



## Development of a financial management competency framework for Nurse Managers in public health care organisations in the province of KwaZulu-Natal, South Africa<sup>☆</sup>



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### ABSTRACT

The increased cuts in health care funding and severe financial constraints has necessitated that the Nurse Manager become financially conscious and provide efficient quality care while at the same time cutting costs and reducing expenditure. This, in turn requires an understanding of financial management. Nurse Manager's knowledge is very limited. The aim of the study was to explore the financial management roles of Nurse Managers in their current work environments, identify financial management development needs necessary for Nurse Manager's practice and to develop a financial management framework to improve the skills of Nurse Managers. A qualitative, naturalistic paradigm was used. Interviews were conducted with 18 participants. The results revealed that Nurse Managers participate in financial management activities within the hospitals and identified eight main themes namely financial planning, financial monitoring, financial decision making, financial control, inadequate financial management competencies, educational preparation for financial management in nursing programmes, guidance and training for financial management role and need for financial management competency development. Nurse Managers have a financial management function in the public health care organisations. They do not have the necessary skills, knowledge and competencies to function in this role and require additional knowledge, skills and training. A competency framework was subsequently developed to improve the financial management competencies of Nurse Managers.

### 1. Introduction and background

In the South African context, the Nurse Manager is responsible for and manages the nursing side of the health care organisation. Public hospitals are funded by the state and deliver health care to about 80% of the population in South Africa (Ataguba & McIntyre, 2012). Public hospitals in South Africa face financial constraints, challenges of poor management, deteriorating infrastructure, lack of resources and equipment hampering the ability to provide a reasonable standard of health care. There are restrictions on public health care spending, due to the low rate of economic growth and the demand for public resources by other social services like education and social welfare (McIntyre, Bloom, Doherty, & Brijlal, 2015). There is more funding and emphasis placed on primary health care which results in the funding to curative and tertiary healthcare being significantly reduced. These have led to Nurse Managers having to work and deliver safe and efficient care with

minimal resources, budget cuts and are constantly requested to curb expenditure in their departments. In order to manage the current health care financial situation, Nurse Managers need to become more financially knowledgeable and increase their understanding of finances and healthcare costs (Sherman, 2014).

It is found that Nurse Managers in the public hospitals do not have the necessary financial management skills and competencies to manage the current health care financial situation. They generally rely on and accept financial directives for their practice areas from Financial Managers, Chief Executive Officers and head office (Brannagan, 2012). Evidence shows that this is due to the lack of knowledge and understanding about finances. This view is supported by Douglas (2010), who finds that financial skills of Nurse Managers are underdeveloped leading to nurses not being able to understand the language of finance and not taking ownership for the financial performance of their departments. There is a paucity of literature and research conducted

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within the context of South Africa and worldwide and this may explain the reason why the financial management skills of Nurse Managers are underdeveloped. The aim of the study was to explore the financial management roles of Nurse Managers in their current work environments, identify financial management development needs necessary for Nurse Manager practice, and to develop a financial management framework to improve the skills of Nurse Managers.

## 2. Research methodology

### 2.1. Study design

One of the roles of Nurse Managers that is not completely understood is that of financial management, as there are a small number of studies conducted and available in the literature. The foundational paradigm for this study was based on [Lincoln and Guba \(1985\)](#) theoretical elements of the qualitative, naturalistic inquiry which seeks in-depth understanding of social phenomena within their natural settings ([Creswell, 2014](#)). This provided a suitable method for obtaining the comprehensive information necessary to understand the financial management roles and practices of Nurse Managers in the hospital settings. This information gathered during the data analysis phase assisted with the development of a financial management competency framework for Nurse Managers.

### 2.2. Study setting

The study was conducted in the province of KwaZulu-Natal (KZN), which is one of the nine provinces in South Africa. A total of 32 district and regional hospitals in all 11 health districts in KZN were invited to participate in the study. Eight public hospitals in five health districts participated in the study. The hospitals were selected to ensure diversity in terms of the types of hospitals which included both urban and rural hospitals.

### 2.3. Study population and sampling strategy

Nurse Managers were initially recruited using the purposive sampling method. A total of six Nurse Managers participated in the study. Data analysis began immediately after each interview. Data saturation was reached after six interviews. It was noted from the data analysis that there were other role players in the hospitals that were also involved in and complemented the financial management role of the Nurse Manager. Sampling proceeded to include three Financial Managers, five Operational Managers, two Assistant Nursing Managers and two Chief Executive Officers of the hospitals. The total number of participants was 18.

### 2.4. Data collection

Data was collected by face to face interviews over a two-month period from November 2017 to December 2017. All participants were issued with a letter informing them of the study, anonymity, confidentiality and the right to withdraw from the study prior to signing an informed consent form. The participants were interviewed in their own offices or in the boardroom of the hospitals. The interviews lasted between one and three hours. During the interviews, the questions were refined and adjusted according to the information and responses of the participants. The interviews were all audio-recorded with permission from the participants. To maintain confidentiality demographic questionnaires, audio recordings, transcribed interviews and field notes were locked away in a safe place and will be destroyed after a period of five years.

### 2.5. Data analysis

The interviews were transcribed word for word from the audio-recorders and was further reviewed, identifying wording which correlated to the research questions. Memo writing was done throughout the study. Coding was done manually to identify themes, patterns and relationships.

### 2.6. Trustworthiness

[Lincoln and Guba \(1985\)](#) recommend four concepts that increase the conceptual soundness and trustworthiness of findings namely, credibility, transferability, dependability and confirmability. These criteria accounted for the empirical study and the development of the framework. Credibility was enhanced as data was collected from a number of Nurse Managers from different public hospitals with diverse experiences within the nursing profession to ensure that the data was sufficient to merit the claims. The transferability of the study was demonstrated by providing a detailed description of the enquiry and the categories and concepts that emerged that depicted the views of Nurse Managers regarding their financial management competencies and developmental needs. Transferability was ensured by providing information such as the context in which the research was carried out, setting, purposive sampling, interview procedure and excerpts from the interview guide. Dependability and confirmability was ensured by involving participants in the evaluation of the findings and the interpretation and recommendations of the study to make sure that they are all supported by the data received from the informants of the study. An audit trail was kept of the entire research process which included decisions and activities to show how the data were collected, recorded and analysed.

### 2.7. Ethical considerations

Ethical clearance was granted by the research committee of the study institution. Permission was granted overall by the KwaZulu Natal Department of Health Research and Knowledge Management to conduct the study at all 32 hospitals in all 11 health districts. The participants were informed of the benefits and risks of the study that they could withdraw from the study at any time with no consequences, the nature of the study, the purpose, the type of data to be collected and data collection method to the participants in the form of a letter and prior to the conduction of each interview. Written consent was signed by each participant. Anonymity was maintained as no names were disclosed when publishing the findings. The researcher only had access to the research instruments. Anonymity in this study was also adhered to by not attaching names to the interview data; instead a code was allocated to each participant. To maintain confidentiality, audio recordings, transcribed interviews and field notes were locked away in a safe place and will be destroyed after a period of five years.

## 3. Results and discussion

The discussions presented here forms part of a larger study that sought to identify the financial management competence gaps of Nurse Managers in order to develop a framework. The different codes that emerged from the findings were analysed and sorted into themes and sub-themes.

### 3.1. Financial management roles and activities of Nurse Managers

The findings reveal that, in the public hospitals the Nurse Managers are not directly involved in the financial management of the hospitals, which is primarily the function of the Chief Financial Officer and the Chief Executive Officer. Nevertheless, they play a critical role by performing various activities that contribute to the financial functioning of the hospital. [Fiegenbaum \(2016\)](#) agrees that Nurse Managers play a

critical role in hospital operations. Nurse Managers have to ensure that their units live up to their responsibilities. At the same time, hospitals are business entities and have financial concerns. There is an inter-dependent function as the Chief Financial Officer and Chief Executive Officer depend on the information provided by the Nurse Managers in order to plan finances and the budget.

All Nurse Managers and Operational Managers together with the senior managers in the hospital participate in drawing up the strategic plan. Peel (1993) cited by Booyens, Jooste, and Sibiya (2016) assert that most organisations only involve senior or top management in strategic planning, but some involve managers at all levels. Strategic planning is done annually in the public hospitals. The Nurse Manager, as head of the nursing section, collates the strategic plan for the nursing section and forwards to the Chief Executive Officer for integration into the organisational strategic plan.

Participants were able to correlate the drawing up of the operational plans which were based on the strategic plan. Participants were also able to identify how these plans fitted into the strategic plan and the big plan for the hospital which was eventually integrated into the provincial strategic plan. The Nurse Manager was responsible for collating the operational plans and submitting them to the Chief Executive Officer to incorporate into the hospital's total plan.

Nurse Managers, though not directly involved in the drawing up of the budget, contribute by the way of procurement plans. Procurement plans are drawn up by each department and submitted to the Nurse Manager for collation and submission to the Finance Manager.

Nurse Managers indicated that their roles in financial planning included human resource planning, ensuring that there is the appropriate number and mix of nursing to match actual or projected patient care needs. Finkler, Kovner, and Jones (2007) find that the largest part of the operating budgets for nursing departments and organisations consists of personnel costs. Bai et al. (2017) posit that nurses are often seen as one of the largest cost components of any health care system and nursing activity funding accounts for approximately one-third of the total budget of any hospital. Nurse Managers who are the leaders of the nursing sections, control labour costs, which is the largest part of the labour budget of a hospital. Therefore, Nurse Managers play a major role in realising cost savings and adding to the financial stability of hospitals. Muller, Jooste, and Bezuidenhout (2015) assert that expenditure control is a dimension of financial management and relates to the implementation and control of the approved budget, hence the Nurse Managers role is to control expenditure in the hospital.

In the public sector a standardised budgeting format is used. The findings reveal that Nurse Managers do not actually draw up a budget but perform and coordinate various activities that contribute to the formulation of the budget. One of the shortcomings of the Nurse Managers, as noted in this study, was the lack of knowledge on the budget process and how it is drawn up. The Nurse Managers have a financial duty to their organisations and play a key part in ensuring hospitals control and manage their budgets. Hartley (2013) found that poor knowledge about budgeting and finances was a challenge for Nurse Managers who were required to manage their departments in a cost-effective manner. The nursing budget comprised more than half of the total hospital budget and pressure is on Nurse Managers to increase efficiency and effectiveness (Hartley, 2013).

The findings in this study illustrated that all senior managers were involved in the monitoring of the finances. Overall, participants reported that internal financial monitoring at the institutional level was carried out in two ways. The first mechanism involves attendance of cash flow meetings every month where there is a discussion and monitoring of how the funds are used and to ascertain whether all financial activities are within the prescribed budget. Finkler et al. (2007) state that the Nurse Manager is currently responsible for the direct operating expense budget for all nursing services and in many cases a high degree of control over this budget.

A second mechanism mentioned by participants as part of their

financial monitoring role is the analysis and interpretation of financial statements. Booyens et al. (2016) state that the purpose of financial statements is to monitor how the institution spends income and what the current financial position is. The result of the findings show that financial reports are reviewed at cash flow meetings in order to monitor expenditure to ensure it is within the provisions of the budget. In support of these findings, Graham (2011) finds that the documents that are commonly used to present financial activity are the public accounts and financial statements. A common finding that emerged in this study was that Nurse Managers found difficulty in understanding some of the financial terminology in the financial reports. Similarly, Noh and Lim's (2015) study found that the development of the educational programme included comprehension of financial management, application of financial ratios and the analysis and interpretation of financial statements as one of the key components of financial education for nurses (Noh & Lim, 2015).

The findings reveal that the decision-making role of the Nurse Managers encompasses their involvement in bid committees where decisions are made in terms of how contracts and tenders are awarded. The findings also indicate that the Nurse Manager makes decisions for all expenditure for the nursing section. Booyens et al. (2016) find that nurses are involved in complex decision-making, in diversity of situations and for many different purposes. The decisions that nurses make in their daily duties include those related to financial management decisions. The Nurse Manager is part of the cash flow committee which is where financial decisions are taken in terms of what needs to be procured and what must be purchased according to priority. Findings confirm that Nurse Managers act as Chief Executive Officers, but get support from the financial team for any financial decisions. In support of the findings, Smith (2009) concurs that nurse executives do appear to have the requisite skills, talents and abilities to become Chief Executive Officers.

There are various legislative frameworks that influence public sector financial decision-making in South Africa, namely, the Constitution, the Public Financial Management Act 1 of 1999 which regulates financial management in the national, provincial and local level of government and Treasury regulations. These laws influence decision-making processes within the public sector. Nurse Managers have to ensure that all decisions taken fall within the prescripts and ambit of the legislation. The findings reveal that Nurse Managers' decision-making regarding finance in the public sector revolves around the relevant financial laws. It was apparent from the findings that Nurse Managers were aware of the sections and clauses of the legislative frameworks that are applicable and relevant to their practice and their role was to adhere to the prescripts of the financial legislation.

It was reported by participants that they maintained accountability and responsibility for expenditure control in their departments. The Nurse Manager's role is to control expenditure in the hospital. Muller et al. (2015) assert that expenditure control is a dimension of financial management and relates to the implementation and control of the approved budget. Financial Managers perceived that nurses do not understand expenditure control processes and that they lack financial consciousness.

### 3.2. Current financial management competencies of Nurse Managers

In order to develop a financial management framework for the Nurse Managers, it was important to understand and establish what competencies and skills they currently have. Sherman, Bishop, Eggenberger, and Karden (2007) support research into Nurse Managers' competencies. This would assist to identify areas of development and develop competencies to broaden the financial management skills of Nurse Managers.

Nurse Managers do not have the requisite skills and competencies necessary for their financial management roles and functions in the hospitals. They attributed the poor competencies due to various factors

such as lack of involvement and inclusion in financial management activities within the hospital and the lack of in-service training. A further concept emerged where Nurse Managers indicated that they mostly attained some financial knowledge and competencies while working in their current roles and positions and along the way. Participants reported that the lack of skills and competencies in financial management was due to their poor involvement or inclusion in financial matters, financial tasks and financial decisions. By learning finance, nurse leaders will be better able to manage their departments (Muller & Karstens, 2012).

Results of this study showed some participants had a basic knowledge of financial management but no formal skills and require more skills for the role. Another finding was that the poor involvement of nurses in financial management activities were due to the focus of nurses training being on clinical outcomes rather than financial outcomes. The result aligns with findings in the study by Brannagan (2012) who found that often, the Nurse Manager's focus is on quality of patient care and clinical issues, and not on identifying and responding to financial matters.

It was also reported by participants that there was some involvement indirectly in financial management, as in the planning of activities for the budget, but with no direct input or involvement. Nurse Managers revealed that they were not provided with the opportunity to attend financial management training courses. Participants cited that their training was outdated and they had had no updates or training according to the changes and trends for their roles. Bailey (2014) states that research findings have consistently indicated that unit nurse leaders lack adequate training and development, principally related to financial management competencies.

### 3.3. Financial management development needs of Nurse Managers

Noh and Lim (2015) support the need to identify the educational needs and relevant knowledge that is lacking among nurses before developing a financial management education programme. An exploration of the essential financial management development needs of Nurse Managers revealed that there was a need for Nurse Managers and managers to be trained in financial management before and after promotion and should assume the managerial position after acquiring the essential financial management training and competencies. Managers are not provided with financial management training but are expected to perform related functions hence the need for compulsory and mandatory training for their roles. Fleming (2013) finds that to meet the leadership development requirements of frontline managers, it is necessary to understand the two major aspects of their role.

It was also noted that there was a proposal for a financial management programme or manual to be developed which can be facilitated at institutional level. The researcher noted that Financial Managers were prepared to facilitate some form of financial management training and orientation for Nurse Managers provided that they had standardised guidelines. Noh and Lim (2015) state to obtain financial competency, the development of financial management programmes is necessary for both nurses and Nurse Managers. The programmes would ideally provide nurses with greater financial oversight as well as strengthen the relationship between hospitals' nursing departments and finance departments.

The findings of this study diverges from the traditional financial content found in text books and financial management courses, as Nurse Managers identified the activities that they perceived were the important financial management activities that they participated in. Based on the financial development needs assessment, the findings reveal that participants required more training in budgeting and related concepts. Participants reported that they have a lack of understanding of the budget process and budgeting and attributed this need to the lack of involvement in the budget development and consultation process.

The findings indicate that the participants needed training in

understanding financial reports as they were given copies to review by the Financial Managers and to account for the expenses. Generally, they are not able to see where and how the budget was spent due to the lack of understanding and knowing how to read these reports. Dunham-Taylor and Pinczuk (2010) state that the final summary of management's performance is contained in the financial statement. Financial statements are required every year and public health institutions must also issue quarterly financial statements. Nurse Managers do not have to prepare these statements but will benefit from being able to understand them. There was strong support from all participants for cost centres which they felt would bring about results based actions and compare trends with expenses. In contrast the findings reveal that there were challenges to the implementation of cost centres mainly due to the lack of financial management skills and the lack of knowledge of cost centre management. The lack of physical and human resources especially the staff shortages would hinder the implementation of such and would make managing and monitoring of cost centres difficult. Wentzel (2008) study highlights that clinics are not regarded as cost centres therefore the Nurse Manager is not informed about financial matters.

The participants identified the important role played by financial legislation which guided all the financial management activities. The findings indicated that providing training on the relevant legislation would assist in understanding how financial management processes work in the public sector.

## 4. Development of the financial management competency framework for Nurse Managers

The development of the Financial Management Competency Framework for Nurse Managers was guided by the findings of the study and followed a series of steps. Competency refers to a mix of skills, related knowledge and attributes to produce a job/task to a defined standard. Competence, on the other hand, relates to the outcomes which define effective performance, namely aspects of the job at which a person is competent (South Africa, 2010). A competence framework describes the range of knowledge, skills and performance levels required to help nurses provide safe, effective and accountable practice (South Africa, 2010). An effective competency framework facilitates self-management and empowerment as it allows officials to assess their knowledge, skills and attributes (competencies) against the agreed standard of performance required for the relevant position (South Africa, 2010).

### 4.1. Process of developing the framework

The objectives were set and the interview questions were structured and asked in order to obtain the relevant information for the development of the framework. The information gathered in the form of responses of the participants and observations were taken into account during the framework development process. The framework was developed in relation to the major themes and sub-themes that emerged from the findings of the study.

The steps in developing the framework are explained in the discussion below (South Africa, 2017).

#### *Step 1: Qualitative approach to explore Nurse Managers' financial management competencies*

The first step was selecting the qualitative approach to explore Nurse Managers' financial management competencies. Due to the limited information available, interviews were used to obtain information on the financial management competencies of Nurse Managers.

#### *Step 2: Literature search*

The next step was to conduct a literature review in order to avoid duplication and search for the available information, any similar frameworks and other researcher's findings on the phenomenon. It was found that there were many studies conducted internationally on Nurse Manager's financial management competencies. Only a few studies

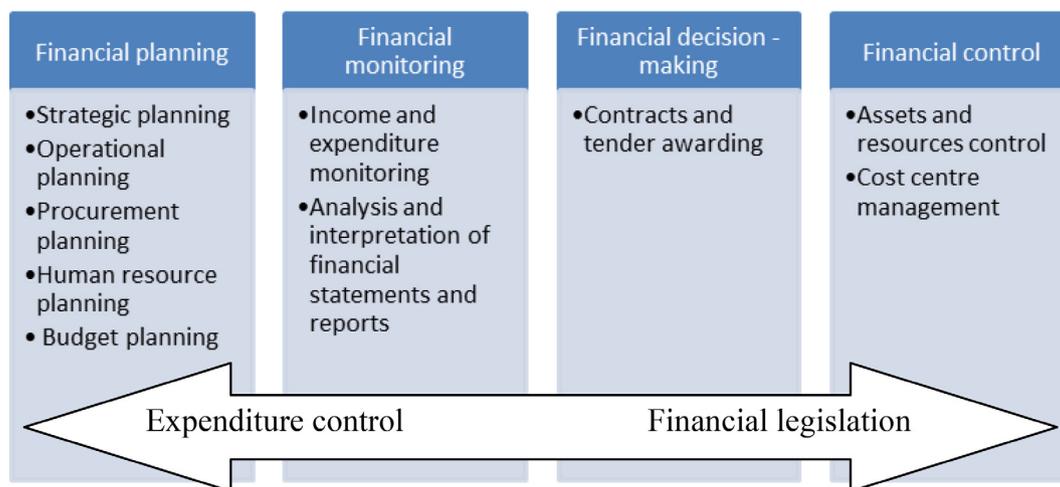


Fig. 1. Components of a financial management framework for Nurse Managers.

related to financial management skills and competencies of Nurse Managers were found in the South African context. The majority of studies evaluated the generic competencies of Nurse Managers of which business or financial management skills were only a small component. There were no studies of that looked at the financial management skills of Nurse Managers in the public sector. There was a gap in the literature and knowledge of the financial management competencies that Nurse Managers have.

*Step 3: Identification of a financial management competence gap among Nursing Managers*

The third step included the identification of a financial management competence gap among Nurse Managers. Literature sources revealed the increasing need for Nurse Managers to be financially literate and be well versed in financial matters of the organisation. There was evidence that there is very little support and assistance for Nurse Managers in their present roles especially related to finance. Furthermore, the problem is exacerbated by the lack of attention given to financial management in the nursing curriculum. The findings revealed that Nurse Managers did not have the requisite skills, knowledge and competencies. McFarlan (2015) contends that there is support for ongoing education and competency based development of Nurse Managers as financial management competencies present the largest challenge and can have the greatest impact on healthcare organisations. Emerging from this study was the finding that financial management is taught in theory but it is not applied in practice and is not given importance in the nursing curriculum because the focus was on clinical skills. Waxman and Schaefer (2010) state that in nursing school nurses are taught a vocabulary specific to the profession. Nurses must also learn the language of finance to make their jobs easier and gain the respect of financial personnel. There is a need for more education and training to assist Nurse Managers in acquiring financial management skills as they do not receive adequate training in this subject, even though they are held accountable for the budget in their areas. The study findings reveal that there has not been much training in financial management provided by the hospitals or outside sources for nursing.

*Step 4: Conduct training needs analysis*

Based on the financial management competency gaps identified, a competency needs analysis was conducted with Nurse Managers. The competency needs identified are incorporated into the framework. The competency needs include aspects of financial planning, financial decision-making, financial monitoring, and financial control.

*Step 5: Development of the framework*

The framework was developed based on the competencies, financial management roles and needs as verified by the Nurse Managers who participated in the study.

*Step 6: Verification of the framework by experts*

Following the development of the framework, it was forwarded to a panel of experts, being Nurse Managers and nurse educators who reviewed the content and outcomes. The panel included a Nurse Manager, an Operational Manager, one lecturer who teaches post graduate Health Services Management at a university and one lecturer who teaches unit management and professional practice in the basic nursing programme. The study supervisor and co-supervisor who was previously a Nurse Manager also reviewed the framework and provided input.

*Step 7: Final improvement based on comments by experts*

Final improvements to the framework were effected according to the suggestions made by the reviewers.

#### 4.2. Components of the financial management competency framework

In order to effectively and efficiently perform the financial management role, the nursing management function requires specific competencies that are developed through suitable knowledge and experience. Accordingly, the framework consists of the following components: strategic planning, operational planning, procurement planning, human resources planning and budget planning as part of the financial planning role. The financial monitoring role includes the following components: income and expenditure monitoring, and analysis and interpretation of financial statements and reports. The financial decision-making and financial control roles include the following components: contracts and tender awarding, assets and resources control, and cost centre management. Financial legislation and expenditure control pervade all competencies and are integrated into every aspect of nursing management and is depicted by the arrow in the figure below. The components are shown in Fig. 1 below.

#### 4.3. Structure of the competency framework

The structure of the framework included the financial management roles as described by Nurse Managers, a description of each financial management competency, the behavioural indicators required for each competency, the knowledge and skills required for each competency and the suggested learning and development resources.

### 5. Conclusion

The Nurse Manager's functions and responsibilities have changed and have evolved into a very strong financial role. The intention of this study was to bring to light the fact that nurses play a very big part in the financial management of the organisations. It is important that the Nurse Managers understand financial management concepts and principles before any of the other nursing staff do. If they know how to

manage the organisation's finances, they would then be able to cascade the information down to all nurses and lead by example. The framework that was developed will assist Nurse Managers in gaining the competencies they require in order to perform their financial management functions.

#### Declaration of Competing Interest

None.

#### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijans.2019.100154>.

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