University of Tikrit

College of Nursing

Management

&

Leadership in Nursing

Year Four/semester One

General Nursing Program

STUDENT GUIDLINES

❖ **Introduction**

Welcome to the Fourth Year-Semester One in the General Nursing Program:

❖ **Course**: **Management & Leadership in Nursing** is one of the Nursing course for the general nursing curriculum. The syllabus attached is designed to provide each student with an explanation to the course content. Unite objective are required reading materials for the course.

❖ **Instructions for use of Student's Course Books**

- Each Class Session identifies the content that will be covered in that class and the activities expected by the students.
- During the Class Session, ask for explanations of term that are not clear.
- You are advised to participate in class room discussion.
- You are advised to complete she study Questions given at the end of each unit that will help you to fully understand the course material.
- You are advised to complete the laboratory requirements for this course.

University of Mosul

College of Nursing

Undergraduate Program

Nursing Management and Leadership

1. Course Titles Nursing Management and Leadership
2. Course Number: (401)
3. Credit Hours: Total (3) credits:
   - Theory (1) credits
   - Lab. (2) credits
   - Clinical (3) credits
4. Course Calendar: Total (14) hours weekly of (15) weeks:
   - Theory (2) hrs.
   - Lab. (-) hrs.
   - Clinical (3) hrs.
5. Placement: Fourth Years / First Semester

Course Description:

This course is designed to enable students to acquire in depth understanding of Nursing Management, Leadership, Nursing Services in hospital , and professional responsibilities.

Course objectives :At the end of the course The student will be able to:

1. Understand the principles and functions of management
2. Understand the elements of administration
3. Appreciate the management of nursing services in the hospital.
4. Apply the concepts, theories and techniques of organizational behaviour, communication and public relationship.
5. Develop skills in planning and organizing.
6. Understand the management of nursing educational institutions.
7. Describe the ethical and legal responsibilities of a professional nurse
8. Understand the various opportunities for professional advancement in electronic Management such electronic health care
9. Understand the Research in management
10. Understand Risk management

. Course Outline:

Part I: Management in Nursing:

1.1 . Definition of Management:

1.2. Definition of Manager:

1.3. Management Process:

1.4. Levels of Management :

1.5. Principles of Management:

1.6. Roles Performed by Managers:

1. 7. Functions of the Management:

1.8. Management Needs Resources:

1. 9. Factors Effecting on Management:

1.10. Theories in Nursing Management

Part II: Nursing Administration:

2.1. Definition of Administration in Nursing:

2.2. Elements of Administration:

2.2.1. Planning

2.2.2. Organizing

2.2.3. Staffing

2.2.4. Staff development definition and activities

2.2.5. Directing and Supervising

2.2.6. Time Management

2.2.7. Coordinating

2.2.8. Reporting and Recording

2.2.9. Budgeting

2.2.10. Evaluating

Part III: Leadership:

3.1. Definition of leadership and leader:

3.2. Characteristics of leader

3.3. Leaders' Roles:

3.4. Leadership Theories:

3.5. Leadership Styles in Nursing:

3.6. Factors effecting on leadership

Part IV: Communication and Public Relations :

4.1. Definition of communication:

4.2. Communication Process:

4.3. Functions of communication.

4A. Directions of communication:

4.5. Types of communication:

4.6. Benefits of communication:

1.7. Barriers of communication:

Part V: Hospital Management:

5.1. Definition of Hospital:

5.2. Functions of Hospital:

5.3. Classification of Hospitals:

SA. Hospital Departments:

5 A.1. Professional health services departments:

5A.2. Non Professional health services departments

Part VI: Nursing Services Administration:

6.1. Philosophy of Nursing Services Administration:

6.2. Nursing Services Administration Unit:

6.3. Purposes of Nursing Services in Hospital:

6A. Objectives of Nursing Services in Hospital:

6.5. Clinical supervision:

6.6. Evaluation of Nursing Services:

6.6.l. Purposes of evaluation:

6.6.2. Types of Evaluation:

6.6.3. Job Evaluation:

6.6.3.1. Definition:

6.6.3.2. Job analysis:

6.6.3.3. Job description

Part VII: Electronic Management

7 .1.E. Health Care

7.2.E. Reports and Records

Part VIII Professional Ethics

Part IX: Research and Management

Part X: Risk Management

Project (written paper)

Choose one of the following topics for the subject of the paper:

1.
2.
3.
4.
5.

Guidelines for writing the paper

- Write a 100- 150 word paper explaining one of the above concept.

Give illustration where required.

- Contents of the student course book is not allowed to used.
- Use at least three references from the library.
- You are free to use any other resources for completion of this paper.
- A list of references should be provided as policy.
- Type the report, Font style: Time New Roman, size,14.
- Use A4 Plain paper to print the report.
- Copy- paste strategy will never accepted.
- The paper is due as per the teacher's request.

Criteria for evaluation of Written Paper

SN	Criteria	Marks
1.	Introduction	1
2.	Contents with illustration	5
3.	Conclusion	1
4.	Tile page	1
5.	References/Resources used	1
6.	Organization ,Neatness, Language	1
Total		10

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Part I: Management in Nursing:

- Definition of Management
- Definition of Manager
- Management Process
- Levels of Management
- Principles of Management
- Roles Performed by Managers
- Management Needs Resources
- Factors Effecting on Management
- Theories in Nursing Management.

Learning Objectives

At the end of this chapter, the student should be able to:

1. Define Concepts

2. Discuss the process, characteristics, and principles of management Discuss the three levels of management.

3. Describe the roles of manager.

4. Identify the management need resources.

5. List the factors affecting on management.

6. Describe the differences between the four different groups of management

Theories.

7. Analyse the impact of studying management theories to potential nurse
leaders.

Part I Management in Nursing

Management

- Management may be defined as the art of securing maximum results with a minimum of effort so as to secure maximum prosperity and happiness for both employer and employee and give the public the best possible service.
- Management is the process of reaching organizational goals by working with and through people and other organizational resources./
- Management and administration sometimes appear to be synonymous, but they are not synonymous terms.

Manager

Is a person who controls and manipulates resources and expenditures, to meet the organizational goals. OR

The definition of a manager is a person responsible for supervising and motivating employees and for directing the progress of an organization.

Management Process

The management process, like the nursing process, includes gathering data, diagnosing problems, planning, interviewing and evaluating outcomes. But in reality each step of the management process is more complex than the nursing process.

The management process consists of working with human and physical resources and organizational and psychological processes within a creative and innovative climate for the realization of organizational goals.

Henri Fayol , 1925, first identified the management functions of Planning, Organization, Command, Coordination, and Control.

Later, Luther Gullick, 1973, expanded these and introduced seven activities of management :Planning, Organization ,Staffing, Directing, Coordinating, Reporting, and Budgeting (POSDCORB).

Characteristics of Management

1. It is a process or series of continuing and related activities.
2. It involves and concentrates on reaching organizational goals.
3. It reaches these goals by working with and through people and other organizational resources.

Elements of management Process

1. Planning

Planning means to decide in advance what is to be done. It charts a course of actions for the future. It is an intellectual process and it aims to achieve a coordinated and consistent set of operations aimed at desired objectives.

Essentials of good planning

a. Yields reasonable organizational objectives and develops alternative approaches to meet these objectives.

b. Helps to eliminate or reduce the future uncertainty and chance.

c. Helps to gain economical operations.

d. Lays the foundation for organizing.

e. Facilitates co-ordination.

f. Helps to facilitate control.

Dictates those activities to which employers are directed.

2.Organizing

The management function of organizing can be defined as ‚relating people and things to each other in such a way that they are all combined and

interrelated into a unit capable of being directed toward the organizational objectives.‖

Work activities required for the organizational performance are separated through:

a. Horizontal differentiation (i.e.. Dividing the organization into operational units for more effective and efficient performance.)

b. Vertical differentiation (i.e.. Establishes the hierarchy and the number of levels in the organization

The Formal Organization depends on two basic principles:

1. Responsibility

responsibility in an organization is divided among available personnel by grouping the functions that are similar in objectives and content. This should be done in a manner that avoids overlaps and gaps as much as possible. Responsibility may be continuing or it may be terminated by the accomplishment of a single action.

2. Authority

when responsibility is given to a person, he must also be given the authority to make commitments, use resources and take the actions necessary to carry out his responsibilities.

3 . Staffing

Staffing is the selection, training, motivating and retaining of a personnel in the organization. Before selection we have to make analysis of the particular job, which is required in the organization., then comes the selection of the personnel. It involves:

manpower planning to have the right person in the right place and avoid –square peg in the round hole". **Manpower planning involves the following steps:**

a. Scrutiny of present personnel strength.

b. Anticipation of manpower needs.

c. Investigation of turnover of personnel.

d. Planning job requirements and job descriptions.

4. Directing

Directing means the issuance of orders, assignments and instructions that permit the subordinate to understand what is expected of him, and the guidance and overseeing of the subordinate so that he can contribute effectively and efficiently to the attainment of organizational objectives.

Directing includes the following activities

a. Giving orders.

b. Making supervision

c. Leading

d. Motivating

e. Communicating

5. Supervision

Supervision is the activity of the management that is concerned with the training and discipline of the work force. It includes follow up to assure the prompt and proper execution of orders.

Supervision is the art of overseeing, watching and directing with authority, the work and behaviour of other.

6. Leading

Leadership is the ability to inspire and influence others to contribute to the attainment of the objectives. Successful leadership is the result of interaction between the leader and his subordinates in a particular organizational situation.

There are number of styles of leadership that have been identified such as autocratic, democratic participative leadership.

The continuum of leadership styles, ranges from the completely authoritarian situation with no subordinate participation to a maximum degree of democratic leadership, enabling the subordinate to participate in all phases of the decision making process.

7. Controlling

Controlling can be defined as the regulation of activities in accordance with the requirements of plans. Controlling is an ongoing and continuous process to ensure that activities conform to plan. It include: quality assurance, performance appraisal, fiscal accountability, legal & ethical control and professional control.

Steps of Control:

The control function, whether it is applied to cash, medical care, employee morale or anything else, **involves four steps**.

a. established of standards.

b. Measuring performance

c. Comparing the actual results with the standards.

d.Correcting deviations from standards.

Levels of Management

Generally, there are Three Levels of Management.

I: Top Level Management

As the nurse director, responsible for managing nursing departments in the hospital, and all middle managers report to him.

The main role of the First level manager

1. Determines the objectives, policies and plans of the organization.
2. Mobilizes (assemble and bring together) available resources.
3. Does mostly the work of thinking, planning and deciding. Therefore, they are also called as the Administrators and the Brain of the organization.
4. They spend more time in planning and organizing.
5. They prepare long-term plans of the organization which are generally made for 5 to 20 years.

6. The top level management has maximum authority and responsibility. They are the top or final authority in the organization. They are directly responsible to the Shareholders, Government and the General Public. The success or failure of the organization largely depends on their efficiency and decision making.
7. They require more conceptual skills and less technical Skills.

II: Middle Level Management

The middle level management emphasize more on following tasks:

1. Middle level management gives recommendations (advice) to the top level management.
2. It executes (implements) the policies and plans which are made by the top level management.
3. It co-ordinate the activities of all the departments.
4. They also have to communicate with the top level Management and the lower level management.
5. They spend more time in coordinating and communicating.
6. They prepare short-term plans of their departments which are generally made for 1 to 5 years.
7. The middle Level Management has limited authority and responsibility. They are intermediary between top and lower management.

They are directly responsible to the chief executive officer and board of directors.

8. Require more managerial and technical skills and less conceptual skills.

III: Lower Level Management .

The lower level management consists of the Foremen and the Supervisors. They are selected by the middle level management. It is also called Operative / Supervisory level or First Line of Management. It is responsible for supervising the work of non-managerial personnel and the day-to- day activities of a specific work unit or units.

The lower level management performs following activities :

1. Lower level management directs the workers / employees.
2. They develops morale in the workers.
3. It maintains a link between workers and the middle level management.
4. The lower level management informs the workers about the decisions which are taken by the management. They also inform the management about the performance, difficulties, feelings, demands, etc., of the workers.
5. They spend more time in directing and controlling.
6. The lower level managers make daily, weekly and monthly plans.

7. They have limited authority but important responsibility of getting the work done from the workers. They regularly report and are directly responsible to the middle level management.

8. Along with the experience and basic management skills, they also require more technical and communication skills.

9.

Principles of Management:

A principle refers to a fundamental truth. Management principles are the statements of fundamental truth based on logic which provides guidelines for managerial decision making and actions.

The 14 Principles of Management described by Henri Fayol.

1. Division of Labor

a. Henry Fayol has stressed on the specialization of jobs.

b. all kinds of work must be divided & subdivided and allotted to various persons according to their expertise in a particular area.

c. Specialization leads to efficiency & economy in spheres of business.

2. Party of Authority & Responsibility

a. Authority refers to the right of superiors to get exactness from their sub-ordinates whereas responsibility means obligation for the performance of the job assigned.

b. If authority is given to a person, he should also be made responsible.

c. In a same way, if anyone is made responsible for any job, he should also have concerned authority.

d. Authority without responsibility leads to irresponsible behavior whereas responsibility without authority makes the person ineffective.

3. Principle of One Boss

a. A sub-ordinate should receive orders and be accountable to one and only one boss at a time.

b. In other words, a sub-ordinate should not receive instructions from more than one person because -

- It undermines authority.
- Weakens discipline.
- Divides loyalty.
- Creates confusion.
- Delays and chaos.
- Escaping responsibilities
- Duplication of work
- Overlapping of efforts

c. Unity of command provides the enterprise a disciplined, stable & orderly existence.

d. It creates harmonious relationship between superiors and sub-ordinates.

4. Unity of Direction

a. Fayol advocates one head one plan which means that there should be one plan for a group of activities having similar objectives.

b. Related activities should be grouped together. There should be one plan of action for them and they should be under the charge of a particular manager.

c. In fact, unity of command is not possible without unity of direction.

5. Equity

a. Equity means combination of fairness, kindness & justice.

b. It implies that managers should be fair and impartial while dealing with the subordinates.

c. They should give similar treatment to people of similar position.

d. They should not discriminate with respect to age, caste, sex, religion, relation etc.

e. Equity is essential to create and maintain cordial relations between the managers and sub-ordinate.

f. But equity does not mean total absence of harshness.

6. Order

a. This principle is concerned with proper & systematic arrangement of things and people.

b. Arrangement of things is called material order and placement of people is called social order.

c. Material order- There should be safe, appropriate and specific place for every article and every place to be effectively used for specific activity and commodity.

d. Social order- Selection and appointment of most suitable person on the suitable job..

7. Discipline

a. –Discipline means sincerity, obedience, respect of authority & observance of rules and regulations of the enterprise‖.

b. This principle applies that subordinate should respect their superiors and obey their order.

c. Discipline is not only required on path of subordinates but also on the part of management.

d. Discipline can be enforced if -

- There are good superiors at all levels.
- There are clear & fair agreements with workers.
- Sanctions (punishments) are judiciously applied.

8. Initiative

a. It means eagerness to initiate actions without being asked to do so.

b. Fayol advised that management should provide opportunity to its employees to suggest ideas, experiences& new method of work.

c. It helps in developing an atmosphere of trust and understanding.

d.

9. Fair Remuneration

a. The quantum and method of remuneration to be paid to the workers should be fair, reasonable, satisfactory & rewarding of the efforts.

b. As far as possible it should accord satisfaction to both employer and the employees.

c. Wages should be determined on the basis of cost of living, work assigned, financial position of the business, wage rate prevailing etc.

d. Fayol also recommended provision of other benefits such as free education, medical & residential facilities to workers.

10. Stability of Tenure

a. The employees should be appointed after keeping in view principles of recruitment & selection but once they are appointed their services should be served.

b. Time is required for an employee to get used to a new work & succeed to doing it well but if he is removed before that he will not be able to render worthwhile services‖.

11. Scalar Chain

a. 'The chain of superiors ranging from the ultimate authority to the lowest‖.

b. Every orders, instructions, messages, requests, explanation etc. has to pass through Scalar chain.

12. Sub-Ordination of Individual Interest to General Interest

a. As far as possible, reconciliation should be achieved between individual and group interests.

b. In order to achieve this attitude, it is essential that -

- Employees should be honest & sincere.
- Proper & regular supervision of work.
- Reconciliation of mutual differences and clashes by mutual agreement. For example, for change of location of plant, for change of profit sharing ratio, etc.

13. Espirit De' Corps (can be achieved through unity of command)

a. It refers to team spirit i.e. harmony in the work groups and mutual understanding among the members.

b. Spirit De' Corps inspires workers to work harder.

c. To inculcate Espirit De' Corps following steps should be undertaken -

- There should be proper co-ordination of work at all levels
- Subordinates should be encouraged to develop informal relations among themselves.
- Efforts should be made to create enthusiasm and keenness among subordinates so that they can work to the maximum ability.

14. Centralization & De-Centralization

a. **Centralization** means concentration of authority at the top level. In other words, centralization is a situation in which top management retains most of the decision making authority.

b. **Decentralization** means disposal of decision making authority to all the levels of the organization. In other words, sharing authority downwards is decentralization.

c. Anything which increases the role of subordinate is decentralization & anything which decreases it is centralization.

d. Fayol suggested that absolute centralization or decentralization is not feasible. An organization should strike to achieve a lot between the two.

Roles of the Manager

1. Creating the Vision

Successful organizations are led by visionary leaders with a clear understanding of the organization's mission statement. This helps everyone focus on the organization's main purpose.

2. Implementing the Vision

It is also the manager's role to implement the mission statement by breaking it down into specific, achievable goals. Managers help the workers to

recognize how the work they do relates to the overall goal of the organization.

3. Facilitating Change

Dynamic organizations are always changing, and managers help facilitate the change through their role as change agents. They do this by fully understanding and accepting the need to change and by conveying this rationale to the staff.

4. Mentoring

Managers who are visionary leaders constantly mentor their staff. It's their role to recognize talent and groom employees for positions of additional responsibility. They contribute to the professional development of their employees by conducting performance appraisals and encouraging personal growth and increased productivity.

5. Gathering Information

It's the manager's role to gather all relevant information. Managers stay in touch with their superiors and are aware of new trends that might be implemented in the future. They maintain an "open-door" policy with their employees to keep up-to-date with issues that might be causing resentment or discontent among them.

6. Evaluating Information

Evaluate information when it is received, to determine who should receive the information and how it will be communicated. Managers use their judgment to decide what is relevant to pass on to their supervisors and what to share with their workers.

7. Communicating

Managers must communicate information at the most suitable time, using the most appropriate method of communication whether it be face-to-face at a meeting, via electronic technology or in print.

8. Decision-Making

Managers are constantly involved in decision-making, whether it's for smaller issues such as what time workers will take their breaks or for more important matters such as firing an employee for a transgression.

9. Building Relationships

A vital management role revolves around the interpersonal relationships with their subordinates and with their superiors. Managers who develop a climate of trust find it easier to do their job. It's easier for them to get their workers to follow directions and it's easier to take direction from their supervisors.

10. Controlling Climate

Managers are responsible for facilitating healthy interpersonal relationships among staff members. Employees are more productive when the relationships in the workplace are supportive and collaborative instead of filled with poisonous back-stabbing. It's the role of the manager to foster a positive climate

Management Needs Resources

1. The Director of Nursing Resource Management

This individual directs the management of the staffing and payroll functions, nursing supervisors, and the nurse manager of the organization.

2. The Staffing and Payroll Office

This office is responsible for providing support to the inpatient nursing units and the emergency department for scheduling, staffing and payroll. Its responsibilities include daily staffing, maintaining scheduling changes **The Nursing Supervisors**

The nursing supervisors direct and evaluate nursing care and related activities of the nursing units on the off-shifts and serve as the administrative resource person within the hospital.

3. Nurse Manager

This individual manages the staff of the organization and the 24-hour operations of the holding areas.

4. The Nursing Staff

is comprised of the following positions: registered nurse, certified nursing assistants, unit secretaries, and nursing service aides.

Factors Effecting on Management

1. The degree to which management's decision making style affects information flow by making full use of two-way lateral and vertical communications (Collaborative styles) or by relying mostly on one-way vertical communications (Command and Control styles).

2. The types of technology used in the performance management system to generate and process information: Enterprise Resource Planning (ERP), specialized tools (HIS - Health Information Systems, DSS- Decision Support Systems) .

3. The level of use of e-commerce and Internet technologies to facilitate the flow of information.

4. Competition

Health Care Setting that do not jump quickly into a promising service market may be outmaneuvered by their competitors.

5. Economy

The overall economy or health of the company's industry also may negatively affect a manager's ability to plan. When sudden downturns occur, planning must be stopped, adjusted or taken in a new direction.

Managers must be flexible to changing outside economic conditions even when they are in the midst of planning a project of special interest to them.

6. Managers

Managers themselves also affect their own planning function. If they are not good planners in general or do not have the experience, education or background in planning required to be successful, they are more likely to plan poorly.

7. Information

When planning occurs, it is vital to have accurate information from consumers, the market, the economy, competitors and other sources. Managers who do not have accurate and timely information are more likely to plan poorly and inadequately.

Theories in Nursing Management

Management theories

- The study in the development of Management theories can be useful to nursing leaders in creating their own management style.

- No single management theory is sufficient in itself to guide the nursing leaders in every situation.

- However, selecting from the most applicable theory they may be able to develop their own individual management style and most effective in their situation. Below are some of the most profound management theories developed in different periods.

They could be categorized into four main focuses.

1. Scientific Management.
2. Classic Organization .
3. Human Relations .
4. Behavioural Science

A: Scientific Management

Scientific principles measurement of the outcome. Among the pioneers of the scientific management are:

1. Taylor

- Frederick W. Taylor (1856- 1915) generally recognized as the father of scientific management.

- Through the use of stopwatch studies, he applied the principles

of observation, measurement, and scientific -comparison to determine the most efficient way to accomplish a task.

- Taylor conducted time-and-motion studies to time workers, analyse their movements, and set work standards.

- He usually found that the same result could be obtained in less time with fewer or shorter motions.

- When the most efficient way to complete a task was determined, workers were trained to follow that method.

- It was management's responsibility to select and train workers rather than allow them to choose their own jobs and methods and train themselves.

- Taylor's scientific management reduced wasted efforts, set standards of performance, encouraged specialization, and stressed the selection of qualified workers who could be developed for a particular job.

B. Classic Organization

- Classic administration-organization thinking began to receive attention in 1930.

- It viewed the organization as a whole rather than focusing solely on production, managerial activities and controlling.

- The concepts of scalar levels, span of control, authority, responsibility, accountability, line-staff relationships, decentralization, and departmentalization became prevalent.

1. Fayol. Henri Fayol (1841-1925)

- Fayol known as the "father of the management process school," was a French industrialist concerned with the management of production shops.

- Fayol studied the functions of managers and concluded that management is universal.

- All managers, regardless of the type of organization or their level in the organization, have essentially the same tasks: planning, organizing, issuing orders, coordinating and controlling.

- As believer in the division of work, he argued that specialization increases efficiency.

- Fayol recommended centralization through the use of scalar chain or levels of authority, responsibility accompanied by authority, and unity of command and direction so that each employee receives orders from only one superior.

- Fayol encouraged development of group harmony through equal treatment and stability of tenure of personnel.

C. Human Relations

- The human relations movement began in the 19405 with attention focused on the effect individuals have on the success or failure of an -organization.
- The chief concerns of the human relations movement are individuals, group process, interpersonal relations, leadership, and communication.
- Instead of concentrating on the organization's structure, managers encourage workers to develop their potential and help them meet their needs for recognition, accomplishment, and sense of belonging.

1. Lewin . Kurt Lewin (1890 - 1947)

- Lewin focused on the study of group dynamics.
- Lewin maintained that groups have personalities of their own: composites of the members' personalities.
- He showed that group forces can overcome individual interests.
- Lewin advocated democratic supervision.
- His research indicated that democratic groups in which participants solve their own problems and have the opportunity to consult with the leader are most effective.

- Autocratic leadership, on the other hand, tends to promote hostility and aggression or apathy and to decrease initiative.

D. Behavioural Science

- Behavioural science emphasized the use of scientific procedures to study the psychological, sociological, and anthropological aspects of human behaviour in organizations.
- Behavioural scientists indicated the importance of maintaining a positive attitude toward people, training managers, fitting supervisory action to the situation, meeting employees' needs, promoting employees' sense of achievement, and obtaining commitment through participation in planning and decision making.

1. McGregor. Douglas McGregor (1932) developed the managerial implications of Maslow's theory.

- He noted that one's style of management is dependent on one's philosophy of humans and categorized those assumptions as Theory X and Theory Y.
- **in Theory X**, the manager's emphasis is on the goal of the organization. The theory assumes that people dislike work and will avoid it; consequently, workers must be directed, controlled, coerced, and threatened so that organizational goals can be met.
- **According to Theory X**:

1. most people want to be directed and to avoid responsibility

because they have little ambition.

2. They desire security.

3. Managers who accept the assumptions of Theory X will do the thinking and planning with little input from staff associates.

4. They will delegate little, supervise closely, and motivate workers through fear and threats, failing to make use of their potentials.

- **In Theory y**,the emphasis is on the goal of the individual.

It is the manager's assumption that people do not inherently dislike work and that work can be a source of satisfaction. Theory y managers assume:

1. that workers have the self- direction and self-control necessary for meeting their objectives and will respond to rewards for the accomplishment of those goals.

2. They believe that under favourable conditions, people seek responsibility and display imagination, ingenuity, and creativity.

3. They will delegate, give general rather than close supervision, support job enlargement, and use positive incentives such as praise and recognition.

Implications of Management Theories in Nursing

1. Taylor and Gilbreth theories can be replicated in nursing to study complexity of care and determine staffing needs and observe efficiency and nursing care.

2. Nurses can utilize Emerson's early notion of the importance of objectives setting in an organization.

3. Nurses should be aware of the managerial tasks' as defined by Fayol: Planning, Organizing, Directing, Coordinating, and controlling.

4. The theory of human relations of Follet and Lewin emphasize the importance for Nurse Managers to develop staff to their full potential and meeting their needs for recognition, accomplishment and sense of belonging.

5. Me Gregon and Likert support the benefits of positive attitudes towards people, development of workers, satisfaction of their needs, and commitment through participation.

6. Overall, study of the development of management, potential nurse leaders can define the management role, develop leadership style, learn managerial technique and give an insight to how to work with others to accomplish goals.

Management Theories

A. Scientific Management Theories

Theories	Theme	Concepts
Gantt. Henry L. Gantt (1861-1919)	Efficiency	•Refining Previous work rather than introducing new concepts. •Explains relationships between work completed and time needed . •Bonus remuneration plan to stimulate higher performance. •Workers be selected scientifically. •More humanitarian approach by management .
Emerson. Emerson (1853 -1936)	Conservation &	•Goals and ideas should be clear and well defined. •Changes should be evaluated. •Competent counsel "is essential" . •Management can strengthen "discipline" . •Records, including adequate, reliable and immediateinformation should

	organization's goals and objectives	be available. •Production scheduling is recommended. •Standardized schedules to facilitate performance. •"Efficiency rewards" .

B: Classic Organization

Theories	Theme	Concepts
Weber. **Max Weber** **(1864 - 1920)**	Bureaucratic organizations (bases of authority: Traditional, Charisma, Legal).	•The need for legalized, formal authority and consistent rules and regulations for personnel . •Proposed bureaucracy as an organizational design. •More rules and regulations and structure toincrease efficiency.

Mooney. James Mooney (1884 -1957)	Directing people and technique of relating functions.	• Coordination and Synchronization. • Functional effects . • Scalar process. • Arrange authority into hierarchy.

C: Human Relation

Concepts	Theme	Theories

Follet. **Mary Parker Follett** **(1868 -1933)**	Management: A social Process. Asserted Participative Management	• Social process aimed at motivating individuals and groups to work toward a common goal. • Advised that manager should never give orders to an employee. • Manager should analyze the situation together and both should take orders from the situation.

D: Behavioral Science

Concepts	Theme	Theories

Likert. **RensisLikert** **(1903 - 1981)**	Trust, communication facilitate effectiveness	• Casual variable of leadership behavior. • Intervening variable are perceptions, attitudes & motivations. End result variable: measures of profit, costs and productivity. • Institutions should be structured to facilitate constant interaction among various work groups and stimulate lateral as well as vertical communication.

Part II: Nursing Administration:

- Definition of Administration in Nursing:
- Elements of Administration:
  - Planning
  - Organizing
  - Staffing
  - Staff development definition and activities
  - Directing and Supervising
  - Time Management
  - Coordinating

- Reporting and Recording
- Budgeting
- Evaluating

Learning Objectives

At the end of this chapter, the student should be able to:

1. Define Concepts.

2. Discuss the elements of administration

3. Discuss the staffing process, factors that affect staffing in a health Agency.

3. Calculate the staffing need in a nursing unit.

4. Analyse the importance component of job description.

5. Describe the concept and importance of Time Management.

6. Describe the importance of delegation and its impact on management.

7. Discuss the different types of budget.

8. describe the types of staff development.

8. Discuss staff evaluation in regard with definition, objectives, factors

affecting on evaluation

Nursing Administration

Nursing Administration is defined as the act of managing nursing duties, responsibilities, or rules.

An example of administration is the act of the manager in the hospital managing the nursing staff and employing the rules of the health system.

The definition of administration refers to the group of individuals who are in charge of creating and enforcing rules and regulations, or those in leadership positions who complete important tasks.

An example of administration is the Nursing Officer of X hospital and the personnel he appoints to support him.

Elements of Administration

1: Planning

Planning involves:

- Choosing tasks that must be performed to attain organizational goals.
- Outlining how the tasks must be performed, and
- Indicating when they should be performed.

Planning activity focuses on attaining goals. Managers outline exactly what organizations should do to be successful. Planning is concerned with the success of the organization in the short term as well as in the long term.

II: Organizing

- Organizing can be thought of as assigning the tasks developed in the planning stages, to various individuals or groups within the organization.
- Organizing is to create a mechanism to put plans into action.
- People within the organization are given work assignments that contribute to the company‘s goals.
- Tasks are organized so that the output of each individual contributes to the success of departments, which, in turn, contributes to the success of divisions, which ultimately contributes to the success of the organization.

III: Staffing

Staffing process

Staffing process is an orderly, systematic process, based upon sound rationale, applied to determine the number and kind of nursing personnel required to provide nursing care of predetermined standard to a group of patients in a particular setting.

Objective

Objective of staffing is to provide qualified nursing personnel in sufficient number to ensure adequate, safe nursing care for all patients 24 hours a day, 7 days a week, and 52 weeks a year.

Factors that affect staffing

1. Philosophy and objectives of the organization.

2. The type of patients, acuity levels, fluctuation in admission, length of stay, type of care, standards of nursing care, personnel policies (employee's category, holidays, weekends, sick leaves, overtime, etc . .).

3. Educational and experiential levels of staff, and job descriptions

4. Number of beds, supplies and equipment.

5. Organizational structure, support services and personnel, nurse-patient ratio required (Le 1:1 in critical care), and the budget.

Staffing process

Staffing is a logical operation that consists of several independent actions:

1. Identifying the type and amount of nursing care needed by the patient.

2. Determining personnel categories that have the knowledge and skills to perform needed care measures.
3. Predicting the number of personnel in each job category that will be needed to meet anticipated care demands.
4. Obtaining budgeted positions for the number in each job category needed to care for the expected types and number of patients.
5. Recruiting personnel to fill available positions.
6. Selecting and appointing personnel from available applicants.

Patient Care Need

In predicting nursing work load a manager must calculate not only the total number of patients to be cared for but also the proportion in each category (self-care, minimal care, full care, intensive care), because care needs vary from category to another. **Types of Care include:**

a. Direct care,

-Is care given by nursing personnel while working in the patient presence and related to the patient physical and psychological needs. **Direct care involves:** feeding, hygiene, treatment, mobility, and medication, and the more dependent the patient is on the nurse to carry out related activity, the more hours of nursing care is needed for that patient.

b. Indirect care

- Are those activities undertaken on the patient behalf but removed from his presence. Indirect care includes:
- assembling supplies and equipment, consulting with other healthcare team members, writing. and reading patient records, reporting, constructing discharge plans, preparation and cleaning up required before and after procedures, breaks etc.

Time standard

Is to assign a value unit (usually a measure of time) to various activities of patient care. Those activities are usually clustered according to the above mentioned categories, such as feeding, hygiene, etc. ...

When figuring time standards for nursing care, one should consider both direct and indirect care, and once the number and kind of care activities required for each patient are identified and the length of time it takes to do the activities calculated.

Calculating the required staffing needs

Identify the nursing care hours required to care for a patient for a day or for a shift. If patient categories considered, then estimate the care hours required for each patient in each category (direct + indirect care hours).

Nursing care hours identified by: deciding the nursing activities needed to care for each patient depending on the level of care required, identifying the frequency of those activities and the average time required to perform each activity, multiplying the average time by the related frequency, and total up to get an estimate of nursing care hours needed for a patient. After estimating the nursing care hours required, you could apply the following simple equation to estimate the number of nurses needed:

$$\frac{\textbf{Nursing care hours required x Average patient census x 365}}{\textbf{(365 - expected days off for) x Number of work hours of one}}$$

one nurse **nurse per day**

The result of this equation is the number of nurses needed for the fiscal year.

Manager can use the same equation to calculate the number needed for each shift or for the whole day, for one year, for each category of patients, or to decide the mix from each category of nursing, just by calculating the related required care hours. example if you want only to identify the number needed for one shift; identify care hours needed for that shift for a patient, multiply by the average census, and divide by work hours for one nurse.

Job description

A **job description** is a list that a person might use for general tasks, or

functions, and responsibilities of a position. It may often include to whom the position reports, specifications such as the qualifications or skills needed by the person in the job.

Information included in the job description

Information included in the job description may vary from one organization to another but would include the following: job title, department, job grade, the date of the job description, beside duties and responsibilities.

Purposes

Job descriptions are used for: job analyses and classification, recruitment, staff development, evaluation, and delegation of responsibilities.

Guidelines for writing job description

1. Allocate a title that distinctively implies the nature of the job

Introduce the description with a summary of the essential features of the particular job .

2. Organize the list of requirements and duties in a logical sequence, concentrating on the major work activities, and the proportion of time involved.

3. Write in a clear, concise manner, avoiding ambiguity and too

much detail.

4. Use standard formats for all job descriptions.

5. Review periodically.

Staff development definition and activities

- Staff development refers to the processes, programs and activities through which every organization develops, enhances and improves the skills, competencies and overall performance of its employees and workers.

Objectives of Staff Development

1. Increase employee productivity.
2. Ensure safe and effective patient care by nurses.
3. Ensure satisfactory job performance by personnel.
4. Orient the personnel to care objectives, job duties, personnel policies.
5. Help employees cope with new practice role.
6. Help nurses to close the gap between present abilities and the scientific basis for nursing practice that is broadening through research.

Types of Staff Development

1. **Induction Training**: is the training provided to new employees by the employer in order to assist in adjustment to their new job and become familiar with their new work environment and the people working around them.

2. **Job Orientation:** The process of creating awareness with an individual of his/her roles, responsibilities and relationships in the new work situation.

3. **In service education :**is a planned educational experience provided in the job setting and closely identified with services in order to help person perform more effectively as a person and as a worker.

4. **Continuing education :**Continuing education is all the learning activities that occur after an individual has completed his basic education.

Activities of Staff Development

1. Create a positive organizational climate.
2. Provide opens channels of communication .
3. Work to convey important organizational and individual values.
4. Assist staff with feeling more comfortable, knowledgeable, and confident in their ability to complete their tasks .

5. Provide staff with easy access to knowledgeable colleagues through meeting, workshops, social activities, etc.

IV: Time Management

Time is a constant that cannot be altered. The clock cannot be slowed down or speeded up. Thus, time management is a misnomer. No one manages time itself. What is managed is how time is use.

Definition

Time management is the optimum use of the available time.

Importance

1.To know how to use time wisely.
2.To get more work done in less time.
3.To conserve time and energy.

Principles of time management

The nurse manager may start a plan for maximizing the use of managerial time by the application of the following principles.

Selection of Staff

- Selection of well-qualified staff is critical for time saving because they require less supervisory time for development and corrective action.
- Also, staff who are adequately informed do not waste time wondering what to do.

1. The availability of organizational charts and job descriptions save time to find out who is responsible to whom and for what, lines of authority, etc.

Goal Setting

Goals provide direction and vision for actions and a timeline in which activities will be accomplished. Five major questions about goals must be answered if the nurse manager is to manage time effectively.

- What specific unit objectives are to be achieved?
- What specific activities are necessary to achieve these objectives?
- How much time is required for each activity?
- Which activities can be planned and scheduled for concurrent action and which must be planned and scheduled sequentially?
- Which activities can be delegated to staff?

2. Setting priorities

Priorities should be established for activities to be performed by the nurse manager.

The table below shows five types of activities with examples.

Importance –Urgency Chart

Category of Time Use	Examples
1. Important and urgent.	Replacing two call offs and ensuring sufficient staffing for the upcoming shift.
2. Important not urgent.	Drafting and educational program for nurses on changes in Medical Sciences and Technology.
3. Urgent, not Important	Completing and submitting the "Beds available" list for a disaster drill
4 Busy Work	compiling new charts for future patient admission.
5. Wasted time	Sitting by the phone waiting for return calls.

3. Daily planning and scheduling

A "to-do" list should be prepared each day, either after work hours the previous day or early before work on the same day.

Flexibility must be a major consideration in this plan: the nurse manager should leave some time uncommitted to deal with the unexpected emergencies that are sure to happen.

5. Plan Strategies

Once the nurse manager has determined and worked the goals, she plans strategies for how to accomplish them. he decides what activities

must be done, what are low priority activities that can be eliminated and schedules activities.

6. Delegation

- Delegation is the process by which responsibility, authority and accountability for performing tasks (functions, activities or decisions) are assigned to individuals.
- Delegation involves assigning tasks, determining expected results, and granting authority to the individual to accomplish these tasks. It means conveying rights and obligations to a subordinate. \

Concepts related to delegation include:

a. Responsibility means that the subordinate has an obligation to carry out the activities needed to accomplish the assigned task.

b. Accountability is being held answerable for the results.

c. Authority is the power to make final decision and to command.

7. Personal organization and self-discipline

The nurse manager is involved in many activities, situations and events in relation or time available. The nurse manager must be personally well organized and possess self-discipline in order to be effective i.e. to focus in one task at a time, making sure to start with a high priority task.

a. Improve reading and memory

Learning speed reading and reading for meaning can help overcome reading problems and inability to concentrate.
Listening and memory techniques also save time. When listening for understanding, the nurse manager should be attentive, delaying judgment, maintaining eye contact, and using attentive body language. Distractions affect concentration and should be reduced.

b. Transition time

Much time is spent in transition or waiting i.e. for meetings to start, or to talk to someone, etc. Using this time effectively by bringing materials to read or work.

c. Use telephone calls

A call back system can be used. A long cord or cordless phone allows one to move around and work.

d. Schedule office visits

The Secretary can schedule appointment for the appropriate time and inform the nurse manager of the purpose of the meeting so that she/he can be adequately prepared. Closing office door is helpful to complete talk without interruption.

e. Say No

Most people find it difficult to say "no" to a responsible request from a co-worker. However, learning how to say "no" firmly and tactfully and with a pleasant facial expression saves time. Under the following conditions, a nurse manager should refuse to undertake responsibilities that are not her/his required job duties:

1. When the activity will not serve the manager's own professional goals.
2. When the activity requires time and abilities that the manager does not have.
3. When the activity holds no interest for the manager.
4. When undertaking the activity will prevent the manager's involvement in more attractive or more rewarding activity.

f. Use meetings effectively

Meetings should start on time. Stating the purpose of the meeting and following the agenda are the nurse manager's responsibilities.

She/he should start with high priority items, control interruptions, restate conclusions, make assignments and deadlines clear and end the meeting on time.

g. Schedule Paperwork

Nurse Managers spend considerable time writing and reading and they are required to cope with increasing unit paperwork. Some of the measures can be followed by the nurse manager include the following:

Plan and schedule time for paper work i.e. time for recording, time to answer mails.

1. Sort paperwork for effective processing i.e. system of filing.
2. Share paperwork responsibilities with staff i.e. teaching staff members.

Respecting time

Finally, the key to using time management is to respect one's own time as well as that of others. i.e. using the above measures regarding time management communicate to those who interact with the nurse manager that respect for time is demanded.

V: Coordinating

- **Coordination:** is the act of organizing, making different people or things work together for a goal or effect to fulfill desired goals in an organization.
- **Coordination:** is a managerial function in which different activities of the business are properly adjusted and interlinked.

Role of Nurse Coordinator

1. Purchasing and distributing supplies.
2. Directing the work of administrative and nursing staff.
3. Ensuring that equipment and machinery are maintained and repaired as necessary.
4. Maintaining the security and safety of the facilities.
5. Planning budgets.
6. Making sure the organization adheres to government regulations.

VI: Reporting and Recording

Record : A record is a permanent written communication that documents information relevant to a client‘s health care management, e.g. a client chart is a continuing account of client‘s health care status and need.

Reports: are oral or written exchanges of information shared between caregiver or caregivers in number of ways.

Purposes of Record

1. Supply data that are essential for programme planning and evaluation.
2. Provide the practitioner with data required for the application of professional services for the improvement of health.
3. Records are tools of communication between health workers, the family, and other development personnel.
4. Effective health records shows the health problem and other factors that affect health.
5. A record indicates plans for future.
6. Provides baseline data to estimate the long-term changes related to services.
7. Show the kind and amount of services rendered over a specified period.
8. Illustrate progress in reaching goals.

Importance of Records in Hospital.

A: For the individual and family:

1. Serve the history of the client.
2. Assist in continuity of care.
3. Evidence to support if legal issues arise.

4. Assess health needs, research and teaching

B: For the Doctor:

1. Serve the guide for diagnosis, treatment, follow-up and evaluation.- Indicate progress and continuity of care.
2. Self-evaluation of medical practice.
3. Protect doctor in legal issues.
4. Used for teaching and research R S MEHTA, MSND 7

C: For the nurses:

1. Document nursing service rendered.
2. Shows progress- Planning and evaluation of service for future improvement.
3. Guide for professional growth- Judge the quality and quantity of work done-.
4. Communication tool between nurse and other staff involved in the care.
5. Indicate plan for future e recording system.

Principles of Record Writing

1. Nurses should develop their own method of expression and form in record writing.

2. Records should be written clearly & appropriately.

3. Records should contain facts based on observation, conversation and action.

4. Select relevant facts and the recording should be neat, complete and uniform.

5. Records should be written immediately after an interview.

6. Records are confidential documents.

Characteristics of good Record

1. Records Should be Permanent, Secure, Traceable.
2. Sign and date every .
3. Keep books bound record ,Number pages .
4. Use permanent ink .
5. Control storage
6. Maintain confidentiality records.
7. Limit access .
8. Protect from environmental hazards.

Nursing Report

- Reports are information about a patient either written or oral.

- A report is a summary of activities or observations seen, performed or heard.

Purposes of Writing Reports

1. To show the kind and quantity of service rendered over to a specific period.
2. To show the progress in reaching goals.
3. As an aid in studying health conditions.
4. As an aid in planning.
5. To interpret the services to the public and to other interested agencies.

Types of Reports

1. Change of shift report.
2. Telephone reports.
3. Telephone orders.
4. Transfer reports.
5. Incident reports.
6. Legal reports .

Criteria of Good Report

1. It can be made promptly Clear, concise and complete.

2. All pertinent, identifying data should include.
3. Mention all people concerned.
4. Situation and signature of person making report.
5. Easily understood.
6. Should emphasized on Important points .

VII: Budget

- **Budgeting:** is the allocation of scarce resources on the bases of forecasted needs for proposed activities over a specified period of time. It is a numerical expression of an agency's expected outcome and planned expenditures.

- **Budget** is a tool for planning, monitoring and controlling cost. It is a plan that uses numerical data to predict or forecast the activities of an organization over a period of time.

Types of budget

1. **personnel budget:** it is the largest budget expenditure because, health care is labour intensive. It includes, actual worked time(productive time/ salary expense) and the time the organization pays the employee when not working.

2. **Operating budget:** it includes, daily expenses such as,

electricity, water, repairs, maintenance, medical and surgical supplies.

3. **Capital budget:** this involved purchase of buildings, major equipment which has long life (5-10) years and is not used in daily operations.

E.g. C-T Scanner, ventilators, dialysis machines, etc.

Budgeting , cost accounting, and cost reduction

- **Cost accounting:** is a support service that provides managers with information of budget planning and evaluation**.**

- **Cost reduction:** is an adjustment function used to converse scarce resources and ensuring agency survival.

- **Cost-benefit analyses:** is a procedure by which all costs resulting from installing and operating a system are determined and converted to a money amount, all resulting benefits of the system is determined and converted to a money amount, and the ratio is calculated to reflect the relationship of costs to benefit.

Cost effectiveness: is the desired effect of careful fiscal planning. Cost effective does not mean cheap. It means getting the most for the

money or that the product is worth the price.

VIII: Evaluating

Staff Evaluation is a continuous process and it starts with the first contact with the time the person is employed and ends with his retirement.

Definition

A periodic formal evaluation of how well personnel have performed their duties during a specific period, it is a systematic, interpersonal, continuous process between manager, and employee involving job guidelines and objectives and job description.

Objectives

1. To determine Job competence
2. To select qualified individuals for promotion or transfer.
3. To establish and improve:

a. Communication between supervisors &subordinates.
b. Staff performance.

4. To determine:

a. Training and developmental needs of staff.
b. Salary standards and to award merit.

5. To provide the staff with recognition for accomplishment .

6. To discover the aspirations and talents of the staff.
7. To check the efficiency of staff development programs.
8. To identify unsatisfactory staff for demotion or termination.
9. To aid the manager in coaching arid counselling.

Principles of Evaluation

1. the employee's evaluation should be based on behaviourally stated performance standards, which should be reflected in the job description and related performance standards, and the employees should be aware of them as their desirable performance goals.
2. an adequate representative sample of the nurse's job should be observed to provide a basis for evaluation.
3. the nurse should be given a copy of job description, performance standards, and performance evaluation form, to understand how she was evaluated.
4. when documenting the evaluation, the manager should indicate the satisfactory and the unsatisfactory areas of performance.
areas of performance that needs improvement should be stated according to priority.
5. the evaluation interview should be scheduled in a proper time and environment.
6. the goal of evaluation should be to improve performance and satisfaction, rather than to punish.

Qualities to be evaluated

once various individuals will make evaluation, it is necessary to define carefully each quality to be evaluated. The qualities most frequently evaluated fall under five major headings:

Quality of Performance:- i.e. the evaluation of both the quantity and quality of work, neatness, orderliness, reliability; accuracy, knowledge of work, execution, etc.

Mental Qualities:- i.e. the ability to learn, adaptability, reasoning power, judgment, memory, etc…

Supervisory Qualities:- i.e. leadership and organizational ability, communication skills, cooperation, etc…

Personal Qualities:- i.e. honesty, self-control, self-confidence, initiative, attitudes towards others, teamwork, appearance, etc…

Capacity For Further Development:- i.e. intelligence, acceptance of responsibility and other features inherent in leadership.

Problems in performance appraisal

Halo effect, is the tendency to overrate a person because of his pleasant personality, strong social skills, he performed well in the past, recent good performance not the whole year, or shares the interests of the manager.

The horns effect, is the tendency to rate employee lower than what he

deserves because: she/ he committed a serious error recently, disagrees with the manager, fails to meet manager's standards for dress and behaviour, or poor performing peers.

The central tendency error, is the tendency to rate the employee in the middle of the range for each job dimension.

Self- aggrandizing effect, when the manager deliberately craft ratings to create an image of their own leadership style.,

Staff Evaluation Tools and Techniques

Tools and techniques are used to compare output (staff performance) to goals. (Job description and individual goals).

Characteristics of Evaluation Tool

All evaluation tool, to be effective, should be designed to reduce bias, increase objectivity and ensure validity and reliability.

1. **Objectivity:** is the ability to remove oneself emotionally from a situation so as to consider the facts without distortion by personal feelings.
2. **Validity:** is the degree to which a tool measures what it intends to measure.
3. **Reliability:** Concerns consistency of results, that is, whether several raters using the same tool to rate an employee produce the same or ratings or results. This is called **Inter-rater reliability**.

Another reliability measure, **Intra-rater reliability,** is whether the same rater rates an employee with the same or similar results on two or more different occasions, assuming that the employee's performance has not changed. Reliability is important because a tool must be reliable before it can be valid.

The most commonly used evaluation tools are

1. Rating Scale

The most commonly used tool in nursing service. It consists of set of behaviours or characteristics to be rated and some types of scales for indicating the degree to which each is present. 'The scale may take several forms, numerical, graphic or descriptive.

2. Forced Choice Rating

This technique requires the rater to select from groups of statements that best fit and least fit the individuals being rated. The statements are in behavioural terms and are weighed and scored.

3. Check-list

It is composed of a series of descriptive statements in behavioural terms about the standard of nursing performance of the job expected of the individual nurse. The rater places a mark in the "Yes" or "No" column in accordance with the individual's behaviour. This tool is easier and tends to reduce bias but it needs time and effort to develop a valid checklist tool. .

The checklist is an efficient tool of assessing technical procedures and in handling large number of staff.

4. Peer Review

In this method, the individual staff is evaluated at the same time by the immediate supervisor plus three or four other supervisors who have knowledge of that individual's work performance. The virtue of this method is its thoroughness. It is possible for multiple raters to modify or cancel out bias displayed by the immediate supervisor.

The Essay

The rater writes one or more paragraphs about how well the employee performs and his or her strengths and weaknesses in relation to the tasks identified in the job description. This method needs time and effort. On other hand, it can give data about an employee's developmental needs.

Evaluation Report

- The evaluation report is to be written jointly by the nurse manager and staff nurse.

- It should be reliable, valid, and accurate, showing progress made by the staff nurse and giving illustrations to substantiate value judgments.
- Any improvements are to be noted, and the staff nurse should know exactly where she/he stands.
- It may be necessary to tell her/him that she/he has to make certain improvements within a definite time period.

Part Ill: Leadership

- Definition of leadership and leader.
- Characteristics of leader .
- Leadership Theories.
- Leadership Styles in Nursing.
- Factors effecting on leadership .

Learning Objectives

At the end of this chapter, the student should be able to:

1. Define Concepts.

2. Discuss the characteristic of nurse leader.

3. Describe the activities of nurse leader.

4. Discuss the four categories of leadership theories.

5. Compare between the types of leadership styles.

6. Describe the factors that affecting leadership.

Leadership

leadership is the art of motivating a group of people to act towards achieving a common goal.

A leader is "a person who influences a group of people towards the achievement of a goal". A mnemonic for this definition would be 3P's - Person, People and Purpose as illustrated by the following diagram.

A leader must be able to make people willingly want to accomplish something. The leader's job is to get work done by other people. Effective leadership means effective and productive group performance.

Leadership Theories

There are many theories of Leadership, nurses can familiarize with the most common and adapt the most suitable for dealing with different situations. Some of the theories of leadership are highlighted below.

I. Great Man theory

- The great man theory argues that a few people are born with the necessary characteristics to be great.
- Instrumental activities include planning, organizing, and controlling the activities of subordinates to accomplish the

organization's goals.

- Supportive leadership is socially oriented and allows for participation and consultation from subordinates for decisions that affect them.
- People who use both instrumental and supportive leadership behaviours are considered" great men" and supposedly are effective leaders in any situation.

II. Charismatic Theory

- People may be leaders because they are charismatic, but relatively little is known about this intangible characteristic. What constitutes charisma?

Most agree that it is an inspirational quality possessed by some people that makes others feel better in their presence.

1. The charismatic leader inspires others by obtaining emotional commitment from followers and by arousing strong feelings of loyalty and enthusiasm.
2. Under charismatic leadership, one may overcome obstacles not thought possible.

III. Trait Theory

- Until the mid-1940s, the trait theory was the basis for most leadership research.
- Early work in this area maintained that traits are inherited, but later theories suggested that traits could be obtained through learning

and experience.

- Researchers identified the leadership traits as energy, drive, enthusiasm, ambition,' aggressiveness, decisiveness, self-assurance, self- confidence, friendliness, affection, honesty, fairness, loyalty, dependability, technical mastery, and teaching skill.

IV: Situational Theory

- Situational theories became popular during the 1950s. These theories suggest that the traits required of a leader differ according to varying situations.
- Among the variables that determine the effectiveness of leadership such as the personality of a leader; the performance requirements of both the leader and followers; the degree of interpersonal contact possible; time pressures; physical environment; organizational structure; the nature of the organization; the state of the organization's development. and the influence of the leader outside the group.
- A person may be a leader in one situation and a follower at others, because the type of leadership needed depends on the situation.

V: Contingency Theory

- During the 1960s, Fred Fiedler introduced the contingency model of leadership.

- He argued that a leadership style would be effective or ineffective, dependent on the situation. He identified three aspects of a situation that structure the leader's role: (1) leader-member relations, (2) task structure, and (3) position power.

9. **Leader-member relations** involve the amount of confidence and loyalty the followers have in their leader.

10. **Task structure** is high if it is easy to define and measure a task. The structure is low if it is difficult to define the task and to measure progress toward its completion.

- Fielder used four criteria to determine the degree of task structure.

a. Goal clarity: goal understood by followers.

b. Extent to which a decision can be verified; know who is responsible for what.

c. Multiplicity of goal paths: number of solutions; and

d. Specificity of solution: number of correct answers. Technical nursing, which focuses on procedures, may have a high task structure, but situations involving

3. Position power refers to the authority inherent in a position, the power to use rewards and punishment, and the organization's support of one's decisions.

VI: Path-Goal Theory

- Robert J. House derived the path-goal theory from the expectancy theory.

- The expectancy theory argues that people act as they do because they expect their behaviour to produce satisfactory results.

- In the path-goal relationship, the leader facilitates task accomplishment by minimizing obstructions to the goals and by rewarding followers for completing their tasks.

- The leader helps staff associates assess needs, explores alternatives, helps associates make the most beneficial decisions, rewards personnel for task achievement, and provides additional opportunities for satisfying goal accomplishment.

VII: Transformational Leadership

- Transformational leaders organize groups, around their personal goals and believe that others are also motivated by personal goals.

- Transformational leaders motivate others through values, vision, and empowerment .

Bass (1985) has described transformational leaders in terms of

charisma, inspirational leadership, individualized consideration, and intellectual stimulation.

- Bennis and Nanus (1985) indicate that leaders do the right things, whereas managers do things right. Leaders focus on effectiveness, managers' deal with efficiency. Bennis and Nanus identified four strategies for taking charge:

1. Attention through vision .

2. Meaning through communication.

3. Trust through positioning, and

4. Deployment of self. The leader's vision needs to be clear, attractive, and attainable.

5. Open communications, honesty, and consistency are important to building trust.

Hitt (1993) identified six core functions of leaders:

1. Valuing.

2. Visioning.

3. Coaching.

4. Empowering.
5. team building, and
6. promoting quality.

Integrative Leadership Model

- From a review of leadership theories, obviously there is no one best leadership style. Leaders are rarely totally people or task oriented. Leader, followers, situation- all influence leadership effectiveness.
- Consequently, an integration of leadership theories seems appropriate. Leaders need to be aware of their own behaviour and influence on others, individual differences of followers, group characteristics, motivation, task structures, environmental factors, and situational variables, and adjust
their leadership style accordingly.
- Leadership behaviour needs to be adaptive.

Leadership Style (manner or way of acting)

- A style is a particular form of behaviour directly associated with an individual. OR

- The way in which a leader uses interpersonal influences to achieve the objectives of the organization.

The style of leadership affect the health care delivery system . A style allows nurses to interact more productively and more harmoniously to achieve personal and organizational goals.

I: . Autocratic style of leadership - Authoritarian - Directive Extreme form "Dictators".

The leader assumes complete control over the decisions and activities of the group. The authority for decision-making is not delegated to persons in lower level positions. Centralized organization).

The autocratic or authoritarian leader

1. Puts high concern for task accomplishment and low concern for the people who perform those tasks.

2. Uses the efforts of workers (employees) to the best possible advantage without regard to their interests.

3. Sets rigid standards and methods of performance and expects followers (employees) to accept them, respect them and obey directions.

4. Makes all work-related decisions alone and order workers to carry them out. Minimal group participation. The leader believes that what he knows is the best. He may listen to the subordinates directions but is not influenced by them.

5. Feels little trust or confidence in, workers and workers in turn fear her/him and feel that they have little in common with them.

6. Exercises power, personality firm, insistent, self-assured, highly directive and dominating with or without intent. Manipulates employees to act in accord with his or her own goals, plans and keeps at the centre of attention.

Advantages

1. Its efficiency . in other words, when a decision or action is needed immediately. It is less time consuming for a decision to be made by one person than a gr up of persons, e.g. in emergency or crisis where there is no time for a group to decide on a plan of action.
2. It is useful when the leader is the only one who has new and essential information or skills or when group members are in experienced.
3. It is used when the workers expect to be told what to do or when they are unsure of their ability to do something on their own.

Disadvantages

1. Does not encourage individual initiative or cooperation between group members.

2. The leader lacks the supportive power that results in decisions-made with consultation, although he or she may be correct in making these decisions.

3. Inhibits group participation. _

This results in

a. Lack of growth and perhaps .

b. Less job satisfaction - may lead to.

c. Less commitment to the goals of the organization.

II: Democratic, participative, consultative style of Leadership

This style is characterized by a sense of equality among leaders and followers.

1. The leader is people oriented. Focuses attention on the human aspect and builds effective work group, Togetherness is emphasized.

2. Works through people not by domination but by suggestions and persuasions.

3. Performance standards exist to provide guidelines and permit appraisal of workers. The result is high productivity.

4. Open system of communication prevails. The group participate (share) in work-related decisions (problem-solving with the group). The interaction between the leader and the group is open, friendlyand

trusting.

The leader:

a.brings the subject to be discussed to the group.

b.consults with the group members and the decision of the majority is made and is implemented by the total group.

c.makes the final decision after seeking input from the total group.

d.Motivates workers to set their own goals, makes their own work plans and evaluates their own performance.

e.Informs employees of the overall purpose and progress of the organization.

Advantages

1. It permits and encourages all employees to practice decision- making Skills.

2. It promotes personal involvement (participation). Suggestions are welcomed and listened to. This results in:

a) greater commitment to work and

b) enhanced job satisfaction and motivation.

3. Decisions made by the group are more effective than of the leader alone.

4.Members may have information concerning the situation, whichthe

leader does not have.

Disadvantages

1. Lack of efficiency as it is more time consuming.
2. It takes a long time for a group than one person to make a decision. This depends on the situation. However-the positive factors may outweigh any negative outcome.

III: Laissez-faire, Permissive, Free- Rein, Anarchic, mtraliberal, style of leadership:-

The leader gives up all power to the group. This encourages independent activity by the group members. An outsider would not be able to identify the leader in such a group.

1. The leader (who may or may not be present) exerts little or no influence on the group members. Lack of central direction, supervision, coordination and control.

2. Group members (workers - employees) are free to set their own goals and determine their own activities and are allowed to do almost whatever they desire.

3. This style may be chosen by the leader or it may evolve because the leader is too weak to exert any influence on the group.

4. This style can be effective in highly motivated professional groups, e.g. research projects where independent thinking is rewarded or when the leader wants a problem to be solved completely by the group members.

5. This style is not useful in the highly structured health care delivery system where organizations and control form the baseline of most operations.

6. The group that have no appointed leader falls into this category.

Advantages

In limited situations, creativity may be encouraged for specific purposes. e.g. highly qualified people plan a new approach to a problem ,need freedom of action. Such freedom is useful in this situation .

Disadvantages

1. It may lead to instability, disorganization, inefficiency, (no unity of action) , no efficiency or effectiveness.
2. Neither the group nor anyone person in it feels responsible for recognizing and coping with problems that may arise.
3. The individual worker will lose all sense of initiative and desire for achievement.

IV: bureaucratic style. In this style , the leader functions only on lines with rules and regulations. The leader is inflexible and does not

like to take any risks.

Comparisons of Leadership Styles

Authoritarian	Democratic	Laissez faire	Parameters
Strong	Less	Little or none	Control over group
By concern	Economic / ego a ward	by support	Motivation
By command	Suggestion by guidance	Little, upward& downward	Direction
Self	Participative	Dispersed	Decision making
I & you	We	The group	Emphasis(status differences)
Punitive	Constructive	None	Criticism

Factors that used to adopt the Leadership Style

1. The nature of the work (lCU, regular unit).

2. The characteristics of nursing staff (knowledge, competencies, attitudes, expectations, etc.).

3. The time available.

4. The importance of the results (output - enhanced quality care).

The qualities of Leader

A: Managerial abilities:

1. Plans, organizes, makes decisions effectively, encourages cooperation and participation.
2. Assists nurses in solving problems and provides consistent feedback.
3. Provides rationale for difficult decisions.
4. Assess nurses' abilities, guides them to develop new skills.
5. Knows her job and does it well and has confidence in self and others.
6. Welcomes different opinions and is more interested in giving than receiving
7. Provides nurses with adequate facilities.

B: Interpersonal Relationship

1. Shows supportive and caring behaviour.

2. Is a good listener and sensitive to nurses' and patients' needs.

3. Guides and motivates nurses to act and work together.

4. Establishes relationships with all types of workers, able to work with them harmoniously.

C: Temperament (Nature or Disposition or character)

1. Reliable, open, honest and sincere.

2. Shows a sense of honour, tactful, friendly and loyal.

3. Calm, charismatic, modest, neat and patient.

4. Positive, energetic, hard worker, happy and enthusiastic.

Shows a balance between work and home life.

D: Credibility and Forward thinking

1. Acts as a role model and influences others.
2. Acts as an activist, challenger, creative thinker, change agent, innovator risk taker and courageous.
3. Acts as a facilitator and solution seeker.

E: Professionalism

1. Committed to the profession and maintains confidentiality.

2. Instils hope and pride in the profession.

3. Stands for one's rights while considering others' rights(Assertive)

F: Advocate

1. Acts as an advocate for nursing and nurses.
2. Acts as an advocate with physicians.
3. Acts as a patient advocate.

Manager and Leader

Managers	Leaders
Administrators	Innovators
Relies on control	Inspires trust
Short term plans	Long term plans
Eye on bottom line	Eye on the horizon
Does things right	Does the right thing

Part IV: Communication and Public Relations

- Definition of communication.
- Communication Process.
- Functions of communication .
- Directions of communication.
- Types of communication.
- Benefits of communication.
- Barriers of communication:

Effective Communication

L E A R N I N G O U T C O M E S

- Discuss the importance of effective communication to safe and quality patient care.
- Identify strategies nurse leaders and managers can use to facilitate effective communication.
- Describe the communication process.
- Define verbal and nonverbal communication, and explain why both are needed for effective communication.
- Explain the importance of practicing active listening.

- Define factors that impact communication.
- Compare and contrast informal and formal communication, and identify appropriate use of each.
- Delineate among organizational communication, inter professional communication, and intra professional communication.

Communication is an essential tool for nursing practice because a critical link exists between effective communication and positive patient outcomes. Nurses must communicate effectively with all members of the health-care team, including other nurses, the patient, and the patient‘s family (American Association of Colleges of Nursing [AACN], 2008). Effective communication involves two distinct steps: first, adequately articulating ideas; and second, understanding the listening audience with whom one is communicating (Rosenblatt & Davis, 2009).

Effective communication is accurate and timely, enhances quality of care, and fosters a healthy work environment. Mastering the art of communication seems simple because communicating is something people do every day. However, the intricacies of effective communication, such as knowing when communication is blocked or ineffective and registering nonverbal cues, must be studied and practiced. This chapter illustrates communication basics, details the

elements of effective communication, and describes the three most common types of communication used in nursing: organizational, interprofessional, and intraprofessional.

Knowledge, skills, and attitudes related to the following core competencies are included in this chapter: patient-centered care and teamwork and collaboration.

WHY EFFECTIVE COMMUNICATION IS CRITICAL

Nurses must be as proficient in communication skills as they are in clinical skills (American Association of Critical-Care Nurses, 2016). In fact, **effective communication** is as critical to clinical practice as it is to building inter professional and intra professional teams, and it is a key element of successful nursing leadership.

Effective communication is also vital to each Quality and Safety Education for Nurses (QSEN) core competency, particularly patient-centered care, team- work and collaboration, and safety (Cronenwett et al., 2007). To achieve patient- centered care, nurses must effectively communicate with patients and their families to ensure that patients can make informed decisions and participate fully in their care. Teamwork and collaboration require nurses to be competent in communication skills to function productively on interprofessional and intraprofessional teams. Most importantly, nurses must understand that ineffective communication, in the form of miscommunication and gaps in communication, can lead to medical errors that jeopardize patient safety. In fact, The Joint Commission (TJC, 2014) cites communication errors as a leading root cause of sentinel events.

In 2004, VitalSmarts, in partnership with the American Association of Critical- Care Nurses, conducted a nationwide study to explore specific concerns of health- care professionals related to communication that may contribute to avoidable errors (Maxwell, Grenny, McMillan, Patterson, & Switzler, 2005). The investigators iden- tified seven crucial conversations that health-care professionals frequently fail to have that could add to unacceptable error rates. The lack of these crucial conversa- tions is still prevalent today, and the conversations relate to –medical errors, patient safety, quality of care, staff commitment, employee satisfaction, discretionary effort, and turnover‖ (Maxwell et al., 2005, p. 2). The researchers conducted focus groups and interviews and collected survey data from more than 1,700 participants. The areas of concern identified were broken rules, mistakes, lack of support, incompe- tence, poor teamwork, disrespect, and micromanagement. Although more than half of the health-care professionals surveyed witnessed colleagues cutting corners and demonstrating incompetent practice in these areas, only 1 in 10 discussed their concerns with the coworker. Further, most surveyed did not believe it was their responsibility to address these concerns.

The three primary reasons health-care professionals do not speak up regarding their concerns were identified as a person‘s lack of ability, belief that it was not his

or her responsibility, and low confidence that speaking up would result in any good. Interestingly, the researchers identified a minority of 5% to 15% of health-care pro- fessionals who did speak up and noted a significant correlation that indicates that health-care professionals –who are confident in their ability to have crucial conver- sations achieve positive outcomes for their patients, for the hospitals, and for them- selves‖ (Maxwell et al., 2005, p. 7). In contrast, when health-care professionals do not speak up and address their concerns, morale and productivity suffer, and patient safety is compromised (Maxwell et al., 2005). The investigators urged health-care organizations to create cultures of safety in which all employees feel comfortable approaching each other about concerns. Such an environment will improve produc- tivity, reduce nursing turnover, and increase physician cooperation.

Nurses at all levels must communicate effectively in all areas of practice (American Nurses Association [ANA], 2016). However, nurse leaders and managers have an obligation to promote effective communication in the workplace and, essentially, must model effective communication for staff. In fact, nurse managers spend more than 80% of their time communicating (Roussel & Swansburg, 2013). Characteristics of effective communicators include respecting what others have to say, having empathy, listening actively, avoiding sarcasm, asking not commanding, avoiding talking down or up to others, and encouraging input from others (Smith, 2011).

Facilitating effective communication and teamwork and ensuring that nurses are competent in communication skills are the responsibilities of nurse managers and leaders (Timmins, 2011). Nurse leaders and managers can significantly influence the use of effective communication by the following (Huston, 2014):

- Being effective communicators and role models themselves in all settings
- Establishing and upholding administrative structures to support and require effective communication and teamwork
- Effectively confronting and managing conflicts that arise from poor communication

A nurse leader and manager who is a role model for good communication skills can provide staff nurses with informal support and leadership, which ultimately create positive work environments and improve nurses‘ confidence, motivation, and morale (Timmins, 2011).

BASICS OF COMMUNICATION

To succeed in communicating effectively, nurses first become experts in the basics of communication. The following is a brief review of communication basics.

The Communication Process

The **communication process** includes the following elements (Adler & Proctor, 2014; Harkreader, Hogan, & Thobaben, 2007):

- *Sender*: The person who begins the transfer of information, thoughts, or ideas, and engages one or more other persons
- *Encoding:* The process the sender uses to transmit the message, including verbal language, voice inflection, and body language

- *Message:* The information or content the sender is transferring, which can be transmitted verbally, nonverbally, and in writing
- *Sensory channel:* The manner in which the message is sent, including visual (e.g., facial expressions, posture, and body language), auditory (e.g., spoken word), kinesthetic (e.g., touching and nonverbal communication), and electronic (e.g., media such as e-mail or text message)
- *Receiver:* The person or persons whom the sender intended to receive the message
- *Decoding:* The process of interpreting the message
- *Feedback:* Determines whether the message was received as intended; can be verbal and nonverbal and allows the sender to correct or clarify the message sent and verify the message was received accurately

Figure 6-1 illustrates the basic model for communication.

A fatal flaw in the communication process is overlooking the final step of **feedback**. As George Bernard Shaw once said, ―The greatest problem in communication is the illusion that it has taken place‖ (Shaw, n.d.). Simply sending a message and believing it to be clear and therapeutic does not mean that the message was clear or therapeutic to the receiver. For instance, when communicating with a patient who is hearing impaired, using the auditory channel only most likely will not result in effective communication. Because the receiver must be able to decode the information the sender is

transmitting, a hearing-impaired patient would benefit more from the visual channel than from the auditory channel. Nurses should never assume that they have communicated effectively until they have verified through feedback that the receiver clearly understood the message.

Verbal and Nonverbal Communication

People communicate using a combination of verbal language, or the use of words to convey messages by speaking or writing, and nonverbal cues, such as gestures, facial expressions, eye contact, posture, and use of space. Effective communication results when verbal and nonverbal messages are congruent.

Verbal Communication

Verbal communication is a conscious method of communication (Blais & Hayes, 2011; Harkreader et al., 2007). It occurs face to face, by telephone, and through written

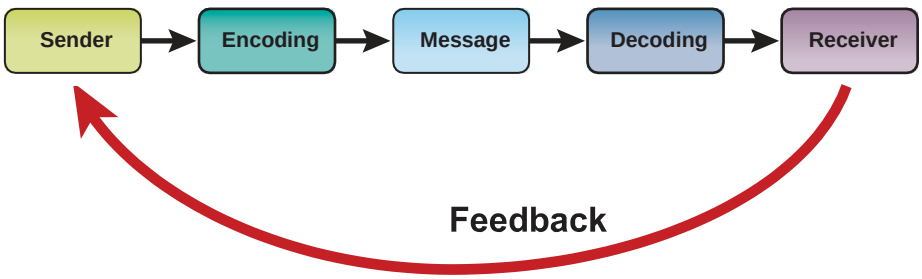

Figure 6-1 The communication process.

messages such as e-mails and memos. The average person uses approximately 20,000 words in an average day to communicate with others (Schuster & Nykolyn, 2010). Unfortunately, not all words have the same meaning for everyone, be it because someone speaks English as a second language or someone speaks English but in another part of the world. To communicate effectively, selecting words that are clear and avoiding ambiguous messages are best, as is seeking feedback to ensure that the message was received with the intended meaning (Schuster & Nykolyn, 2010).

Effective communication, whether spoken or written, is essential for nurses when dealing with patients, especially when documenting nursing care and pro- viding discharge instructions for patients and families. Precise documentation of nursing care is vital because it is used by other nurses and health-care professionals and in administrative records across an organization (ANA, 2010). Clear and un- derstandable discharge instructions can make the difference between a patient‘s complete recovery and a repeat visit to the hospital.

For nurse leaders and managers, communicating verbally with staff in an effective matter is also critical. Nurse leaders and managers must convey clearly, typically in writing, information that is important for employees to know, such as policies and procedures and performance evaluations. When communicating through memos, e-mail, and faxes, nurse leaders and

managers must write profes- sionally and use easily understandable language (Marquis & Huston, 2015). With written communication particularly, clarity is important because feedback is typi- cally not immediate, and it may be some time before nurse leaders and managers are able to address questions and concerns. Regardless of the purpose, effective writ- ten communication must contain language and terminology appropriate to the party or parties being addressed; correct grammar, spelling, and punctuation; logical organization; and appropriate use and citation of references (Blais & Hayes, 2011).

Nonverbal Communication

Even in moments of silence, communication continues. **Nonverbal communication** encompasses behaviors, actions, and facial expressions that transmit messages in lieu of or in addition to verbal communication. Nonverbal communication plays a central role in human interactions and is crucial in transmitting emotional and relational information (Henry, Fuhrel-Forbis, Rogers, & Eggly, 2012). Nonverbal communication can be conscious as well as subconscious and includes eye contact, facial expressions, gestures, posture, body movement, touch, and physical appear- ance. Facial behavior and expressions in particular (e.g., eye contact or lack of, smiling or grimacing) provide valuable clues and can indicate a person‘s comfort level with the topic under discussion.

Beyond paying attention to the receiver‘s nonverbal cues, the speaker must be aware of his or her own body language because it must match the verbal message being sent. Consider a staff nurse who approaches the nurse leader and manager and asks whether he or she has a few minutes to discuss a patient situation. The nurse leader and manager says –sure‖ but proceeds to continually look at his or her watch, and hence the verbal message sent to the staff nurse is incongruent with the nonverbal message. In addition, nonverbal communication alone can have great impact. Sometimes the mere presence of the nurse manager on the unit sends a message to staff, —I am interested in what is going on here.‖ Never underestimate the power of nonverbal communication.

Active Listening

Effective communication requires the ability to listen actively (ANA, 2015). Hearing and listening are two different things: Hearing is the physiological process of sound communicating with the hearing apparatus, whereas listening is more active and participatory (Rebair, 2012) and requires energy and a high level of concentration (Weaver, 2010). **Active listening** is broken down into five stages (Rebair, 2012):

1. *Receiving:* Ensuring the nurse is in a good position to hear information clearly
2. *Attending:* Engaging in the conversation by adopting positive body language, facial expressions, and gestures
3. *Understanding:* Gaining an understanding of what is being said and what may not be said
4. *Responding:* Responding to the patient in a nonjudgmental manner and being aware if anything may have upset him or her
5. *Remembering:* Recalling previous conversations with the patient to establish a starting point when re-engaging Active listening also requires the nurse to put aside judgment, evaluation, and approval in a concerted effort to be aware of the emotions and attitudes of others (Weaver, 2010).

Although nurses are often the senders of messages in the communication process, they also need to practice attentive listening skills to achieve

effective communication. Without active listening, a nurse will not be able to determine the patient‘s perspective and consequently provide safe and quality nursing care. Nurses should take as many opportunities as possible to be the receiver, by focusing on adopting body language, facial expressions, and gestures that are positive and relay to the sender that they are engaged in the conversation (e.g., being eye level with the patient, positioning the body so it is squarely in front of him or her), as well as reducing or blocking out distractions (Rebair, 2012). Responding appropriately to the information communicated is also necessary and can be accomplished by reflecting back to the person (e.g., ―I heard you say . . .‖) or requesting clarification for something that was not understood (e.g., ―I‘m not sure I understand . . .‖) (Beach, 2010; Rebair, 2012).

Actively listening to staff as well as patients is also important. To have a satisfied and productive staff, nurse leaders and managers must hear what employees are saying as well as what they are not saying. A nurse leader who actively listens empowers staff, provides information that facilitates work and quality improvement, and speeds up problem solving and decision making (Roussel & Swansburg, 2013). Whether communicating with patients or staff, nurse leaders and managers who listen to and remember what others says gain rapport and trust for future encounters. ―When trust is high, communication is easy, effortless, instantaneous, and accurate. When trust is low, communication is extremely difficult, exhausting, and ineffective‖ (Covey, 1991, p. 138).

FORMAL AND INFORMAL COMMUNICATION

Communication in health care occurs along two different channels: formal and informal. **Formal communication** is described as ―a type of verbal presentation or document intended to share information and which conforms to established professional rules, standards and processes and avoids using slang terminology‖ (―Formal communication,‖ 2014). Formal communication follows the line of authority in an organizational hierarchy (Marquis & Huston, 2015), and it also reflects the culture of the organization; communication is planned rather than allowed to occur randomly (Triolo, 2012). Examples of formal communication that nurse leaders and managers may use include interviewing, counseling, dealing with complaints, managing conflict, evaluating, and disciplining (Sullivan, 2012). During the formal communication process, it is critical for nurse leaders and managers to maintain professionalism and be effective communicators by:

- Using plain, direct language and avoiding jargon
- Using familiar illustrations to get points across
- Listening objectively
- Keeping questions short
- Giving clear, concise direction or instructions

- Seeking frequent feedback
- Providing frequent feedback

On the other end of the spectrum, informal communication occurs among staff members at the same or different level in an organization with no formal lines of authority or responsibility (Marquis & Huston, 2015). **Informal communication** is a ―casual form of information sharing typically used in personal conversations with friends or family members‖ (―Informal communication,‖ 2014). Nurse leaders and managers may use informal communication when conversing with patients about personal business, such as children or pets. Informal communication is used for nurse managers and leaders to establish open lines of communication with staff and to create a culture in the workplace that allows employees to feel connected with each other (Parboteeah et al., 2010).

One negative example of informal communication is the grapevine. **Grapevine communication** flows quickly and haphazardly at all levels of the organization and becomes more and more distorted as it moves along (Phillips, 2007). Communication on the grapevine travels in multiple directions at a rapid speed and carries both positive and negative information. Misinformation can run rampant, thus causing low morale and decreased productivity. Nurse leaders and managers must monitor the grapevine and intervene quickly to provide accurate information to avert unrest and job dissatisfaction among employees. Employees prefer regular communication from nurse leaders and

managers, rather than hearing information through the grapevine (Triolo, 2012). To prevent grapevine communication, nurse leaders and managers must share as much information as possible with staff; the only information that should not be shared is information protected by law and ethics (Roussel & Swansburg, 2013).

TYPES OF COMMUNICATION IN A HEALTH-CARE ENVIRONMENT

Three types of communication come into play in a health-care work environment: organizational, interprofessional, and intraprofessional. Nurse must understand and be able to apply all three when communicating.

Organizational Communication

Health-care systems must communicate important information, such as regulations, policies, and procedures. The goal of **organizational communication** is to convey the same message across the entire system. The ease with which communication flows through an organization has a great impact on the individual employee because it sets the tone for the climate of the working environment (Parboteeah et al., 2010). In fact, lack of effective communication at the organizational level can result in conflict and poor adherence to guidelines (Parboteeah et al., 2010; Pavlakis et al., 2011).

Various directions of communication may be used at the organizational level. **Downward communication** reflects the hierarchical nature of the organization (e.g., the sending of information by administrators to nurse

leaders and managers or by nurse leaders and managers to staff). Downward communication includes directives to employees, expectations for employees, and performance feedback (Phillips, 2007; Sullivan, 2012).

Lateral communication is the sharing of information among nurse leaders and managers or other staff at the same level. Examples of lateral communication are coordination between units and services, information sharing, problem solving, and conflict management (Phillips, 2007).

Communication with others in the organization who are not on the same level in the hierarchy is considered **diagonal communication**. This occurs, for example, when a nurse leader and manager communicates with the chief financial officer or the medical director (Phillips, 2007).

Finally, **upward communication** is the sending of information up the hierarchal chain (e.g., staff to the nurse manager or leader, or nurse leader and manager to higher- level managers and administrators). Common instances of upward communication are requests for resources, sharing ideas or suggestions for improvement, and employee grievances (Phillips, 2007; Sullivan, 2012).

Organizational communication occurs in staff meetings, group discussions, committee meetings, and in-service education. Written communication is by far the most common form of organizational communication used (Parboteeah et al., 2010). E-mail, faxes, and bulletins posted in high-traffic areas are common forms of organizational written communication.

Interprofessional Communication

According to the AACN (2008), interprofessional refers to ―working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to en- sure that care is continuous and reliable‖ (p. 37). Effective **interprofessional communication** fosters patient-centered care and results in quality outcomes. To communicate inter- professionally, nurse leaders and managers must communicate with all members of the health-care team, as well as with patients and their families. The Interprofessional Education Collaborative Expert Panel (2011) identified communication as one of four competencies for interprofessional collaborative practice; the specific interprofessional communication competencies are listed in Box 6-1.

Failure to effectively communicate interprofessionally has been found to be a significant contributing factor associated with many preventable medical errors (Stevens, Bader, Luna, & Johnson, 2011). In fact, evidence suggests that poor inter- professional communication impacts patient safety and quality of care globally. The World Health Organization (2008) identified the lack of communication and coordination as the number one research priority in developed countries and the number three research priority in countries in transition.

Specifically, miscommunication between nurses and physicians contributes to medication errors, patient injuries, and patient deaths (Kesten, 2011). Part of the challenge in combating interprofessional miscommunication between

nurses and physicians is that styles differ between the two disciplines: Nurses are taught to be more descriptive, whereas physicians are taught to communicate in a more concise manner (Thomas, Bertram, & Johnson, 2009). In addition, some traditional health-care environments often support a culture in which nurses are intimidated by physicians, thus leading to delays in sharing important medical information.

Part V: Hospital Management

Definition of Hospital

- Functions of Hospital.

- Classification of Hospitals.

- Hospital Departments:

- Professional health services departments
- Non Professional health services departments

Learning Objectives

At the end of this chapter, the student should be able to:

1. Define concepts.

2. Describe classification and functions of the hospital.

3. Describe the major departments of the hospital.

Hospital Management

Hospital

- A building in which the sick, injured, or infirm are received and treated; a public or private institution founded for reception and cure, or for the refuge, of persons diseased in body or mind, or disabled, infirm, or dependent, and in which they are treated either at their own expense, or more often by charity in whole or in part; a tent, building, or other place where the sick or wounded of an army cared for.
- Hospital is a formal institutions developed by the society for patient care Intended to meet the complex health needs of its members Individual-sick or injured has access to centralized medical knowledge & technology Society-it protects the family from many of the disruptive effects of caring for the ill in the home and making the problems less disruptive for the society as a whole
- Hospital is a place for the diagnosis and treatment of human ills and restoration of health and well-beings of those temporarily deprived of these. Professionally & technically skilled people apply their knowledge and skill with the help of complicated equipment and appliances - to provide quality care for the patient .

Functions of Hospital

1. **Patient care:** Primary function (curative function) refers to any type of care given to patients by the health team members, e.g. Physicians; Nurses, Physical Therapists, Dietitians, etc. It also includes health teaching to patients.

2. **Health Personnel Education:** Secondary function (Educational function). Refers to the education of professional and technical personnel who provide health services, e.g. Physicians, Nurses, Dentists, Therapists, Technicians, etc.

3. **Health Promotion:** Secondary function (Preventive functioning emerging function for the hospital is that of a community health canter taking an active role to improve the health of the population it serves. Hospitals as
major community health centres, can sponsor programs of environmental and occupational health, home care services, etc.

4. **Health Related Research**: Secondary function (Research - function) Research that focuses on the improvement of health and/or - prevention of disease.

Classifications of Hospitals

Hospitals are classified as follow:

1. The type of service

There are two groups of hospitals: general and special.

A. General hospitals: They care for patients with various- disease

conditions for both sexes to all ages, medical, surgical, paediatrics, obstetrics, eye and ear hospital etc.

General hospitals may contain specialized units staffed by specialized personnel, Renal Unit, Intensive Care Unit, Coronary Care Unit, Plastic Surgery Unit and Burn Unit. There may be specialization at Unit level, Neurological, Urological, Orthopedic Units, etc.

B. Special hospitals: They limit their service to a particular condition, orthopaedics, maternity, paediatrics, geriatrics, etc.

2. Administration, ownership, control or financial income:

A. Governmental or public hospital: They are owned, administered and controlled by the government. They provide free care for patients.

They may offer private accommodation for fee paying patients.

The governmental hospitals are owned by:

- The Ministry of Health.
- The University or
- Others.

B: Non-governmental or private

- **Proprietary**. Privately owned or controlled by an individual or group of Physicians or citizens or by private organization (profit-making).
- Voluntary: Owned and operated by non-profit

organizations i.e. mosque or church A authorities.

C: Length of stay

- Short-term or short-stay hospitals: These are hospitals where over 90% of all patients admitted stay less than 30 days.
- Long-term or long-stay hospitals: These are hospitals where over 90% of all patients admitted stay 30 days or more, i.e. mental hospital.

D: Type of Medical Staff

- **Closed-staff hospital**: Physicians are held responsible for all medical activities in the hospital including the diagnosis and treatment of patient fee paying and emergency.

- **Open-staff hospital**: This type of hospital permits other physicians in the community to admit and treat patients to the hospital' and treat them.

E: Size or bed capacity:

Small hospital	100 beds or less.
Medium size hospital	100-300 beds or less.
Large hospital	300-1000 beds

Organization of the Hospitals

- At the head of any hospital organization there is a governing board or board of directors (Policy-making body) which

represents the owners.

- The governing board delegates' authority for the administration of the hospital to the director or administrator.

- The administrator is responsible for maintaining standards of service and patient care established by the board.

- He is responsible to carry out the-functions of the hospital 'in accordance with the philosophy and established policies
set bythe governing board.

- He delegates the responsibility for the different departments to the department heads that are specialists in their field.

- In large hospitals, the administrator has one or more assistants to help with the administration of various departments.

Hospital Departments

A: Professional Health Service Departments

1. Medical Department

The medical department has within it the various clinical services. They are: medicine, surgery, gynaecology, obstetrics, paediatrics, eye,

ENT, dental, orthopaedics, neurology, urology, cardiology, psychiatry, skin, - plastic surgery, nuclear medicine, etc.

Medical Director is a Doctor who has control over all the medical department.

2. Nursing Department

The nursing department consists of nursing service and nursing education.

The primary purpose of the nursing service is to provide comprehensive, safe, effective and well organized nursing care through the personnel of the department. The primary purpose of nursing education is to raise the standard of nursing service by providing in service education to nursing service personnel in the hospital.

3. Paramedical Departments: They include:

1: Laboratory

a. Pathology department: The pathology department is one of the largest departments and has the responsibility for making tests and studies on blood, sputum, feces, body fluids and tissues.

b. Bacteriology department: This laboratory is concerned with studies about the bacteria and their toxins.

c. Biochemistry : this is considered with the chemistry of living organisms and of vital processes.

d. Haematology laboratory: It is responsible for making haemoglobin

determinations, coagulation time studies, red and white cell counts and special blood pathology studies for anemia and .leukaemia, etc.

e. Parasitology laboratory: It studies the presence of parasites, the cyst and ova of the parasites that are found in the feces.

f. Serology laboratory: It does blood agglutination tests, Wassermann tests, V.D .

g. Blood bank: It has the responsibility for collecting and processing all blood used in the hospital for transfusions. It makes. studies of new born infants who may have haemolytic diseases, and does antibody studies on the prenatal patients.

h. Histopathology laboratory: It prepares tissues for gross and microscopic studies.

II: Pharmacy Department

- The pharmacy department has the responsibility for selecting, purchasing, compounding, storing and dispensing all drugs and medications for in- patients and out-patients.
- The pharmacy should be under the supervision of registered pharmacist.

III: Physical medicine and rehabilitation Department

- This department treats patients who have functional disabilities resulting from disease conditions or injuries.
- It has several specialties such as: Physical therapy, occupational therapy, speech therapy and vocational training.

IV: Radiology Department

- This department functions under the control of radiologist and qualified technical staff.
- It has the following diagnostic and therapeutic services for in-patients and out-patients .

a. Radiographic examination and their interactions.

b. X-Ray, Radium, Radio Active Cobalt and other Radio Active therapy.

c. Radio Active Isotopes Tracer.

d. Radio Active Isotopes Therapy.

V: Dietary Department (Catering)

In most hospital ,this department is under the direction of a trained dietician. The department is charged with:

1. Ordering and preparation of food.
2. Tray service.
3. Diet teaching.

- The dietician is a member of the health team and works closely with nursing service personnel in meeting the patient's nutritional needs and in teaching. He/she is responsible for the ordering of supplies and the supervision of all staff engaged in the preparation and delivery of food.
- A periodic complete physical examination including X-Ray of

chest, analysis of stool and urine and should be considered in order :

1. to detect silent carriers &take appropriate action.
2. Daily inspection of personal appearance and hygiene also are important.

5. Outpatient department

This is a combination of several departments. It is a miniature of the hospital except that the patients are ambulatory. Specialities provide services. Individual may attend this department for the purpose of receiving treatment, or to enable a physician to assess their progress following discharge from hospital.

6. Accident & Emergency Department

People who are classified as " emergency admission" are admitted to this department to receive life-saving services immediately needed after thorough examination by the responsible physician.

7. Operating Theatre (OT)

It is a room in a hospital equipped for the performance of surgical operations; "great care should be taken to keep the operating rooms aseptic.

An operating room (OR), also called surgery center, is the unit of a hospital where surgical procedures are performed.

Non –Professional Health Service Departments

1. Admitting Department

This department has the responsibility for admitting the patient to the hospital. It should maintain good public relations. The patient, family and friends must be treated with utmost respect, courtesy and tact.

2. Personnel Department

The functions of this department are as follow:

a. Recruitment of personnel.
b. Interviewing.
c. Promotion and transfer.
d. Termination of employment.
e. In-Service training.
f. Safety.
g. Health programs.
h. Recreation.
i. Remuneration and Incentives.

3. Purchasing Department

This department has the responsibility for purchasing all supplies and equipment for the hospital.

4. Medical Records

This is one of the important departments in the hospital. The patient's records (charts, X-Ray, etc..) are valuable not only to the patient but also to the Doctor and to medical and nursing education and research.

5. House Keeping Department (Domestic Services)

The main function of this department is to keep the hospital clean. It plays an important role in hospital hygiene and infection control.

6. Laundry Department

Laundry service is responsible for providing an adequate, clean and constant supply of linen to all users. The basic tasks include: sorting, washing, extracting, drying, ironing, folding, mending and delivery.

The functions of the laundry services

1. Collecting soiled linen from various places.
2. Sorting the linen and processing them
3. Inspecting and repairing or replacing damaged materials.
4. Distributing clean linen to the respective user departments.
5. Maintaining different types of registers.

7. Mechanical Department

The mechanical department looks after electricity, water, supply, heat, air conditioning, etc….

8. Maintenance Department

maintenance department keeps the hospital in good condition. enters, painters, gardeners, etc. are included in the personnel of this department.

9. Central Sterile Supply Department (C.S.S.D):

In modern hospitals, the trend is toward centralization of preparation and sterilization of supplies and equipment. The location should be as central as possible within the hospital with ample light,

e. 'Where space conditions "permit,

f. this department should adjoin the operating department since it uses a large amount of surgical supplies

Purpose:

1. To prepare and furnish other departments and nursing units with sterile equipment and supplies needed in patient care.
2. To ensure:

g. Standardization, and better utilization and control of supplies and equipment used for diagnosis and treatment.

h. More adequate methods of sterilization than on a nursing unit.

3. Early detection of mechanical defects in equipment through regular checks.
4. Economy of time and better care.

Part VI: Nursing Services Administration:

- Philosophy of Nursing Services Administration:
- Nursing Services Administration Unit:
- Purposes of Nursing Services in Hospital:
- Objectives of Nursing Services in Hospital:
- Clinical supervision:
- Evaluation of Nursing Services:

- Purposes of evaluation:

- Types of Evaluation:

- Job Evaluation:

= Definition:

= Job analysis:

= Job description

Learning Objectives

At the end of this chapter, the student should be able to:

1. define the concepts.

2. describe the organizational mission statement, philosophy, policies, procedures and standards.

3. identify the purposes and objectives of nursing services department.

4. define and describe the clinical supervision, evaluation of nursing process.

5. discuss types of nursing services evaluation.

Nursing Service

- WHO expert committee on nursing defines the nursing services as" the part of the total health organization which aims to satisfy major objective of the nursing services is to provide prevention of disease and promotion of health."
- Nursing service is the part of the total health organization which aims at satisfying the nursing needs of the patients/community.
- In nursing services, the nurse works with the members of allied disciples such as dietetics, medical social service, pharmacy etc. in supplying a comprehensive program of patient care in the hospital.

Philosophy of Nursing Services Administration

The basic tools of management are mission statement, philosophy, objectives, policies and procedures and standards. These are the

blue prints for effective management.

Mission statement or purpose

Is a brief statement of purpose of an organization and its future aim or function. This describes what it will be, and what it should be. This influences the development of an organization's philosophy, objectives, policies, procedures and standards.

Example of mission statement

Mosul referral hospital is a primary care facility and that provides comprehensive and holistic care to the people of region. The hospital provides preventive, promotive, curative & rehabilitative care to the people of Mosul city and the catchment area.

Philosophy

- The philosophy flows from the purpose/mission statement and delineates the set of values and beliefs that guide all actions of the organization.
- the nursing service philosophy should address fundamental belief about nursing, nursing care, quality, quantity, scope of nursing service and how nursing will specifically meet the organizational goals

Example of part of a philosophy statement

The nursing service department of Mosul referral hospital believes

that the primary function of nursing service is to assist the human beings in raising their level of wellness through provision of quality care in a cost effective manner.

Policies

Policies are instructions that direct organizations in their decision-making.

They also serve as guides to supervise actions of subordinates and thus provide the management with a means of internal control.

Policies apply to patients, employees, and environment and inter departmental relationships or disciplines. Policies must be clearly stated and readily available to all concerned to promote consistency of action.

E.g. Of policies: Premedication policy, sharp equipment policy, Leave policy

Procedures

- Procedures are plans that are reduced to a sequence of steps of required action.

Procedures identify the steps needed to implement a policy.

- They establish acceptable ways of accomplishing a specific task by outlining a set of activities in sequence with rationale

E.g. Narcotic policy:

Procedure

Step	Rationale
Two registered nurses must be present.	To minimize error and protect the-patient while administering narcotics.
Narcotics must be placed in special cupboard and locked.	To avoid misuse.
All narcotics supply must be checked at the beginning & end of each shift.	To avoid misuse.

Standards

Standard is defined as desired quantity, quality / or level of performance with reference to a criterion against which performance is to be measured.

E.g.: Every patient will have a written care plan.

Criteria must be determined that indicates the standards are met to what degree they are met.

For e.g.: standards regarding care plan for every '"patient is being met

would be:

"A nursing care plan is developed and written by a registered nurse within 12 hours of admission".

This provides a measurable indicator to evaluate performance

Purposes of Nursing Services in Hospital

1. Hospital services make up the core of a hospital's offerings.

2. They are often shaped by the needs or wishes of its major users to make the hospital a one-stop or core institution of its local community or medical network.

3. Hospital services cover a range of medical offerings from basic health care necessities or training and research for major medical and nursing schools.

4. Educates and trains the nurses; thereby enabling them to provide ‒quality care‖ to individuals of all ages, with an aim to promote health and prevent illness; to restore health and alleviate suffering.

Objectives of Nursing Services in Hospital

Nursing Services , help the managers to:

1. Maximum comfort and happiness by way of pleasant surroundings.
2. Qualitative/comprehensive care to the patient.
3. Care based on the patient‘s needs.
4. Accurate assessment of illness.
5. Adequate material resources at all times.
6. Health education to the patient and attendants.
7. Managerial skills as and when required.
8. Privacy at all levels.

Clinical Supervision

- Clinical supervision has been defined as ‗An exchange between practicing professional to enable the development of professional skills‘ (Butterworth, 2001).

Clinical supervision according to ‗The Gold Guide‘ to specialty training (Department of Health, 2007) involves being available, looking over the shoulder of the trainee, teaching on the job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise.

Clinical supervision is increasingly being carried out as an aspect of personal and professional development in both primary and secondary care.

It is an aspect of lifelong learning with potential benefits for both supervisor and supervisee.

Evaluation of Nursing Services

- Service Evaluation is the process of judging the value or worth of an organizational achievements or characteristics. Service Evaluation is a decision making process that leads to suggestions for actions to improve participants‘ effectiveness and program efficiency.
- Evaluation is the systematic application of scientific methods to assess the design, implementation, improvement or outcomes of a program**.**

Purposes of evaluation

The purposes of service evaluation are to:

1. Support and assist the physicians in medical care and carry out the procedures prescribed by them.
2. Establish and implement the philosophy, standards, policies, rules and procedures for the nursing service.
3. Delineate the duties and responsibilities among the nursing staff at various levels.
4. Estimate the requirement for nursing personnel, appointment of competent nurses and establish policies and programmes for their orientation, placement, on the job training and supervision.

5. Estimate the need for facilities, equipment and supplies.
6. Develop and maintain a system of recording patient care.
7. Organize and supervise the functioning of wards.
8. Ensure healthy work environment.
9. Train student nurses.

Types of Evaluation

1. Formative evaluation

- A formative evaluation (sometimes referred to as internal) is a method for judging the worth of a service program while the program activities are forming (in progress).
- This part of the evaluation focuses on the process.
- This type of evaluation permit the managers to monitor how well the organizational goals and objectives are being met.
- Its main purpose is to catch deficiencies so that the proper nursing interventions can take place that allows the nurses to master the required skills and knowledge.

2. Summative evaluation

- A summative evaluation (sometimes referred to as external) is a method of judging the worth of a program at the end of the program activities (summation).
- The focus is on the outcome.

- It can also be subdivided:

a. Outcome evaluations Impact evaluation.

b. Cost-effectiveness and .

c. cost-benefit analysis .

3. **Nursing audit Performance evaluation**, include

a. Critical incident method .

b. Weighted checklist method.

c. Paired comparison analysis .

d. Graphic rating scales .

e. Essay Evaluation method .

f. Behaviorally anchored rating scales.

g. Performance ranking method .

h. Management By Objectives (MBO) method .

i. Behavioral Observation Scales.

Job Evaluation

- Job evaluation is a method for comparing different jobs to provide a basis for a grading and pay structure.
- Its aim is to evaluate the job, not the jobholder, and to provide a relatively objective means of assessing the demands of a job.

Job analysis

- It‘s an objective and structured process to gather information to understand exactly what is required for a person to be successful in the role.
- It usually identifies, key tasks and responsibilities as well as the knowledge, skills and capabilities required to successfully perform the role.
- The aim of a job analysis therefore is to define and outline the common duties, or tasks, performed on the job, as well as descriptions of the skills, personality, experience, career aims, behaviors and team fit required to perform the role, which in turn becomes a documented position description.
- An analytical job evaluation scheme can provide a defense against a claim of equal pay for work of equal value.
- Jobs are broken down into components or demands, known as factors, and scores are awarded for each factor. The final total gives the overall rank order of jobs.

Job description

Evaluation of the job description should be done in accordance to the duties and responsibilities of the nursing staff as mentioned in job description sheet.

Job description evaluation should be done daily weekly, and yearly to assess the staff progress level.

Part VIII: Professional Ethics

Learning Objectives

At the end of this chapter, the student should be able to:

1. Define concepts
2. Identify manager obligations related to ethics in health care.
3. Discuss the principles of Biomedical ethics.
4. Describe the process of dealing with ethical dilemma.

Performance Ethics

- Ethics is defined as "a branch of philosophy dealing with values pertaining to human conduct, considering the rightness and wrongness of actions and the goodness or badness of the motives and ends of such actions".
- Ethics is a moral philosophy, a science of judging the relationship of means to ends, and the art of controlling means so they serve human ends. It involves conflict, choice, and conscience.
- To make an ethical decision, one must first consider what is intended to be means and an end and then determine what good or evil is found in the means and the end.
- If a major evil is intended either as means or an end, it is an unethical decision.

Code of Ethics

It is –A specific set of professional behaviors and values the professional interpreter must know and must abide by, including confidentiality, accuracy, privacy, integrity.‖

Ethics in managing health care

Ethics is integral to nursing management, and how we operate in a management role is influenced by our values, beliefs, and the experiences . that form us as individuals and leaders.

There are different codes and bill of rights that could provide framework for making ethical decisions as ANA code for nurses and the social policy statement. The patient bill of rights clarifies rights for patients and implies an obligation on the part of the nurse to assist the patient in securing them.

Manager Obligations

The nurse manager has an obligation to:

1. Provide safe and respectful care
2. Not discriminate
3. Assure privacy and confidentiality
4. Ensure that the patient had enough information for informed consent
5. Support continuity of care
6. Safeguard the public from unethical or illegal practice

7. Support the welfare of the profession

8. Follow the physician's orders

9. Support the policies and procedures of the hospital .

10. To Maintain conditions conducive to high quality

Il. Collaborate with other health professionals

I2. Act in accord with one's own values

I3. Promote the efforts to meet the health needs of the public

Principles of biomedical ethics:

Principles of biomedical ethics provide concepts and language that can be used to identify issues, to reflect on them, and to articulate the ethical position we take.

The principle of Autonomy: defined as self- rule or self -governance. Personal autonomy is being one's own person, without constraint, this principle requires that we respect individual in our care as autonomous agent who have the right to control his own life.

The principle of Non-malfeasance: The principle that requires that we do no harm.

The principle of Beneficence: The doing of good.

The principle of Justice: giving each his or her rights, and require action that contribute to the welfare of others, and prevention and removal of harm.

A model for addressing ethical issue:

M = massage the dilemma.

O= outline options.

R = review criteria and resolve.

A = affirm position and act.

L = look back .

Massage the dilemma: to be aware that an ethical dilemma exists. Identify the dilemma and who is, or who should be involved in the process of decision-making. Identify conflicting wishes values of each party involved.

Outline options: clarify options available and the consequences.

Review criteria and resolve: to determine appropriate actions, one must weigh the options against the principles and primary values of those involved. Value consideration for the nurse manager may include: respects staff, acts fairly, etc. Practical consideration such as legal impact, effectiveness and likelihood of success can also be considered.

Affirm position and act: decide the next appropriate action and develop a strategy.

Part VII: Electronic Management

E. Health Care.

E. Reports and Records

Learning Objectives

At the end of this chapter, the student should be able to :

1. Define Concepts
2. Describe the electronic management.
3. Discus the electronic health records.
4. Identify the three essential capabilities of an EHR:
5. Describe the three main areas of an HER.

Electronic Management

- E-Management, like E-business refers to the electronic management using technology to improve and facilitate the governing process besides maintaining electronic records for the best performance and results of the work flow integration of information.
- E-Management is about accomplishing the governmental goals and objectives through getting people linked together.

Electronic Health Records

EHR define as: –A patient record system is a type of clinical information system, which is dedicated to collecting, storing, manipulating, and making available clinical information important to the delivery of patient care.

The central focus of such systems is clinical data and not financial or billing information.‖

The American Health Information Management Association defines three essential capabilities of an EHR:

1. To capture data at the point of care.

2. To integrate data from multiple internal and external sources, and

3. To support caregiver decision making.

E-health is the transfer of health resources and health care by electronic means.

It encompasses three main areas:

- **The delivery of health information**, for health professionals and health consumers, through the Internet and telecommunications.
- **Using the power of IT and e-commerce** to improve public health services, e.g. through the education and training of health workers.

- **The use of e-commerce and e-business practices** in health systems management.

E-health provides a new method for using health resources - such as information, money, and medicines ,and in time should help to improve efficient use of these resources.

The Internet also provides a new medium for information dissemination, and for interaction and collaboration among institutions, health professionals, health providers and the public.

Tele-health includes surveillance, health promotion and public health functions.

It is broader in definition than tele-medicine as it includes computer-assisted telecommunications to support management, surveillance, literature and access to medical knowledge.

Tele-medicine is the use of telecommunications to diagnose and treat disease and ill-health.

Critical Thinking and Decision Making

Learning Outcomes

- Explain the importance of critical thinking skills in the provision of safe and quality care.
- Describe elements of critical thinking and the cognitive skills necessary to think critically.
- Examine how nurse leaders and managers can foster critical thinking among staff members.
- Discuss the relationship between the nursing process and decision making.
- Describe the benefits of shared decision making.
- Describe the four steps of appreciative inquiry.

in response to advances in health care since the 1960s, the responsibilities of

professional nurses have evolved to accommodate the complexity of health care, advanced technology, changing demographics of the patient population, and the acuity of patients. Nurses must be able to process an ever-increasing amount of information to make complex decisions and solve complicated problems in the delivery of patient care (Facione, Facione, & Sanchez, 1994). Nurses must master effective critical thinking, clinical judgment, clinical reasoning, communication, and assessment skills (American Association of Colleges of Nursing [AACN], 2008).

Nurse leaders and managers must not only practice critical thinking and effective decision making but also be role models to their staff. They must develop the intellectual capacities and skills necessary to become disciplined, self-directed, critical thinkers (Heaslip, 2008, para. 1). In addition, they must be experts in decision making and problem solving at various levels of the organization. It breaks down the processes of critical thinking and decision making, relates them to the nursing process, and describes effective tools nurse leaders and managers can use when engaged in these processes. Knowledge, skills, and attitudes related to the following core competencies are included in this chapter: patient-centered care, teamwork and collaboration, and informatics.

.CRITICAL THINKING

- Critical thinking is a complicated process that involves skillfully directing the thinking process and imposing intellectual standards on the elements of thought.
- A more formal definition is as follows: ―the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action‖ (Scriven & Paul, n.d., para. 1).
- Nursing organizations and accrediting agencies identify critical thinking as an important skill for professional nursing practice (AACN, 2008; American Nurses Association [ANA], 2015a; National Council of State Boards of Nursing [NCSBN], 2013).
- Critical thinking in nursing ―includes adherence to intellectual standards, proficiency in using reasoning, a commitment to develop and maintain intellectual traits of the mind and habits of thought and the competent use of thinking skills and abilities for sound clinical judgments and safe decision-making‖ (Heaslip, 2008, para. 2). Table 5-1 displays various definitions of critical thinking found in the nursing literature.

- ❖ Critical thinking is an important component of professional nursing because it is an essential skill for processing patient data and is inherent in making sound clinical judgments and safe patient care decisions. Nursing actions require critical thinking to integrate increasingly complex knowledge, skills, technologies, and patient care activities into evidence-based nursing practice (NCSBN, 2013, p. 3).
- ❖ Critical thinking plays an integral role in clinical practice as well as in nursing lead- ership and management. It is a critical process that systematically frames the nurse leader and manager‘s thoughts, decisions, and actions (Porter-O‘Grady et al., 2005).

Elements of and Cognitive Skills for Critical Thinking

Critical thinking involves eight elements of thought (Heaslip, 2008, para. 5):

1. The problem, question, concern, or issue being thought about by the thinker (i.e., what the thinker is attempting to figure out)
2. The purpose or goal of the thinking (i.e., what does the thinker hope to accomplish?)
3. The frame of reference, point of view, or worldview the thinker holds about the issue or problem
4. The assumptions the thinker holds true about the issue or problem
5. The central concepts, ideas, principles, and theories the thinker uses in

reasoning about the issue or problem

6. The evidence, data, or information provided to support the claims the thinker makes about the issue or problem
7. The interpretations, inferences, reasoning, and lines of formulated thought that lead to the thinker‘s conclusions.
8. The implications and consequences that follow from the positions the thinker holds on the issue or problem.

Critical thinking is a skill that requires practice and that must be nurtured and reinforced over time (Ignatavicius, 2001). It is more than seeking a solution to an issue or problem—it involves examining and analyzing situations, considering all points of view, and identifying options. To think critically and make sound deci- sions, nurse leaders and managers must engage in the processes of reflection, judg- ment, evaluation, and criticism (Zori & Morrison, 2009). There are six essential

cognitive skills necessary to becoming an expert critical thinker (Porter-O‘Grady et al., 2005):

Interpretation involves clarifying data and circumstances to determine meaning and significance. For nurse leaders and managers, interpretation reflects their abil- ity to comprehend the significance of a wide variety of circumstances, establish priorities, categorize data, and clarify the related impact on people and systems.

Analysis is determining a problem or issue based on assessment data. Nurse leaders and managers engage in analysis to identify relationships among struc- tures, processes, outcomes, and other frameworks of thought with the goals of examining various arguments, issues, and themes and determining elements and origins of the argument.

Inference is about drawing conclusions. Nurse leaders and managers draw con- clusions about situations after careful analysis and begin to form a foundation on which an action will be based.

Evaluation is determining whether expected outcomes have or have not been met. If outcomes have not been met, evaluation also involves examining why. Nurse leaders and managers engage in evaluation to assess the reliability and credibility of the descriptions, perceptions, experiences, situations, and relation- ships of these elements to determine their value in

the overall process. The nurse leader and manager gains confidence in the evaluation of the outcome, which will direct decisions and actions.

Explanation is the ability to justify actions with evidence. Nurse leaders and managers establish a viable explanation about the conclusions drawn during the evaluation process. The role of the nurse leader and manager is to provide systematic and organized reasoning behind the conclusion so that it can be translated into a level of understanding for others.

Self-regulation is the process of examining one‘s practice for strengths and weak- nesses in critical thinking and promoting continuous improvement. Nurse lead- ers and managers engage in self-regulation to become more informed and refine their skills in problem identification, analysis, and inference and to develop expert critical thinking skills.

Reactive, Reflective, and Intuitive Thinking

Nurses use critical thinking to explore, understand, analyze, and apply knowledge in various practice situations. Not engaging in critical thinking when caring for patients, making decisions, or dealing with challenging situations can result in the use of reactive thinking. Reactive thinking is an automatic or kneejerk reaction to sit- uations that has consequences leading to vague or inaccurate reasoning, sloppy and superficial thinking, and poor nursing practice (Heaslip, 2008; Zori & Morrison, 2009). Nurse leaders and

managers who engage in reactive thinking use automatic, thoughtless responses to solve problems that often result in errors or ineffective decision making. Consider the following scenario: Several nurses are going back to school to advance their education, and they approach the nurse manager about implementing a different scheduling method that would allow nurses to work

every weekend with extra days off during the week, rather than the current practice of scheduling all nurses to work every other weekend. The nurse manager does not believe that the proposed scheduling method would be fair to all nurses and refuses to consider any changes. In this example, the nurse manager does not con- sider input from the staff, makes an assumption without taking any time to think about the decision critically, and does not give staff the opportunity to engage in shared decision making, thus possibly resulting in nurse dissatisfaction. The nurs- ing staff members will probably not challenge the nurse manager‘s decision be- cause they may not feel comfortable discussing the topic further. Reflective thinking restricts innovation and maintains status quo (Zori & Morrison, 2009).

Rather, critical thinking should involve some reflection on previous experiences to analyze a situation, make judgments, and draw conclusions. Reflective thinking consists of deliberate thinking and understanding using one‘s own personal expe- riences and knowledge, and it involves assessing what is known, what needs to be known, and how to bridge the gap between the two (Masters, 2014). Reflective thinking requires thoughtful personal self-assessment, analysis, and synthesis of strengths, all of which can help nurses develop the skill of self-improvement. Using reflective

thinking, nurses must examine and question underlying assumptions and their validity (Benner, Hughes, & Sutphen, 2008).

When engaged in reflective thinking, nurses (Masters, 2014, p. 221):

Determine what information is needed for understanding the issue.

Examine what has already been experienced related to an issue.

Gather available information.

Synthesize the information and opinions.

Consider the synthesis from different perspectives and frames of reference.

Create some meaning from the relevant information and opinions.

Nurse leaders and managers find that using reflective thinking in complex situ- ations is beneficial because it forces them to step back, assess the situation, and think about how to solve the problem. Reflective thinking can result in fewer errors and more effective decision making. Considering the situation just discussed, using reflecting thinking when the staff members makes their request, the nurse manager tells the staff members that she will consider alternative scheduling methods. She reviews the organization‘s staffing policies and determines that a change is feasible. The nurse leader and manager creates a team and asks for nurses from all shifts to volunteer to be part of the team. At the first meeting, she outlines the current policies

and charges the team to determine the number of nurses willing to work weekends and to identify a feasible schedule to ensure safe staffing. After input from all staff members, the team finalizes a feasible schedule, which is then imple- mented. By engaging in reflective thinking, the nurse manager promotes shared decision making among the staff members, who then feel empowered and satisfied with the scheduling process.

There are instances in which nurses claim to use intuition or ―gut feelings‖ when providing patient care. Intuitive thinking is an instant understanding of knowl- edge without supporting evidence. It has also been described as an intuitive grasp or a clear understanding of a situation based on a background of similar situations

(Benner, 1984). Some reject intuition as an element of critical thinking because it is abstract and seems irrational. However, intuition is a cognitive skill used by nurses to assist assessment of situations and can lead the nurse to take quick action in the delivery of safe, effective patient care (Robert, Tilley, & Petersen, 2014). Intuitive think- ing is a nonconscious state of knowing that integrates memory and pattern recogni- tion without cognitive direction (Payne, 2015). Expert nurses do not rely on critical thinking alone; rather, they form an intuitive understanding of a patient‘s situation based on previous knowledge, experiences, and pattern recognition (Benner, 1984; Payne, 2015). Nurse leaders and managers use intuitive thinking as they deal with day-to-day unit-level situations. Intuition is based on previous knowledge and experience and triggers a response or reflection to resolve an issue.

Modeling Critical Thinking

Nurses use critical thinking continually while caring for patients, coordinating care, collaborating with others, advocating for patients, problem solving, resolving issues, and ensuring that safe and quality patient care is provided. One‘s ability to think critically can be affected by many factors such as age, education, experience, and work environment. Nurse

leaders and managers play a pivotal role in helping staff members enhance their critical thinking skills (Ignatavicius, 2001). A major function of nurse leaders and managers is to be a role model for staff by being critical thinkers themselves. In addition, staff members rely on nurse leaders and managers to help solve clinical, interpersonal, and unit-related problems. Nurse leaders and managers who use reflective thinking and provide guidance to staff in a credible manner will create a sense of trust and safety on the unit (Zori, Nosek, & Musil, 2010). In contrast, nurse leaders and managers who engage in reactive thinking may miss opportuni- ties for self-growth, to role model critical thinking for staff, and to create changes that are long-lasting and goal driven (Zori & Morrison, 2009). In an evidence-based practice world, it is becoming increasingly important that nurse leaders and man- agers articulate to staff the value and application of critical thinking as a normal expectation of professional nursing practice (Porter-O'Grady et al., 2005). Nurse leaders and managers must encourage staff to analyze situations, challenge assump- tions, explore alternative options, and embrace continuous improvement. Enforcing the expectation of using critical thinking with rewards and recognition can result in a positive work environment. The encouragement of critical thinking by nurse leaders and managers creates a legitimate foundation for accurate and effective decision making on the unit (Porter-O'Grady et al., 2005).

DECISION MAKING

People, in general, make many decisions in an average day. Some decisions are small and are made with little effort (i.e., deciding what to eat for breakfast), whereas others may be more involved and take several days (i.e., purchasing a new car). Regardless of how complex a decision may be, the basic elements of the decision-making process are present. Decision making –is a process of choosing the best alternatives to achieve individual and organizational objectives‖ (Guo,

2008, p. 118). Nurses at the bedside typically make two types of decisions:

patient care decisions, or those that affect direct patient care; and 2) condition- of-work decisions, or those that affect the work environment (Krairiksh & Anthony, 2001). Decisions made by nurse leaders and managers have a broader scope, in that they can affect many people and can have a greater impact on the overall unit or organization.

Decision making consists of the following steps (McConnell, 2000):

Gathering information involves collecting information that will direct the decision- making process. Often, gathering information involves observations. The focus during this step is to gather data that are worthwhile and pertinent to the decision to be made. One shortcoming for most people is the tendency to move from observation to conclusion without enough information.

Analyzing information and creating alternatives often overlap with gathering infor- mation because, in this step, information is logically arranged and put into context for evaluation. As information is being organized, alternatives emerge. The amount of time spent analyzing and creating alternatives is directly related to the weight of the decision to be made.

Selecting a preferred alternative comes about during analysis, when often the best alternative emerges. During this step, it is important to consider what is a realistic and feasible alternative, keeping in mind factors such as time, money, quality, personalities, and policies.

Implementation consists of taking the selected alternative and putting it into action.

Follow-up on implementation includes communication and clarification to ensure that staff members know what is expected of them; checking on the timing and ensuring that the change is not overwhelming to staff because of other factors; performing ongoing analysis and monitoring of any circumstances that may require adjustments to the implementation plan; evaluating suggestions from others; withdrawing a poor choice, if necessary; admitting mistakes; and, in the end, sticking with the right decision.

Decision making is a dynamic process and must include evidence-based research. All nurses have the authority, accountability, and responsibility to make decisions and take action consistent with the obligation to promote health and to provide optimal patient care (ANA, 2015a). Nurse leaders and managers must make autonomous operational decisions with the same considerations.

Decision Making and the Nursing Process

The ANA (2015a) Nursing Scope and Standards of Practice delineates the competent level of nursing practice and uses the nursing process as a critical-thinking frame- work to guide nursing practice. The nursing process is cyclical and dynamic, inter- personal and collaborative, and universally applicable. It is fundamental to nursing practice and provides a clinical reasoning approach to patient care that uses six interrelated steps (ANA, 2015a). Nurse leaders and managers integrate the nursing process with leadership and management competencies to effectively make deci- sions that guide nursing practice, set strategic goals, create and sustain healthy work

environments, influence organizational and public policy, resource management (human, material, financial), population health management, legal and regulatory compliance, and promote safe quality patient outcomes (ANA, 2016). Nurse leaders and managers apply the steps of the nursing process when making decisions at the unit and organizational levels:

Assessment involves continually collecting data in a systematic manner relative to an issue, situation, the work environment, or trends. Nurse leaders and man- agers use data collected to problem solve, make decisions, identify gaps in care, and identify patterns and variances related to the situation.

Diagnosis (analysis) includes identifying issues, problems, or trends and validating them with stakeholders when possible. Nurse leaders and managers use data to support and enhance decision-making and document issues, problems, or trends to help determine an individualized plan.

Outcomes identification includes identifying expected outcomes for an individu- alized plan of care. Nurse leaders and managers identify expected outcomes for a plan developed to address issues, problems, or trends.

Planning is the development of an individualized plan in partnership with members of the health-care team and the appropriate stakeholders. The plan is prioritized and includes a timeline. Nurse leaders and managers design

the plan by considering the current statutes, rules, regulations, and standards and by integrating best practices.

Implementation of the plan involves coordinating the implementation of a plan and associated processes in collaboration with the health-care team in a safe and timely manner using evidence-based interventions specific to the issue, problem, or trend (ANA, 2016). Nurse leaders and managers incorporate principles of systems management, new knowledge, and strategies to initiate change, achieve desired outcomes, and establish strategies to promote health, education, and a safe environment (ANA, 2016).

Evaluation involves ongoing evaluation of the outcomes in relation to structures, processes, nurse-sensitive indicators, and stakeholder responses. Nurse leaders and managers use the results of evaluation analysis to make or recommend changes to policies and procedures as needed.

The nursing process encompasses all actions taken by nurses at every level, provides a framework for critical thinking, and forms the foundation of decision making with the goal of safe, quality, and evidence-based nursing care (ANA, 2015a, 2016). Table 5-2 shows the relationship between the nursing process and decision making for nurse leaders and managers.

Tools for Decision Making

Tools for decision making provide nurse leaders and managers a systematic way to collect and manage necessary data and assist in visualizing alternatives. There are numerous tools and techniques available that can be used to ensure effective decision making. By using a tool for decision making, nurse leaders and managers can approach decision making in an organized and systematic manner.

DECIDE Model

Using a decision-making model can help ensure that all steps of decision making are addressed, thereby avoiding jumping to a conclusion before all information is collected and analyzed. A model for decision making identified by Guo (2008) uses the acronym DECIDE to represent the steps in the decision-making process. The steps of the DECIDE model are listed in Box 5-1.

Decision-Making Grid Analysis

Decision-making grid analysis is one of the simplest tools a nurse leader and man- ager can use, especially if the decision involves more than one feasible alternative. This technique involves listing options and factors on a table or grid. The possible options or alternatives are listed on the rows of the table, and factors impacting the

Steps of Decide Model

D = Define the problem, if necessary D = Develop and implement a plan of action E = Establish criteria E = Evaluate and monitor the solution, seek C = Consider the alternatives feedback if necessary

I = Identify the best alternative

decision are listed on the columns. Next, a numerical score (e.g., in a range of 0 to 3) is assigned to each option to indicate poor to very good or not likely to very likely; it is acceptable to use the same score more than once. For example, a nurse manager is determining which shift would be best for a particular unit. Options or alterna- tives include 12-hour shifts, 10-hour shifts, and 8-hour shifts. Next, factors to consider are determined by the nurse manager with staff input and are based on evidence. Factors to be considered in this case are nurse satisfaction, nurse fatigue, patient satisfaction, and potential for adverse events. Then, the nurse man- ager assigns weights first to each option and then to each factor based on impor- tance, with 0 being the least important and 3 being the most important. The weights for each option are multiplied by the weights assigned to the factors for a total. The option with the highest total becomes the most feasible option. In the example shown in Table 5-3, 10-hour shifts have the highest total, and this shift length is the final outcome of this decision-making process.

SWOT Analysis

A SWOT analysis is a tool frequently used in marketing and organizational strategic planning. However, it can also be very useful in decision making for nurses. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. Strengths and weak- nesses are internal factors, or those within the organization or the unit, whereas opportunities and threats are seen as external factors, or those outside the organization or unit (Pearce, 2007). Nurse leaders and managers who make decisions using a SWOT analysis can improve outcomes for both patients and nurses by identifying the strengths and weaknesses of the staff, areas for improvement, and opportunities for facilitating positive change (Roussel, 2013). SWOT analysis is discussed further in Chapter 8.

Shared Decision Making

The role of the nurse leader and manager is shifting from making all unit-related decisions to designing effective shared decision-making processes. Shared decision making is the inclusion of staff nurses in decision making related to patient care and work methods at the unit and organizational levels. Shared decision making re- quires nurse leaders and managers to involve staff nurses in decisions about hiring, scheduling, and performance evaluations (appraisals), as well as include them in general unit discussions (Graham-Dickerson et al., 2013). Nurses engaged in shared decision making are empowered to provide effective, efficient, safe, and compassion- ate quality care and have opportunities for ongoing professional growth and development (ANA, 2015b). Unit cultures with shared decision making foster a healthy work environment and promote safe and quality patient care. Moreover, shared decision making is a positive factor in job satisfaction and nurse recruitment and retention (Houser et al., 2012; Scherb, Specht, Loes, & Reed, 2011; Shiparski, 2005).

Although not yet the norm in all organizations, shared decision making is a standard in Magnet-recognized organizations and has been shown to have a positive impact on nurse satisfaction, nurse recruitment and retention, patient satisfaction, and reduction of adverse events (Houser et al., 2012). The ANA‘s Code of Ethics for Nurses With Interpretive Statements suggests that nurse leaders and managers are responsible to ensure that

nurses are included on teams at the unit and organizational level and in decision-making processes that affect the quality and safety of patient care (ANA, 2015b). According to the ANA‘s Nursing Administration: Scope and Standards of Practice, nurse leaders and managers are encouraged to develop skills in shared decision making (ANA, 2016). Shared decision making is identified by the American Organization of Nurse Executives (AONE) as a communication and relationship-building competency and states that nurse leaders and managers should ―engage staff and others in decision-making; promote decisions that are patient-centered; and provide an environment conducive to opinion sharing‖ (AONE, 2007, p. 4).

Appreciative Inquiry

In many cases, part of the decision-making process involves problem solving. Problem solving consists of the act of identifying a problem and implementing an ac- tive systematic process to solve that problem. Problem solving requires looking closely at problems, failures, and negative outcomes and then finding a solution.

One possible approach to problem solving is appreciative inquiry. Appreciative inquiry is a problem-solving strategy that capitalizes on the positive characteristics

of an outcome by valuing and building on them. The end product of appreciative inquiry is a culture change or the development of a vision or plan (Manion, 2011). Appreciative inquiry is based on the belief that there is something similar in the organization somewhere that is already working, and it focuses on recognizing and finding a positive attribute and studying that element to gain insight into handling the current issue (Manion, 2011; Meline & Brehm, 2015). Appreciative inquiry is a collaborative process that engages staff in a healthy exchange of knowledge to solve problems and innovate change. It avoids focusing on the negatives by shifting the perspective to what works best in the organization.

There are four stages of appreciate inquiry, commonly referred to as the four Ds. Stage one is discovery, or the discovery phase, and it involves storytelling.

The question answered in this phase is ―What gives life?‖ The goal in this first phase is to identify what works best. The next stage is dreaming, or the envisioning phase, during which the question to be answered is ―What might be?‖ Staff members think ahead and imagine a future based on the positives identified during the discovery phase. Stage three is design, or the co-constructing phase, because the focus during this stage is to design the ideal and to identify the structures and processes neces- sary to make the dream a reality. The question asked at this stage is ―What should be?‖ The final stage is destiny, or the sustaining phase. The goal of the last phase is

to determine how to actualize, sustain, or create the identified characteristics. During the last stage, the focus is on the positive and on empowering everyone to sustain the vision. For an example of using appreciative inquiry in shared decision making, see Exploring the Evidence 5-2.

Building and Managing Teams

LEARNINGOUTCOMES

1. Discuss the benefits of teamwork and collaboration.
2. Explain the stages of team development.
3. Identify characteristics of an effective team.
4. Describe the role of nurse leaders and managers in fostering teamwork and collaboration.

International evidence suggests that teams composed of various health-care pro- fessionals can maximize the strengths of health-care professionals, enhance work processes, and improve patient care outcomes (World Health Organization [WHO], 2010). The complexity of health care globally today requires a collaborative approach to ensure patient safety and quality care. Historically, nurses have been in the habit of working alone, developing plans of care without considering the patient and their family or other health-care professionals. Nurses are called to provide patient- centered care as members of interprofessional teams, emphasizing evidence-based practice, quality improvement approaches, and informatics (Cronenwett et al., 2007; Greiner & Knebel, 2003). Nurses must shift their mental models from working in silos to collaborating as members of the health-care team.

This chapter discusses teamwork and collaboration, including the stages of team development and the characteristics of an effective team. The role of nurse leaders and managers in fostering teamwork and collaboration is also covered.

Knowledge, skills, and attitudes related to the following core competencies are included in this chapter: patient-centered care and teamwork and collaboration.

TEAMWORK AND COLLABORATION

Nurses at all levels must gain the knowledge and develop the necessary skills and attitudes to be able to collaborate on intraprofessional and interprofessional teams. Teamwork and collaboration require ―function[ing] effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care‖ (Cronenwett et al., 2007, p. 125). **Intraprofessional teams** are teams of nurses at various levels in the organization col- laborating to ensure that patient care is continuous and reliable (American Associ- ation of Colleges of Nursing [AACN], 2008). When intraprofessional relationships are strong, synergy is created, and nurses at all levels function as an efficient and effective team.

Teamwork and collaboration are important to safe and quality care and a healthy work environment, whether nurse leaders and managers are building a team on the unit or across the organization. Nurses at all levels must collaborate and func- tion on various teams important to the overall goal of delivering safe and quality care. The American Nurses Association (ANA) and the American Organization of Nurse Executives (AONE) (2011)

developed the document *Principles for Collaborative Relationships Between Clinical Nurses and Nurse Managers* that outlines the necessary principles for intraprofessional teamwork and collaboration: effective communica- tion, authentic relationships, and learning environments and culture.

Effective communication requires an understanding of the underlying context of the situation, an appreciation for the tone and emotions of a conversation, and accurate information. Principles include the following (ANA and AONE, 2011, para. 5–6):

- Engaging in active listening to understand and contemplate fully what is being relayed
- Knowing the intent of a message and the purpose and expectations of that message
- Fostering an open, safe environment
- Whether giving or receiving information, making sure that it is accurate
- Having people speak to the person they need to speak to, so the right person gets the right information

Authentic relationships bolster the profession and the quality of care patients receive. Nurses must cultivate caring relationships with each other similar to the nurse-patient relationship, by (ANA and AONE, 2011, para. 7–8):

- Being true to yourself and being sure that actions match words and that those around you are confident that what they see is what they get

- Empowering others to have ideas, to share those ideas, and to participate in projects that leverage or enact those ideas
- Recognizing and leveraging each other‘s strengths
- Being honest 100% of the time with yourself and with others
- Respecting the personalities, needs, and wants of others
- Asking for what you want but staying open to negotiating the difference

- Assuming good intent from the words and actions of others and assuming that they are doing their best

A learning environment and learning culture support great nursing care and give nurses the satisfaction of knowing that their work is valuable and meaningful by (ANA and AONE, 2011, p. 9–10):

- Inspiring innovative and creative thinking
- Committing to a cycle of evaluating, improving, and celebrating, and valuing what is going well
- Creating a culture of safety, both physically and psychologically
- Sharing knowledge and learning from mistakes
- Questioning the status quo—ask ‒what if,‖ not ‒no way‖

Nurse leaders and managers must be committed to maintaining a high level of staff involvement, which will enhance job satisfaction and promote staff retention. In turn, staff satisfaction has been attributed to reduced medication errors, decreased patient falls, and a decline in patient deaths (LeBlanc, 2014; Wessel, 2015).

Interprofessional teams are teams made up of health-care professionals, the patient, and the patient‘s family working together to collaborate, communicate, and integrate care to ensure that patient care is continuous and reliable (AACN, 2008). Patient- centered care is closely linked to teamwork and collaboration and requires health-care professionals to actively involve or give control to the patient and the family in all health-care decisions (Disch,

2012). Nurses at all levels must promote patients‘ capacity for optimum involvement in their care and problem-solving (ANA, 2015). Further, nurses must establish partnerships with other health-care professionals on interprofessional teams based on the recognition of each profession‘s value and contributions, mutual trust, respect, open discussion, and shared decision making (ANA, 2015). Nurses at all levels have a responsibility to bring their unique nursing perspective to interprofessional teams to advocate for greater quality care and optimum patient out- comes and to deliver evidence-based, patient-centered care (AACN, 2008).

Teamwork is ―sharing one‘s expertise and relinquishing some autonomy work closely with others, including patients and communities, to achieve better out- comes‖ (Interprofessional Education Collaborative Expert Panel [IPEC], 2011,
p. 24). Teamwork involves integrating the knowledge, expertise, and experience of health-care professionals to work collaboratively in planning and delivering patient-centered care that is safe, timely, efficient, effective, and equitable (IPEC, 2011). Functioning as an effective team member requires nurses at all levels to collaborate with other team members, patients, and their families, by using avail- able evidence to inform shared decision making and problem-solving. Inspired by a vision of interprofessional collaborative practice as key to safe, high-quality, accessible, patient-centered care, the IPEC identified four core competency domains of interprofessional collaborative practice (IPEC, 2011):

1. *Values and ethics for interprofessional practice* requires –working with individuals of other professions to maintain a climate of mutual respect and shared values‖ (p. 19).
2. The general competency statement reflecting *roles and responsibilities* is –use the knowledge of one‘s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served‖ (p. 21).

3. *Interprofessional communication* means ―to communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease‖ (p. 23).
4. The general competency statement for *teams and teamwork* is to ―apply relationship- building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable‖ (p. 25).

Collaboration is working jointly with others in a mutually beneficial and well- defined interprofessional relationship to achieve common goals (Lukas & Andrews, 2014; Mensik, 2014). Collaboration is slowly becoming a reality in health care today. Research suggests that collaboration improves coordination, communication, qual- ity, and safety of patient care (Robert Wood Johnson Foundation [RWJF], 2011). Health-care professionals work together on a continuum that reflects the level of intensity in the working relationship (Lukas & Andrews, 2014). Cooperation is at the lower end of intensity and involves short, informal relationships in which the parties maintain their individual goals. Next on the continuum is coordination, which is longer term and involves planning and some shared resources and goals. The highest level of intensity is collaboration, which requires commitment to shared goals by all parties. Figure 15-1 illustrates this continuum. Collaboration uses the

individual and collective skills and experience of team members, and it allows them to function more effectively and deliver a higher level of services than each would be able to provide alone (RWJF, 2011, p. 1). Teamwork and collaboration require nurses at all levels to use effective communication skills to collaborate and function on interprofessional and intraprofessional teams.

Nurse leaders and managers need to foster teamwork among staff members not only to improve patient outcomes but also to encourage growth both individually and as an organization (Hader, 2013). Improving the use of teamwork and collab- oration can benefit patients, staff, and the overall organization. Teamwork benefits patients by decreasing adverse events and increasing patient satisfaction. Nurses benefit from teamwork because it decreases fatigue and burnout and improves morale and work satisfaction. The organization benefits because satisfied patients and nurses decrease litigation and turnover as well as improve the organization‘s reputation (The Joint Commission, 2012).

TEAM BUILDING

There is overwhelming evidence that the quality of teamwork and collaboration can determine whether a patient receives safe, competent, quality care in a timely manner (Wachter, 2012). As health-care organizations are faced with increasing demands for quality, as well as pressure to control costs and increase productivity, effective team building is

an optimum strategy to meet these mandates. All nurses at all levels must engage in teamwork to collaborate with patients, families, and other health-care professionals to deliver safe and quality nursing care (ANA, 2015). Nurse leaders and managers are critical to building successful and satisfying teams (LeBlanc, 2014). They must engage in teamwork as both team builders and team players and provide direction to enhance the effectiveness of the team (ANA, 2016). Effective team building encourages staff commitment, creativity, support, and growth of individuals, the unit, and the organization (Roussel, 2013).

Teams are formed for different purposes. The nurse leader and manager makes hiring decisions for the purpose of building the intraprofessional nursing team for the unit. This team functions according to specific job descriptions and has clearly defined roles and responsibilities. The intraprofessional nursing team provides specific services or nursing care depending on the unit or department. Committees are formal teams within the organizational structure. The types of committees used in an organization or unit are usually determined by the mission, vision, and philosophy. Committees can be intraprofessional or interprofessional. An example of an intraprofessional com- mittee is a nursing professional practice committee, which includes a registered nurse from all units or departments within the organization. An example of an interprofes- sional committee is a hospital ethics committee, which may include registered nurses from several units or departments, a physician representative, social workers, a chaplain, a patient

advocate, other health-care professionals, and a health-care consumer (often a former patient). Unit or department special task forces or ad hoc committees are formed to address a particular issue or project in a specific time frame. Members are designated by nurse leaders and managers and are given guidelines for the work of the team. Typically, a task force or ad hoc committee is time limited and includes several members who have expertise and/or interest in the special project. An example of a task force is a team working on a quality improvement project.

When building teams, nurse leaders and managers ask themselves several key questions (Mensik, 2014):

- What are the tasks the team needs to accomplish? Are the tasks new or have they been done before? Do the tasks require independent or interdependent work?
- Is representation from various levels of the organization needed?
- Is geographical, educational, and interprofessional diversity needed?
- What skill mix is necessary for the team to succeed? Does including team mem- bers with previous experience on successful teams help those members who do not have experience?

Finally, nurse leaders and managers should avoid asking the same reliable peo- ple to participate on teams. It may take extra effort, but encouraging new staff mem- bers to participate can bring new perspectives and avoid burn out among the more experienced staff members.

Stages of Team Development

Nurse leaders and managers must be aware of group dynamics and be prepared to facilitate the work of the team, if needed. All teams go through a series of stages as they are being formed, begin working, and accomplish their goals. Tuckman (1965) conducted a literature review to explore group process and to isolate com- mon concepts and produce a model of group changes over time. He reviewed 55 articles and identified four stages of group development: forming, storming, norming, and performing. In 1977, Tuckman and Jensen reviewed the literature published since the original four stages were identified and added a fifth stage, adjourning (Tuckman & Jensen, 1977). Tuckman‘s stages have been used since the 1970s to describe the various phases of group development and team building. These stages continue to be discussed in the literature today. Some groups progress through five stages of group formation, whereas others may never progress beyond the third stage.

Forming is the initial stage when members of the team first meet each other. Mem- bers share information about themselves, learn about the purpose of the team, and begin discussion about goals. The work of the team does not start during this phase. Forming can be considered the ―testing and orientation‖ stage (Tuckman, 1965). Members look to the leader for direction and avoid controversial topics or chal- lenging anyone‘s ideas. Everyone is focused on getting along. During the forming stage, nurse

leaders and managers help direct the team and assist members in understanding the purpose.

Storming occurs as the team begins to work together. Members share their opin- ions about how to get the work of the team accomplished, and a lack of unity commonly results as the team becomes polarized. Intragroup conflict occurs, and, sometimes, the team never progresses beyond this stage. Storming can be charac- terized as ―conflict and polarization around interpersonal issues‖ (Tuckman, 1965). To move beyond this stage, the group must adopt a problem-solving mentality and let go of any personal agendas or goals. When the team is in the storming phase, nurse leaders and managers must remain positive about the work of the team, assist with resolving conflict, and coach team members through the storm.

Norming occurs once the team overcomes resistance and progresses through the storming phase. Everyone gives up individual goals and begins working as a team toward the common goal. Norming can be labeled as ―development of group cohe- sion‖ (Tuckman, 1965). Group members begin to share ideas, and there is more acceptance among them. Focus becomes the work of the team. Creativity is high dur- ing this phase. Once the team is in the norming phase, nurse leaders and managers should step back and allow the team members to take responsibility and accounta- bility for their work and progress toward the goal.

Performing is the stage in which the members understand their roles, they are flex- ible, and group energy is channeled into meeting the goal.

Members accept each other‘s individual idiosyncrasies and develop group norms. The team is highly motivated to accomplish the work during this phase. This stage is characterized as ―functional role-relatedness‖ (Tuckman, 1965). The group becomes interdependent with a strong group identity. At this point, nurse leaders and managers should not need to be involved and can focus energy on other projects.

Adjourning occurs once the work of the group is completed. Although not identi- fied in Tuckman‘s original work, his subsequent work identified the notion that teams followed a life cycle model, which involved a distinct final stage (Tuckman & Jensen, 1977). The final stage can be emotional as the team disbands. When the team is beginning to adjourn, nurse leaders and managers should celebrate their successes and provide recognition to each individual.

Knowledge of group dynamics is critical for nurse leaders and managers to improve leadership competencies, facilitate team communication, and foster team cohesiveness.

Creating Synergy

As teams are formed and transition into the ―norming‖ phase, members become interdependent and work together toward a common goal. Underlying this inter- dependence is the principle of synergy. Synergy catalyzes, unifies, and unleashes the greatest strengths within people. Further, it fosters creativity, imagining, and intellectual networking (Covey, 2004, p. 265). **Synergy** can be described as combining strengths of members of a team to result in remarkable outcomes that would not have been possible if members worked alone (Covey, 2004). Team synergy requires members to value their own expertise as well as others‘ and enables team members to be open-minded and willing to listen and learn from each other.

Roussel (2013) identified six basic rules for effective nurse leaders and managers to sustain synergy when team building and working with teams:

1. *Define a clear purpose or goal*. Nurse leaders and managers need to describe the purpose or goal of the team clearly. Each team member must be knowledgeable about the reason they are together. The team members must be able to articulate the goals, objectives, and purposes of the team.
2. *Actively listening.* Nurse leaders and managers must set the ground rules for meetings and ensure that members understand them. Only one member or the leader should be talking at any given time. Each team member must be focused on each individual and listen to what is being said. Active listening is not judg- mental and means being completely absorbed and attentive to the speaker.
3. *Maintain honesty*. Nurse leaders and managers must model respect for others and encourage members to be open and honest. Each team member must be objective in providing feedback to the speaker. No one should make the speaker feel belittled or that his or her views are not correct or important.
4. *Demonstrate compassion*. Nurse leaders and managers should encourage everyone to participate and make it clear that everyone‘s opinion is valued. Each team member should listen in a caring manner to the other‘s viewpoint.
5. *Commit to resolution of conflicts*. Nurse leaders and managers need to be

open- minded and respect the opinions of each member of team. Each team member must agree to disagree even though his or her view or opinion is not the same. Team members must work toward a common understanding and acceptance of the issue at hand.

6. *Be flexible*. Nurse leaders and managers must empower team members to share their voice and feel that they will be respected. Each team member must be open

and flexible to another individual‘s perspective. Everyone works together to accomplish the goal or objective.

Nurse leaders and managers are key to successful teamwork. They must de- velop skills in intraprofessional and interprofessional team building and commu- nication. Further, they must model expert practice to team members and patients (ANA, 2016).

CHARACTERISTICS OF EFFECTIVE TEAMS

Teams must do more than merely complete tasks; the members must be able to interact, coordinate, cooperate, and embrace a shared understanding of the team goals and objectives, available resources, and constraints under which the team must work (Salas, Sims, & Burke, 2005). The following characteristics of successful teams were identified by Salas and colleagues (pp. 560–561):

- *Team leadership* involves the ability to direct and coordinate the activities of team members. It includes the following: assessing team performance; assigning tasks; developing team knowledge, skills, and abilities; motivating team members; planning and organizing; and establishing a positive atmosphere. All team mem- bers may lead the team once in a while. However, someone is needed to coordi- nate and support the work of the team.

- *Mutual performance monitoring* is the ability to develop common understandings of the team environment and apply appropriate task strategies to monitor team member performance accurately. This is critical to success of the team. Everyone needs to be aware of other team members‘ work; as one team member completes a task, others need to step up and help, and this approach reflects the principle of backup.
- *Backup behavior* is the ability to anticipate other team members‘ needs through an accurate understanding of their responsibilities. This includes the ability to shift assignments or tasks among members to achieve balance during high periods of workload or pressure.
- *Adaptability* is the ability to adjust strategies based on information gathered from the environment through the use of backup behavior and reallocation of team resources. This also involves altering the course of action in response to internal or external changing conditions.

- *Team orientation* is the ability to consider other team member‘s behaviors during group interactions, as well as the belief in the importance of the team goals over personal goals. Team members view their work as ―our work,‖ not –my work‖ (Kalisch & Schoville, 2012).
- *Shared mental models* comprise an organizing knowledge structure of the relation- ships among the tasks the team is engaged in and how the team members will in- teract. –Team members who have shared mental models have the same idea of what needs to be done, by whom, and by when‖ (Kalisch & Schoville, 2012, p. 53).
- *Mutual trust* is the shared belief that team members will perform their roles and protect the interests of their teammates. Team members must have trust in other team members that the work will be completed correctly and in a timely manner.
- *Closed-loop communication* is the exchange of information between a sender and a receiver irrespective of the medium. This type of communication is effective and efficient.

Salas and colleagues (2005) described team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation as the five core components that promote team effectiveness. They described shared mental mod- els, mutual trust, and closed-loop communication as coordinating mechanisms that are critical to melding together the five core components. Team members who have shared

mental models have an understanding of what needs to be done, by whom, and by when (Kalisch & Schoville, 2012, p. 53). Team members must communicate effectively, and there must be shared trust to feel confident that team members will complete their work in a timely manner. Nurse leaders and manager have a role in fostering all of these characteristics to ensure optimal team success.

LEADING AND MANAGING TEAMS

Nurse leaders and managers serve key roles within the professional practice setting, profession, health-care industry, and society (ANA, 2016). They model ―expert leadership practice to interprofessional team members and healthcare consumers‖ (ANA, 2016, p. 51). In fact, nurse leaders and managers are fundamental to building effective teams, but they may not always be the leader of the team. Regardless of who the team leader is, the leader must facilitate the work of the team by using effective meeting skills and frequent reminders about the team mission, goal, and accomplishments. LeBlanc (2014) suggests that the TEEAMS approach is one way in which nurse leaders and managers can create and lead successful teams. The key factors of TEEAMS are as follows:

- *Time:* Nurse leaders and managers must recognize the importance of spending adequate, quality, and face time with the team. LeBlanc suggests that scheduling regular time with staff members to round with them, engage

in conversations, and get to know the team can be beneficial.

- *Empowerment:* Nurse leaders and managers must understand that empowerment is important to building a strong team. Empowering the team shows that nurse leaders and managers have trust in their team to make appropriate decisions with minimal intervention: –Productive teams are empowered teams!‖ (LeBlanc, 2014, p. 50).
- *Enthusiasm:* Nurse leaders and managers must be committed to the team‘s suc- cess and demonstrate enthusiasm for the individuals on the team as well as the team as a whole. Enthusiasm is contagious and results in getting team members excited about the work and the team goals.
- *Appreciation:* Appreciation is meaningful recognition of a job well done. Everyone needs recognition for his or her work at times. Nurse leaders and managers must show appreciation to individuals for their work toward team goals. This appre- ciation builds team members‘ self-esteem and self-image. Improved self-esteem and self-image can be translated into improved patient outcomes, increased intraprofessional and interprofessional communication, and a willingness to continue to work toward organizational goals.
- *Management:* Managing teams and holding them accountable are major roles of nurse leaders and managers. Critical to these roles is ensuring that team members are clear about their goals and understand job expectations and performance parameters. It is the nurse leader and manager‘s responsibility that staff members have the resources necessary to perform their duties as individuals and as mem- bers of a team.

- *Support:* All nurses at all levels need support to accomplish their work. Nurse leaders and managers must support their team including their personal, profes- sional, and organizational needs. Strategies that nurse leaders and managers can use to support staff members include being accessible, engaging in daily round- ing, promptly returning calls, and creating an atmosphere that encourages work engagement.

Effective nurse leadership and management can have a positive impact on manager-staff relationships and team experiences, as well as enhance job satisfac- tion and promote staff retention. Nurse leaders and managers lead teams toward success, encourage and mentor members, provide constructive criticism, and cele- brate success (Hader, 2013). Clinical nurses and nurse leaders and managers work together with the shared goal of safe and quality patient-centered care.

To sustain team synergy, nurse leaders and managers must lead meetings effec- tively. There is nothing more de-energizing than attending a mandatory meeting where there is not a clear purpose or agenda and the meeting seems to drift aim- lessly from topic to topic. Developing the competency of leading an efficient and successful meeting is critical. First and foremost, nurse leaders and managers must avoid holding unnecessary meetings. Typically, staff meetings and committee meet- ings are held monthly, and times may or may not vary. Best practice is to schedule monthly staff meetings on the same day (i.e., the third Monday of the

month) and the same time (i.e., 7:30 a.m. for night shift staff and 7:30 p.m. for day shift). Com- mittee meetings or task force meetings are typically scheduled monthly also.

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