Tikrit University

College of Nursing

Clinical Nursing Sciences



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Nursing Mangement

Nursing Administration

by:

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Part II

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.

Elements of Administration:

- 1. Planning.
- 2. Organizing.
- 3. Staffing.
- 4. Staff development and activities.
- 5. Directing and supervising.
- 6. Time management.
- 7. Coordinating.
- 8. Reporting and recording.
- 9. Budgeting.
- 10. Evaluating.

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 (self-care, minimal care, full care, intensive care). 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.

Staffing process:

Staffing process is an orderly, systematic process, based upon sound rationale, this process is usually 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.

Factors that affect staffing:

- 1. Philosophy and objectives of the hospital.
- 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, experiential levels of staff, and job descriptions.
- 4. Number of beds, supplies, and equipments.
- 5. Hospital structure, support services and personnel, nurse-patient ratio required (1:1 in critical care), and the budget.

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 the 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. 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.

Staff development and activities:

Staff development refers to the processes, programs, and activities through which every hospital develops, enhances, improves the skills, competencies, and overall performance of its medical staff.

Objectives of staff development:

- 1. Increase the staff productivity.
- 2. Ensure safe and effective patient care by nurses.
- 3. Ensure satisfactory medical performance by the medical staff.
- 4. Orient the staff to care objectives, medical duties, and policies.
- 5. Help staff to 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.

Reporting and Recording:

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

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

The importance of reporting and recording for the nurses:

- 1. Document nursing service rendered.
- 2. Shows progress, planning, and evaluation of service for future improvement.
- 3. Guide for professional growth and to 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 electronic recording system.