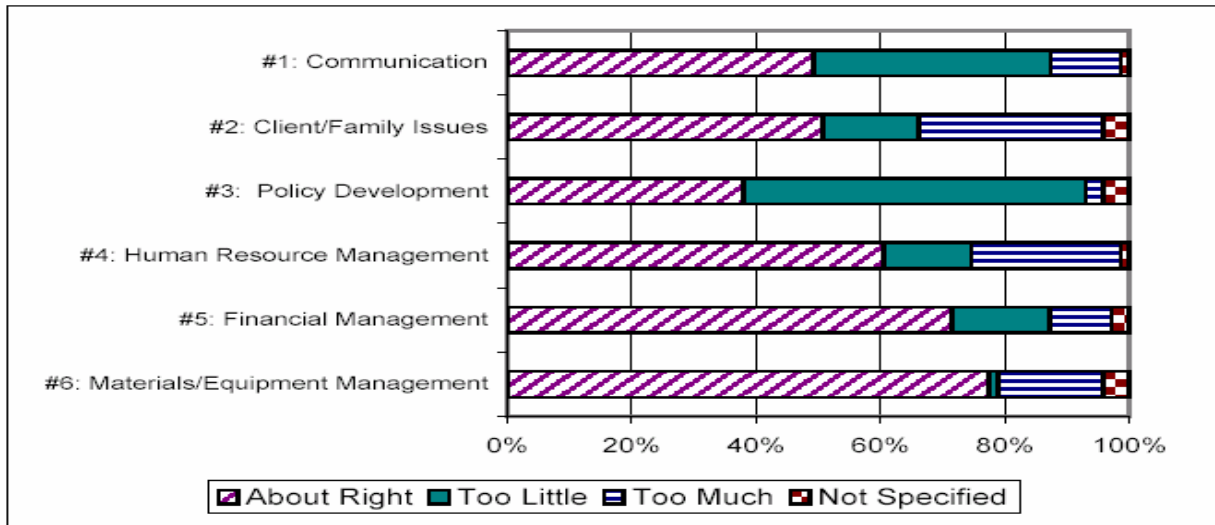
The travel responsibilities for these 45 allied health respondents with staff responsibilities in alternative locations, is illustrated in Table 3. Table 3 shows that 25 (56%) of allied health respondents with staff in alternative locations traveled a minimum of once a week. In terms of distance, 30 (67%) allied health respondents traveled an average distance in excess of 100 kilometers.

Source: Management Survey

As outlined in the main document, there were problems with how survey respondents ranked their management activities. Of the 93 respondents with an allied health professional background, 73 ranked per intended instructions. These 73 respondents ranked communication, client/family issues and policy development as their top three management activities. What is noteworthy is that human resource management and financial management were ranked fourth and fifth respectively for allied health respondents, however in the overall Management Survey these activities were ranked higher.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Figure 2: Appropriateness of Time Spent on Management Activities**



Source: Management Survey

Figure 2 illustrates that with the exception of policy development the majority of respondents with an allied health professional background felt the time devoted to each management activity was about right. Allied health respondents' perceptions to the time devoted to policy development agreed with the overall survey findings as 39 (55%) respondents felt too little time was devoted to this activity.

**Table 4: Allied Health Respondents Average Number of Overtime Hours**

Hours	Count	%
No overtime	2	2%
<5 hours	23	25%
5-10 hours	44	47%
11-15 hours	12	13%
>15 hours	11	12%
Not specified	1	1%
<b>Total</b>	<b>93</b>	

The overall Management Survey reported that the overtime responsibilities of H&CS managers are significant. The overtime worked by respondent with an allied health professional background over a twelve-month period is illustrated in Table 4. As this table indicates, the highest proportion of survey respondents with an allied health professional background tended to work between 5-10 hours of overtime per week, in other words a minimum of 1-2 hours per day.

Source: Management Survey

The average response for each of the job satisfaction questions was also calculated. Only two variances existed between the respondents with an allied health professional background and the overall Management Survey, which involved the level of compensation and professional development opportunities. A variance is considered to be those responses that fall on differing

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

sides of the midpoint of 2.5. As Table 5 illustrates, when compared to the overall Management Survey, respondents with an allied health professional background exhibited a more neutral position towards their level of compensation but disagreed more strongly with the statement regarding their staff's professional development opportunities.

**Table 5: Job Satisfaction**

<b>Statement</b>	<b>Managers with an Allied Health Background Average Response</b>	<b>Management Survey Average Response</b>
Considering what is expected of me, the pay I get is reasonable.	2.73	2.50
I am able to commit a sufficient amount of time and resources to my staff's development.	2.42	2.62
Respondents were asked to specify on a scale of 1 to 5 (with "1" being I strongly disagree, "3" being I neither agree or disagree and "5" being I strongly agree) with their level of satisfaction with each of the statements outlined above.		

Source: Management Survey

Table 6 illustrates the biggest challenges reported by survey respondents with an allied health professional background. As outlined in the main document, there were problems with how survey respondents ranked their respondents. Eighty-four of the 93 respondents with an allied health professional background ranked per intended instructions. As Table 6 illustrates there were no difference between the biggest challenges reported by respondents with an allied health professional background compared to the overall Management Survey. It is interesting to note that while Human Resource Management and Financial Management fall within the top three ranked challenges, these challenges did not fall within the top three activities those respondents with an allied health professional background devoted the most of their time.

**Table 6: Biggest Challenge of Survey Respondents with an Allied Health Professional Background**

<b><i>Biggest Challenge</i></b>	<b><i>Average</i></b>	<b><i>Overall Ranking</i></b>	<b><i>Number of times ranked (out of a possible 84)</i></b>
Managing Workload	2.88	1	80
Human Resource Management	3.90	2	82
Financial Management	4.15	3	82
Policy Development	4.16	4	82
Communication	4.88	5	80
Client/and or Family Issues	4.94	6	82
Accessing Professional Development	5.16	7	79
Materials/Equipment management	6.68	8	78

Source: Management Survey

### **Management Transition**

Sixty-one (66%) respondents with an allied health professional background stated that they had not been actively searching for employment. For those who were actively searching, 58% were looking completely outside the H&CS system with the remaining 42% limiting their search to inside the H&CS system.

In the next ten years, 32 (35%) survey respondents with an allied health background stated they expect to retire, with 10 (11%) indicating they expected to retire in less than five years. Fifty (54%) stated they expected to retire between the ages of 51 and 55. Fifty-three respondents (57%) with an allied health background also believed they would retire with an unreduced pension.

Thirty-nine (42%) allied health respondents indicated that their organization would have difficulty replacing them if they were to leave their current position, 30 (32%) said no, 23 (25%) were unsure and one respondent did not respond.

**Appendix D: Management Survey Results by Professional Group - Cohort  
Reporting Business/ Health Administration Background**

## A Study of Newfoundland and Labrador's Health and Community System Managers A Report of the Management Survey and Audit

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Of the 569 returned surveys, 145 respondents specified business/health administration as their professional background. The results that follow are based on these 145 survey respondents.

### Demographic Profile

Business/health administration respondents tended to be younger as 43 (30%) respondents were over the age of 46, 90 (62%) business/health administration respondents were between the ages of 21 and 45, with the remaining 12 (8%) respondents not indicating their age. The average age of survey respondents with a business/health administration professional background was approximately 41, three years younger than the overall management survey respondents. There was almost an equal breakdown of business/health administration respondents by gender as 74 (51%) were male, 67 (46%) were female and the remaining 4 (3%) did not indicate their gender.

### Education Profile

**Figure 1: Highest Level of Education Obtained by Survey Respondents with a Business/Health Administration Background**

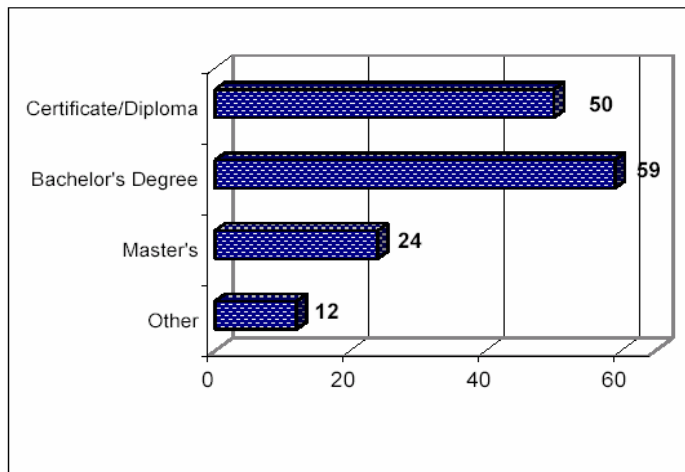


Figure 1 shows that 50 (34%) business/health administration respondents indicated a Certificate/Diploma as their highest level of education obtained. Given that a Bachelor's degree is a prerequisite for a Master's degree another 83 (57%) respondents possess a minimum of a bachelor level education. The "other" category would include those who specified high school, M.D, or PH.D as their highest education level or failed to respond to this question.

Source: Management Survey

Twenty-eight respondents (19%) with a business/health administration professional background were pursuing further education. The reasons survey respondents were not pursuing formal education were similar to those outlined in the main body of this paper. A high proportion of survey respondents, 131 (90%), with a business/health administration professional background believed their education and experience had prepared them for their managerial role. This percentage is higher than the 78% that was reported for the overall Management Survey.

### Workload/Work Patterns

The distribution of respondents with a business/health administration professional by employment setting was as follows; 86 (59%) were employed by an institutional board, 31 (21%)

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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were employed by a community board, 8 (6%) were employed in an integrated board, 15 (10%) were employed by the DOHCS with the remaining 5 (4%) respondents not specifying where they were employed or indicated 'other'. By position, 33 (23%) were senior managers, 59 (41%) were middle managers and 51 (35%) were frontline managers. Of the total management survey respondents who were senior managers, 43% had a business/health administration professional background. The primary area of responsibility for 131 (90%) of respondents with a business/health administration professional background was administrative/support services management. A high proportion, 135 (93%) were also employed in permanent management positions.

**Table 1: Total Years Employed in H&CS System**

<b>Timeframe</b>	<b>Count</b>	<b>%</b>	<b>Cumulative %</b>
<5 years	34	23%	23%
5-10 years	23	16%	39%
11-15 years	20	14%	53%
16-20 years	25	17%	70%
>20 years	43	30%	100%
<b>Total</b>	<b>145</b>	<b>23%</b>	<b>23%</b>

Source: Management Survey

Table 1 illustrates the total number of years respondents with a business/health administration professional background were employed in the H&CS system. While the total years in employed in the H&CS system varied among business/health administration respondents, 90 (62%) had worked in their current position for five years or less. As outlined in the main body of this document, caution is required in interpreting respondents total years employed in their current management position in light of the reforms of the health system that occurred in the mid to late 1990s.

Thirty-four (23%) business/health administration respondents had never been employed outside the health and community services system. Of the remaining 111 respondents who were employed elsewhere, 61 (42%) were employed in the private sector, 42 (29%) were employed in the public sector, and the remaining 8 (6%) were either employed in the not-for profit sector, were self employed or indicated other.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Table 2: Staff Responsibilities of Business/Health Administration Respondents**

Staff	Count	%	Cumulative %
0	21	14%	14%
1-10	87	60%	74%
11-20	11	8%	82%
21-30	5	3%	86%
31-40	2	1%	87%
41-50	7	5%	92%
> 50	6	4%	96%
Not Specified	6	4%	100%
<b>Total</b>	<b>145</b>	<b>100%</b>	

Table 2 shows that 60% of business/health administration respondents had less than ten personnel reporting to them. Thirteen percent of business/health administration respondents had greater than 21 employees reporting to them, with only a few of those falling in the greater than 50 cohort.

Source: Management Survey

Analysis of the 118 respondents who specified the number of personnel reporting to them revealed that 79 (67%) respondents stated their staff was employed within the same department or program. Fifty of the 118 (42%) respondents also indicated that they had staff responsibilities in different locations.

**Table 3: Frequency of Travel for Manager's with Staff in Alternate Locations**

Frequency of Travel	Count	%
I am not required to travel	1	2%
<Once a month	6	12%
Once a month	6	12%
Once every two weeks	10	20%
Once a week	8	16%
>Once a week	12	24%
Daily	7	14%
<b>Total</b>	<b>50</b>	<b>100%</b>

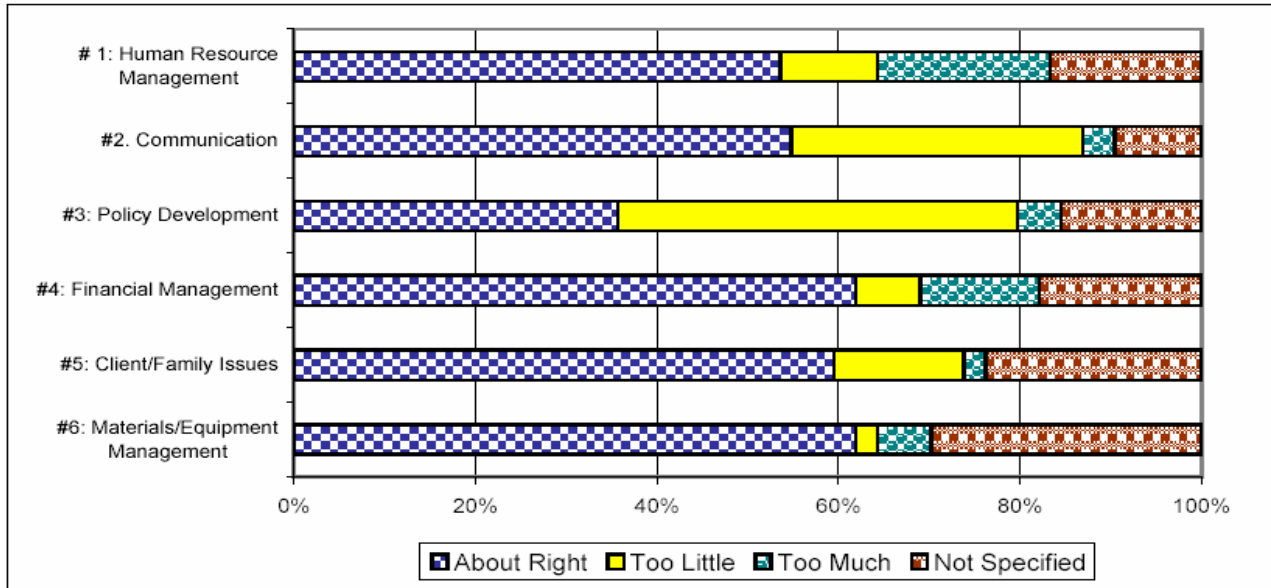
The travel responsibilities for these 50 business/health administration respondents with staff responsibilities in alternative locations, is illustrated in Table 3. Table 3 shows that 27 (54%) of business/health administration respondents with staff in alternative locations traveled a minimum of once a week. In terms of distance, 29 (58%) business/health administration respondents traveled an average distance in excess of 100 kilometers.

Source: Management Survey

As outlined in the main document, there were problems with how survey respondents ranked their management activities. Of the 145 respondents with a business/health administration professional background, 84 (58%) ranked per intended instructions. These 84 respondents ranked human resource management, communication, and policy development as their top three management activities.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

**Figure 2: Appropriateness of Time Spent on Management Activities**



Source: Management Survey

Figure 2 illustrates that with the exception of policy development the majority of respondents with a business/health administration professional background felt the time devoted to each management activity was about right. Business/health administration respondents' perceptions to the time devoted to policy development was similar to the overall Management Survey findings, with 37 (44%) respondents feeling too little time was devoted to this activity.

**Table 4: Business/Health Administration Respondents Average Number of Overtime Hours per Week**

Hours	Count	%
No overtime	12	8%
<5 hours	41	28%
5-10 hours	53	37%
11-15 hours	12	8%
>15 hours	25	17%
Not specified	2	1%
<b>Total</b>	<b>145</b>	<b>100%</b>

The overall Management Survey reported that the overtime responsibilities of H&CS managers are significant. The overtime worked by respondents with a business/health administration professional background over a twelve-month period is illustrated in Table 4. As this table indicates, the highest proportion of survey respondents with a business/health administration professional background tend to work between 5-10 hours of overtime per week, in other words a minimum of 1-2 hours per day.

Source: Management Survey

The average response for each of the job satisfaction questions was also calculated. Only two variances existed between the respondents with a business/health administration professional

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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background and the overall Management Survey. A variance is considered to be those responses that fall on differing sides of the midpoint of 2.5. As Table 5 illustrates respondents with a business/health administration professional background exhibited slightly a more neutral position towards their level of compensation compared to the overall Management Survey.

**Table 5: Job Satisfaction**

Statement	Managers with a Business/Health Administration Professional Background Average Response	Management Survey Average Response
Considering what is expected of me, the pay I get is reasonable.	2.60	2.50
Respondents were asked to specify on a scale of 1 to 5 (with "1" being I strongly disagree, "3" being I neither agree or disagree and "5" being I strongly agree) with their level of satisfaction with each of the statements outlined above.		

Source: Management Survey

As outlined in the main document, there were problems with how survey respondents ranked their biggest challenges. One hundred and four of the 145 respondents with a business/health administration professional background ranked per intended instructions. The only difference between these ranking and those outlined in the overall Management Survey was that accessing professional development opportunities was ranked ahead of client and/or family issues.

**Table 6: Biggest Challenge of Respondents with a Business/Health Administration Professional Background**

<i>Biggest Challenge</i>	<i>Average</i>	<i>Overall Ranking</i>	<i>Number of times ranked (Out of a possible 104)</i>
Managing Workload	1	2.78	103
Human Resource Management	2	3.00	100
Financial Management	3	3.41	99
Policy Development	4	4.30	101
Communication	5	4.77	101
Accessing Professional Development	6	5.72	99
Client/and or Family Issues	7	5.80	96
Materials/Equipment management	8	6.41	97

Source: Management Survey

### **Management Transition**

Ninety-six (66%) respondents with a business/health administration professional background stated that they had not been actively searching for employment. For those who were actively searching, 72% were looking completely outside the H&CS system, 21% were looking both inside and outside the system with 6% limiting their search to inside the H&CS system.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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In the next ten years, 39 (27%) survey respondents with a business/health administration background stated they expect to retire, with 20 (14%) indicating they expected to retire in less than five years. Seventy (48%) respondents stated they expected to retire between the ages of 51 and 55. Seventy-two respondents (50%) with a business/health administration background also believed they would retire with an unreduced pension.

Forty-seven business/health administration respondents (32%) indicated that their organization would have difficulty replacing them if they were to leave their current position, 53 (37%) said no, 43 (30%) were unsure and two respondents did not answer this question.

**A Study of Newfoundland and Labrador's Health and Community System Managers  
A Report of the Management Survey and Audit**

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<sup>1</sup> Way, C., Davis, J., Gregory, D., Barrett, B. & Parfrey, P. (2000). *The impact of health care reforms on management personnel*. St. John's, NF: Memorial University of Newfoundland, Patient Research Centre, Health Care Corporation of St. John's.

<sup>2</sup> Wells, A. (1999). Provincial Health and Community Services Interim Baseline Human Resource Indicator Report

<sup>3</sup> McConnell, C.R. (1996). Succeeding with Succession Planning. *Health Care Supervisor*, 15 (2), 69-78.