

SCHOOL OF SCIENCE AND TECHNOLOGY

**NURSING ADMINISTRATION AND
MANAGEMENT**

BSN 6323



BANGLADESH OPEN UNIVERSITY

SCHOOL OF SCIENCE AND TECHNOLOGY
NURSING ADMINISTRATION AND
MANAGEMENT

BSN 6323

Course Development Team

Writers

Dr. K. B. Sarwar

Mosammat Rabia Khatun

Editor

Mahmuda Khatun

Program Co-ordinator

Md. Abdul Mojid Mondol
School of Science and Technology
Bangladesh Open University

Over All Supervision

Professor Khawja Jakaria Ahmad Chisty
Dean
School of Science and Technology
Bangladesh Open University



BANGLADESH OPEN UNIVERSITY

NURSING ADMINISTRATION AND MANAGEMENT

BSN 6323

Published by:

Publishing, Printing and Distribution Division
Bangladesh Open University, Gazipur-1705

© School of Science and Technology
Bangladesh Open University

January 2007

Computer Composed and DTP Layout by:

Md. Jakir Hossin

Cover Designed by: Md. Monirul Islam

Cover Graphics: Abdul Malek

Printed by:

ISBN 984-34-4025-0

*All rights reserved. No Part of this book may be reproduced
in any form without prior permission of the copyright holder*



**SCHOOL OF SCIENCE AND TECHNOLOGY
BANGLADESH OPEN UNIVERSITY**

Contents

Nursing Administration and Management

Unit 1	:	Introduction to Nursing Administration and Management	1
Lesson 1	:	Historical Development and Organizational Structure of Nursing Services	1
Lesson 2	:	Nature, Scope and Purposes of Administration	5
Lesson 3	:	Functions, Principles and Components	8
Lesson 4	:	Leadership	21
Lesson 5	:	Communication	30
Lesson 6	:	Relation	37
Unit 2	:	Nursing Administration in Services Institutions	41
Lesson 1	:	Management of Hospital/Community Services	41
Lesson 2	:	Personnel Management	50
Lesson 3	:	Procurement and Maintenance of Hospital Articles	65
Lesson 4	:	Record Reports	71
Lesson 5	:	Financial Management and Budgeting	77
Unit 3	:	Ward Management	85
Lesson 1	:	Ward Management and Role of In-charge Nurse	85
Lesson 2	:	Supervision, Guidance, Decision-Making and Delegation	90
Lesson 3	:	Record Keeping in the Wards and Report Analysis	97
Lesson 4	:	Trends and Issues in Nursing Management	104

Unit 1: Introduction to Nursing Administration and Management

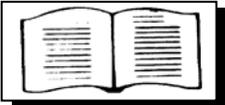
Lesson 1: Historical Development and Organizational Structure of Nursing Services

1.1. Learning Objectives



On completion of this lesson you will be able to-

- describe historical development of nursing administration
- draw organizational structure of nursing services



1.2. Historical Development of Nursing Administration

The function of administration is an essential factor in the development of any service; it provides the mean whereby the most effective use can be made of the knowledge and skills of those giving the service.

The advancement in the art of administration is comparatively less than that of nursing services. Indeed, there is ample evidence from studies, which have been made in many countries that better use can be made of the skills acquired and of the energy and enthusiasm of the men and women who make up the nursing team. Unless the training of the professional nurse includes a study of administrative practice, when she reaches a position of authority, she is ill prepared, for it. It must be remembered that administrative practice is not confined to the top level of authority, that all who occupy positions, which call for the planning and direction of the work of others need to exercise administrative skill.

It has been stated that 'Lack of administrative skill can only be cured by persuading administrator to become more skillful', and it follows that the remedy lies in a determination on the part of all those whose work involves administrative functions to acquire the necessary skill.

1.3. Organizational Chart

The usual expression of responsibility relationship among people and jobs is the organizational chart. An organizational chart is a management tool, a pattern to show how parts are put together to accomplish a particular purpose.

Introduction to Nursing Administration and Management

The chart indicates areas of responsibility, to whom and for whom each person is accountable and the major channels of formal communication. It is interwoven with the organization plan of the hospital, indicating interdepartmental as well as intradepartmental relationships.

In drawing up an organizational chart a nurse director and the administrative nursing staff should:

1. Determine the purpose of the plan. There are at least three elements to be considered: i) Administrative control, ii) Planning and policymaking and iii) Relationships with other departments and related agencies.
2. Draw a chart of the present departmental plan-the actual working one, not the formal one. Sometimes there is a hidden organizational plan that differs from the formal plan and is quite effective. It is helpful to know what is happening in actual practice.
3. Review the departmental functions and determine what activities are needed in order to carry them out. It may be found that certain activities are duplicated; some may belong to other departments; important ones may have been left out of the pattern.
4. Classify the department's functions and activities drawing up job specifications and finding out where the responsibility for decision making should be placed.
5. Review relationship with other hospital departments. Determine what activities involve other areas, what working relationships are necessary and at what levels they are to be established in order to attain the objectives of the nursing department.

There is no one right way to organize a departmental chart. Organizational structure is not static and stationary. The personnel who are part of the organization change; the organization grows and adopts new technology; the social, political and economic setting in which a hospital operates is continuously in flux. One task of a nurse director is to keep her part of the organization adjusted to these changes. As nursing administration is able to predict changing conditions with reasonable accuracy; the chart or organization can be reviewed or revised. When changes do occur in the chart, all members of the department should be notified.

The pattern for administrative control should indicate an orderly chain of command, with lines of authority and responsibility clearly drawn. In that chain each person has an immediate superior and must not be expected to take directions from any other person.

1.4. Organizational Structures

The traditional pyramidal concept has been a popular organizational structure. Some believe that the pyramid structure has outlived its usefulness; others believe pyramidal concepts are still valid. The need for accountability is still an inescapable fact of organizational life. As organizations experiment with new structural strategies in response to a swiftly moving scene, there is a need to find ways to modify and supplement the pyramid design. The results of empirical research on organizational structure offer convincing evidence that there is no single universally optimal organizational plan.

Some organizations see the ladder structure as the answer to the problem of where to locate the growing services can be lifted out of the pyramid and placed in a neutral ladder apart from the hierarchy. This leaves executives free to call for the advice of any specialist without having to go through the hierarchy. It also releases the executive communication network from the obstruction of a specialist's department. The specialty should be able to pass up and down the ladder, temporarily entering the organization at various levels, wherever their services are required. Thus the specialists are left to their specialty, instead of being forced to climb to positions in the organization they may be incompetent to fill.

The pyramid structure for many years has been an ideal means for the person at the top to pass the orders to the subordinates under him. However, with the new knowledge that behavioral scientists have provided, people in organizations are now asking for some opportunity to share their voices and opinions about their place of work. The move toward participative management concepts offers, in theory an opportunity for all levels of personnel to participate responsibly in the life of their place of employment. Associated with this person-centered concept of management is its tool, managing by objectives (MBO) an approach that allows everyone to join in improving the life of a work setting one hopes, to achieve hospital goals as well as the individual's goals.



1.5. Exercise

1.5.1. Multiple choice questions

1. Encircle the letter 'T' if the following statement is true and 'F' if the statement is false.
 - a. Knowledge and skills are essential for a competent administrator
 - b. The advancement in the art of administration is comparatively more in nursing.
 - c. Administrative practices is confined to the top level of authority
 - d. Ladle of administrative skill can only be cured by persuading administrators to become move skillful.

2. Encircle the letter of the best answer of the following statement. The new concept of behavioral scientists regarding organizational structure is
 - a. Pyramidal concept
 - b. Ladder structure
 - c. Participative management concept
 - d. Specialty concept.

1.5.2. Short questions

1. What is organizational chart?
2. What factors an administrator should consider to prepare an organizational chart?

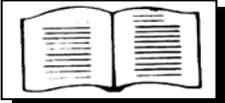
Lesson 2: Nature, Scope and Purposes of Administration

2.1. Learning Objectives



On completion of this lesson you will be able to-

- explain the nature and scope of administration
- identify the purposes of administration.



2.2. Nature Purpose and Scope of Administration

Administration has been defined as an enabling process; it covers the whole art of carrying into effect any policy, plan or undertaking, whether conceived by government, public or private agency.

It may, however, go further than the simple executive functions of applying known rules to given cases; for in its widest form it must embrace leadership, policy-making and planning.

In any work situation the three factors involved are:

1. Policy: what shall be done?
2. Organization: the co-ordination of the effort of the persons involved and
3. Execution: the carrying-out of the operation.

The administrator will be involved in policy decisions. The policy decisions, if they are to be good ones, must be based on verifiable facts; in the process of collecting those facts, which is known as investigation, administration must play its part. In other words, before a policy or plan can be conceived, some attempt must be made to forecast the situation to which the plan is to be applied; and the degree of accuracy in forecasting is a measure of the success of the plan.

It is therefore highly necessary that there should be active participation in the policy forming stage by those directly concerned. To be effective, this participation should not be confined to the top level of authority, but should be carried right down. The result will be a policy that is at once realistic and workable.

At this stage the second principle, relativity, must be applied, since all forecasting must be in terms, which correspond to the realities of the situation. It is easy to produce the ideal plan; but, if the resources necessary to implement it are not available, it is useless. True planning

Introduction to Nursing Administration and Management

takes into account all the limitation as well as the resources of the situation and factors such as on hand.

Administration which carries the responsibility of accomplishing results through the efforts of other people is concerned not only with the development of people. The organization of work is very much a human affair, in which results, though visibly depending on materials and equipment, can not be accomplished except by human effort. The purpose of organization is to unify those efforts, and a clear understanding of human relationships is necessary if the desired result is to be obtained.

Modern management now recognizes certain fundamental ideas, which apply equally well in all nursing administration, namely:

1. That the quality of the working force is the most vital factor in success;
2. That initiative is to be encouraged;
3. That the raising of morale in the working group is more important than the imposition of a rigid discipline;
4. That training based on careful selection must become a conscious and continuous process;
5. That proficiency is not dependent on skill alone, but on the use made of available energy and latent ability and that potential qualities can be drawn out under favorable working conditions by the proper guidance, direction and stimulus exercised by those who administer.

Management has been perceived as a blend of art and science. Scientific management is the result of applying scientific knowledge and methods to different aspects of management and the concerns that arise from them.

Management as an art starts where science leaves off. Science deals with the measurable, calculable and predictable, but when management extends beyond these parameters, which it does in any busy day, art comes into play. Art is the ability to sense a situation, to respond to its mature and demands in terms of the inner or intuitive senses, which are capable of handing intangibles, rather than assessing by reason, analysis and logic.

The art of management may be perceived a relating to one's personality. It requires certain qualities that can be learned, developed and brought into balance by one's experience as his character matures, develops and becomes rounded out and integrated. Education, training and practice help.



2.3. Exercise

2.3.1. Multiple choice questions

1. Encircle letter 'T' if the following statement is correct and 'F' is the statement is in correct.
 - a. Policy making is an important factor in administration
 - b. Organization is the co-ordination of the efforts of the personnel involved
 - c. Degree of accuracy in forecasting is a measure of successes of the plan
 - d. Participation should be confined to the top-level authority for realistic and workable police.
2. Encircle the letter containing appropriate answer of the following statement
Art is an ability of a manger to
 - a. Assess the situation by reasoning
 - b. Assess the situation by analysis and logic
 - c. Predict the situation
 - d. Sense a situation.

2.3.2. Short questions

1. Define the terms administration and management.
2. Write down the fundamental ideas recognized by modern management, which are important for modern nursing administration.

Lesson 3: Functions, Principles and Components

3.1. Learning Objectives



On completion of this lesson, you will be able to-

- explains the functions and principles of administration and management
- state the components of administration and management.



3.2. Managerial Functions

The management process can be improved with practice and developed through the managerial function of planning, organizing, leading and controlling.



Administration moves into motion the management process. These functions are present to a greater or lesser extent in all executive jobs at different levels and in various fields. The job content will vary, but the underlying processes will be similar. In order to expose the full significance of each function, they will be considered individually.

3.3. Planning

Planning is the first function of management. All other management functions- organizing, staffing, directing and controlling- are dependent on planning. The nurse manager needs to be familiar with the decision making process and decision-making tools so that she can identify the purpose of the institution; state the philosophy; define goals and objectives, outline polices and procedures; analyze, evaluate and design jobs; prepare budgets to implement her plans and manage her time and that of the organization.

The process of planning covers a wide range of activities, all the way from initially sensing that something needs to be done to firmly deciding who does what when. Planning is much broader than compiling and analyzing information or dreaming up ideas of what might be undertaker. It is more than logic or imagination or judgment. It is a combination of all these

processes that culminates in a decision about what is to be done. A nurse director must draw many conclusions, such as determining what facts are important and whose word she can trust—broadly speaking, these are decisions.

3.4. Elements of Planning

A nurse director can improve her ability to plan, to make decisions by asking herself two questions:

1. What are the elements of making a plan?
2. How are these elements actually carried out in an organization?

The four essential elements are:

- i. Diagnosing the problem
- ii. Finding the most promising solutions
- iii. Analyzing and comparing these alternatives and
- iv. Selecting the test plan.

Four elements of planning

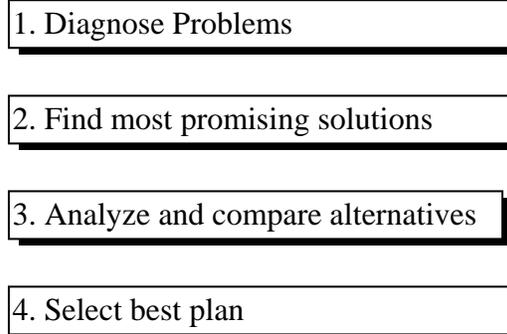


Fig.: Four elements planning.

In making a diagnosis, the first move is to identify and classify a problem. Starting with a situation that needs improvement, the nurse director must locate the obstacles that stand in the way of achievements; she should spell out the essentials of a satisfactory solution. If there are critical restrictions on acceptable solutions, such as limits on money available or on personnel that may be used, she must also state them.

A good diagnosis says what is wrong, identifies the causes, gives the requirements for a satisfactory solution and indicates any significant limits within which the solution must be applicable.

In finding alternative solutions, the nurse director must be concerned with what could be done to overcome the obstacles identified by her diagnosis. This element requires imagination and originality. The alternatives can range from doing nothing to finding a means around the difficulty or removing it, to perhaps modifying the objectives.

The alternatives must be analyzed and composed. If a choice is to be made among the probable plans, the primary differences have to be recognized. All pertinent data, opinions or accepted facts, must be reviewed in the time available and related to the primary differences. Such an analysis will result not only in a list of advantages and disadvantages for each alternative solution but also in some evidence of the relative importance of particular pros and cons.

Finally, the nurse director selects the plan to be followed. Sometimes the one best alternative is not so clear that analysis alone provides the answer. Several factors may need to be balanced, such as morale, cost, acceptance and patient reaction. Consideration must be given to the differences in probabilities of failure and the chances of partial success.

Time and cost may prevent an exhaustive analysis and the director will have to determine when deceives is worth more than increased accuracy. By blending these considerations with the results of objective analysis, she forms an authoritative decision on action to be taken. The course of action is then translated into a complete statement (objective) showing who, what, when where, how and why.

3.5. Purposes of Planning

The planning structure within an organization has several purposes:

- i. To prove for consistency of action, which is necessary so that people both inside and outside the organization can anticipate its performance;
- ii. To provide for integration and co-ordination of organizational activities; and
- iii. To permit considerable economy of managerial effort.

Every organization has a set of basic plans, and these include objectives for the organization as a whole and subunits. Objectives, polices, procedures, programs, schedules and budget are all plans that provide a framework within which individual decisions are made.

3.6. Time Necessary for Planning

Sound planning takes time. It is desirable to consult with other members of the staff and together ideas and facts from many sources; this cannot be done on the spur of the moment. Deciding to make a major change in an organization's operation is often just the beginning of a wide range of planning necessary to implement the basic decision and such planning is far from instantaneous.

The elapsed time involved in planning often serves good purposes. Expert help from different people is made available. The wisdom and consistency of a planning structure are incorporated into the operating decisions. The ramifications of a major decision are exposed and opportunity for balanced, integrated action provided.

Difficulties

Planning requires nurse directors to recognize that difficulties do arise. There is always some inertia when joint efforts of several individuals are needed and some one must provide the enthusiasms and motivation to overcome it. Also important is managerial skill in organizing administrative work, in using planning instruments and in coordinating the efforts of different personalities. Inept management may cause difficulty in planning.

One major concern is reducing organizational friction, which arises as people bring together their ideas to bear on a decision. A group undertaking inevitably creates problems in social relationships. It is essential that the nurse director be aware of such sources of friction as differences in perception of objectives, distortion and loss in communication, the persuasive ability of the impressive individual, the influence of informal groups and personal needs. Despite some of these weaknesses, a well-designed organization of people is the best means of planning yet conceived.

The nurse director must then strive to obtain the greatest benefits from dispersion of planning and at the same time to lessen friction. Ways must be identified to reduce friction for example, creating situation in which personal needs and organizational objectives are both met, building effective communication networks, controlling the influence of staff advisers, integrating informal groups and formal organization.

Organizing

Organizing is the second managerial function. Having planned; the manager must now organize so that personnel can accomplish the plans

with efficiency and effectiveness. Organizing involves establishing a formal structure to provide for the coordination of resources to accomplish the objectives.

Organizing is the preparation for the action to come, with emphasis placed upon interrelating the required activities, practices, resource and organization into a systematic and practicable pattern. It is a configuration of people and resources put together in a manner apparently best suited to achieve particular objectives. Authority, responsibility, delegation, consultation and decision-making are part and parcel of organization.

3.7. Organizational Process

Organization grows out of a need for cooperation. It is a process by which a manager develops order, promotes cooperation among workers and fosters productivity. Activities analysis decision analysis and relation's analysis are tools that can be used to determine the needed structure. Activities analysis is the study of the work to be done and order of priority, how it can be clustered and the relationship of task to one another. Decision analysis is the investigation of the decisions to be made, where they should be made in the structure and by whom relations analysis looks at the contribution each person makes to the organization with special attention to whom she works with, to whom she reports and who reports to her.

Organization is a logical process that involves defining the agency's mission and objectives, establishing policies and plans, clarifying the activities necessary to meet the objectives, organizing the activities for best utilization of available human and material resources, delegating the responsibility and authority necessary to do the activities to appropriate personnel, and grouping personnel vertically and horizontally through information systems and authority relationships.

3.8. Principles of Organization

Certain principles of organization help to maximize the efficiencies of the clear lines of authority running from the highest executive to the employee who has the least responsibility and no authority over others. There should be unity of command with each person having only one boss. Each person should know to whom she report and those responsible to her. The authority and responsibility of every individual should be clearly defined in writing. This reduces role ambiguity. One knows what is expected of her and what her limitations are. This prevents gaps between responsibilities, avoids overleaping of authority and helps to determine the proper point for decisions.

A clear definition of roles is necessary for effective delegation but does not guarantee it. Role clarity allows the employee to know what is expected of her, to whom she reports and to whom she goes for help. Role ambiguity leads to anxiety, frustration, dissatisfaction, and negative attitudes and decreased productivity. Although job descriptions increase productivity and satisfaction, they should not be so exact that innovation is discouraged.

Supervisors should delegate responsibility to the lowest level within the organization where there is enough competence and information for efficient performance and appropriate decision making. Ordinarily, increased delegation and general rather than close supervision increase effective performance, production and employees satisfaction.

The employee should be given formal authority commensurate with the responsibility delegated. The delegation of responsibility should be accompanied with accountability. Most effective control systems are probably ones that provide feedback directly to the accountable person; this seems to increase motivation and provide direction. When this information is passed through a supervisor as performance evaluation rather than guidance, it tends to be nonfunctional and only infrequently contributes to improved performance. This delegation of functions with accompanying responsibility and accountability is particularly difficult for the supervisor because she remains responsible for the action of her subordinates. She remains as responsible as her subordinates for their performance or neglect of their duties. Consequently, the span of control principle becomes important.

There is a limit to the amount of coordination that can be done by one person. It is dependent upon several factors. One can coordinate more similar than dissimilar positions.

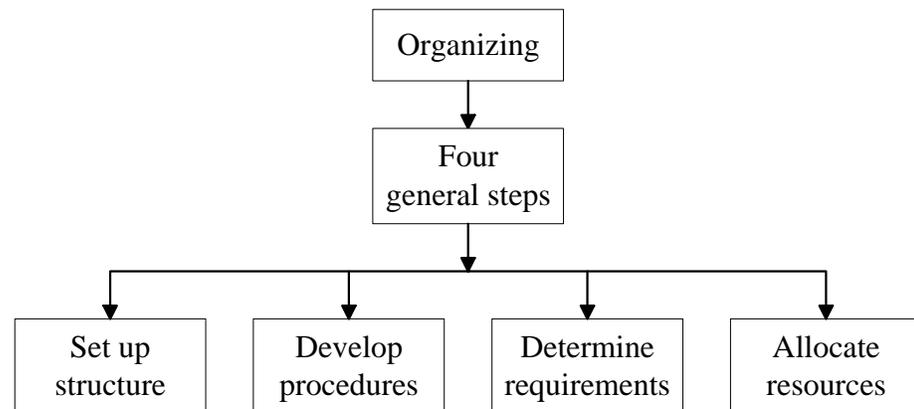
The more the positions are interdependent, the more coordination is involved. The span of control needs to decrease as the complexity of the subordinate's tasks increases. The stability of the agency should also be considered. If the agency has been functioning in similar manner for a long time, the problems that arise have probably been solved, before and coordination is less difficult than in a changing situation where many new problems arise. The span of control is not likely to be uniform throughout an organization. Top-level managers of positions that are interdependent and dissimilar will probably have a smaller range of control than lower-level supervisors who are coordinating people doing similar tasks in a confined area. The span of control should not be so wide that the supervisor does not have time to deal with the human relation aspects, such as giving workers individual attention, communicating information about the agency's policies and listening to suggestions, grievances and

problems. On the other hand, she needs a span of control large enough to keep her busy so she will not interfere with the delegated responsibilities of others.

3.9. Steps in Organizing

The task of organizing usually begins directly after the nurse director chooses the course of action that will best accomplish the desired nursing service objectives. As R.W. Ross lists them, the four general steps of organizing include-

- i. Formulating departmental structures
- ii. Developing departmental procedures
- iii. Determining departmental requirements and
- iv. Allocating departmental resources.



Steps in organizing (Ross)

When the task of organizing begins, one must be aware of certain basics. Methods must be created for acquiring the necessary resources; structural aspects of the organization must be set up to indicate the activities to be performed and lines of responsibility and authority; policies, procedures and controls must be worked out; a schedule for the details of performing the activities is needed; a timed plan for achieving certain goals should be devised. All these must be brought together into an operational system for providing nursing services. Then the resources are assembled and the department is brought into being.

It is helpful to understand the differences between an organization's structural and procedural components. The structural part deals with the interrelationships of functions and of people in doing a job; the procedural aspect is concerned with defining and bringing about the necessary conditions that make achievement of the predetermined objectives

feasible. The purpose of organizational structure is to create a framework for effective operations, whereas the procedural part builds a system that will specify how to perform the various steps in a task. These components are not independent of each other, nor is it possible to complete one part of the process of organizing before moving to the other. Consideration must be given to the related factors in the entire action. Changes in procedural patterns generally affect the structure of an organization and it is equally apparent that organizational structure influences the design of operating procedures.

The job of ascertaining requirements for resources and of allocating and assembling them generally follows the structural and procedural developments in organizing. It is assumed that the nature of the objectives, the plan, the structure and the procedures determine the number and kind of resources necessary, their allocation and their collection.

The structural aspects involve interrelating the different responsibilities. It must be determined which ones will be assigned to particular segments of an organization. The process requires identifying the scope and jurisdiction of the responsibilities growing out of the assigned job, showing the relationship that is decided upon and developing a means through which orders may start or stop a management action.

Basic Structural Concepts

The basic concepts related to the structural element of organizing are unity of command, extent of command, homogenous assignment and assignment of responsibility with delegation of authority. As these concepts are understood and practiced, a sound, strong and workable organizational structure can develop.

Unity of Command

According to Ross, unity of command means that the final responsibility for and control of all actions directed to ward the goals of an organization are vested in one person at each level of operation. This concept concerns it self with people and their interactions and with operating patterns and procedures. It establishes a definite chain of management echelons. At the same time it serves as a means of control by ensuring and protecting the unified system of procedure directives and orders. It becomes identical with managing a workable system, with making provision for it and with being accountable for its smooth operation.

Span of Control

The extent of command concept involves the relationship that may exist between a nurse director and the staff she holds responsible for the performance of specific acts. It is based upon the restrictions that she imposes upon the span of her activities. These limits are divided into three parts: span of control of individuals, of distance and of time. Span of control is sometimes defined as a set of abstract rules and generalizations regarding the number of people a given person may supervise and how much space he can cover. The specific conditions in a given situation will decide the procedural setup and the procedural setup will in turn determine the span of control.

How many individuals can one person effectively control? In the view of some writers, the optimum number of personnel reporting to one supervisor should be five or six. Modern's writers have challenged the belief. They contend that the span of control can vary, with wide limits, depending upon such factors as the personality of the manager, the complexity of the work, the level of competence of the subordinates; the geographical dispersion of the employees and the closeness of control exercised.

A narrow span of control permits the manager to exert very close control over his staff. He can make most of their decisions for them. Those who favor rigid control tend to utilize a narrow span.

On the other hand, a wide span of control requires that the employees make their own decisions. They are given more freedom and latitude. A wide span of control encourages general supervision and if it is to be effective, employees must be well prepared to perform on their own.

Homogenous Assignment

Homogenous assignments are those functions essential to the accomplishment of organizational objectives. They are grouped according to the closeness of their relationships to one another. Applying this concept calls for the use of a goodly amount of judgment, specially where the skills needed are not equal to those available. Consideration must be given to integrating related activities as opposed to the advantages of strict organization by function.

Delegation

From an organizational point of view, delegation means that when a job gets too big part of it must be entrusted to someone else. The difficulty lies in identifying what part of the job can best be passed along. How can other

people be encouraged to accept willingly the additional tasks and how can one keep an efficient check on the delegated work being done?

3.10. Factors involved in Delegation

Responsibility for the work delegated; authority needed in order to fulfill that responsibility and accountability or the obligations to carry out the responsibility and authority.

1. **Responsibility:** By responsibility is meant, first the obligation to do an assigned task and second, the obligation to be answerable to someone for the assignment. Obligation implies a willingness to accept the burden of a given task for whatever rewards, as the result of success or risks, as the result of failure, one may see in the situation.
2. **Authority:** Responsibility assigned to a subordinate implies commensurate authority conferred upon him. This relation is similar to the relation between action and reaction. There is no action without a corresponding responsibility with out the delegation of corresponding authority. Delegation of authority is preceded by the significant element of assigning a task. The right to action must automatically accompany the assignment of the task. While performance of an act may be assigned to a subordinate, the manager is ultimately always responsible for what the subordinate does. Every manager is responsible to a superior for the achievement of some portion of the organizations program and his responsibility can never be delegated to anyone else.
3. **Accountability:** A subordinate must be accountable for his actions. The superior expects the subordinate to carry out conscientiously the work assigned to him. Responsibility and authority can be delegated, but accountability cannot be delegated.
4. **Relationship:** Effective delegation centers around a personal relationship between two people, the manager and his immediate subordinate. The manager, who is accountable for achieving certain results, looks to the subordinate for the performance part of the job and gives him permission to take certain action. Thus the relationship between these two people grows and shifts. Work bits and attitudes are shaped by the subtle interplay of the two individuals involved.
5. **Other factors requirements for delegations:**
 - a. The freedom and initiative that the subordinate is expected to exercise should be spelled out in detail.

- b. Delegating a job requires considerable administrative skills. The assigned duties should be well defined and written out, indicating what is to be done.
- c. The person to whom work is to be delegated must be assisted to become self-sufficient; delegation will be ineffective if personnel have to keep checking back and asking advice unnecessarily. However, the person delegating the work must maintain contact with those doing the work and determine through some follow-up method whether the work is being done.
- d. The nurse manager ensures prompt and effective performance of work under her supervision. She/he also creates the conditions necessary for cooperation and team-work.
- e. A manager must place confidence in her subordinates and recognize that they will not carry out every assignment precisely as she, the director would.

3.11. Some Constraints/Difficulties for Delegation

- 1. A common problem is that managers are reluctant to delegate adequately to their subordinates.
- 2. A nurse director may fail to delegate to her subordinates if she believes she can do a better job her self.
- 3. She may lack the ability to communicate to people what is to be done.
- 4. She may be handicapped by a temperamental aversion to taking a chance for fear that the gains from delegation will not for offset the troubles that may arise.
- 5. Subordinates may not accept delegated tasks because it is easier to ask the manager than to decide for them selves how to deal with a problem.
- 6. Fear of criticism for mistakes keeps people from accepting greater responsibilities.
- 7. Lack of necessary information and resources creates an attitude that might make a person reject further assignments.
- 8. Lack of self-confidence makes a person less inclined to take on more obligations.
- 9. Delegation is one of the most difficult skills to acquire.

3.12. Advantages/Benefits of Delegation

1. It is important because a person's success may be measured largely in terms of work performed for him by other people.
2. It has been found that the critical point in the career of many directors is reached at the stage when they must either learn to delegate or cease to grow.
3. Delegation enables the director to multiply herself and to extend her knowledge, every time through the efforts of others.
4. A proper delegation is the first step in telling people makes their own decisions and learns from their mistakes and this is a basic ingredient in developing potential nursing managers.



3.13. Exercise

3.13.1. Multiple choice questions

Tick (✓) the correct answers

1. Encircle the letter containing suitable answer of the following statements
 - A. Planning is a combination of all processes that culminates in
 - a. Activities to be performed
 - b. Procedures to be carried out
 - c. A decision about what is to be done
 - d. A prediction about an event.
 - B. One of the elements of planning is
 - a. To search for resources
 - b. To diagnose problem
 - c. To recruit personnel
 - d. To organize activities.
 - C. Organization is a process by which a manager
 - a. Tables decision
 - b. Promotes cooperation among workers
 - c. Find out resources
 - d. Assess and analyze the product.

Introduction to Nursing Administration and Management

2. Encircle the letter 'T' if the statement is correct and 'F' if the statement is incorrect of the following statements.
 - a. One of the steps of organizing is allocate resources.
 - b. The purpose of organization structure is to build a system.
 - c. The structural aspects involve interrelating the different responsibilities.
 - d. Units of command mean that the final responsibility and control of all action rested in several persons at each level of operation.

3.13.2. Short questions

1. Discuss the managerial functions.
2. Write down elements of planning.
3. What are purposes of planning?
4. Describe organizational process.
5. What is delegation? What are factors to be considered before delegation?
6. Write short notes on: i) Span of control ii) Unity of command iii) Homogenous assignment.
7. Briefly discuss the general steps in organizing.
8. What do you mean by delegation? Discuss the factors involved in delegation.
9. Enumerate the difficulties an organizer usually may encounter during organization.
10. State the advantages of delegation.
11. What is the meaning of planning?
12. Explain the importance of planning.
13. Briefly, discuss the steps in planning.

Lesson 4: Leadership

4.1. Learning Objectives



On completion of this lesson you will be able to-

- know function of nurse leader
- describe qualities of leadership
- discuss types of leadership.



4.2. Leadership

The third significant managerial function needed is leadership the dynamic force that stimulates, motivates and coordinates an organization. Leadership consists of interpersonal influence, exercised in a situation and directed by means of the communication process, toward the attainment of specific goals; it involves attempts by one person to affect the behavior of others in a situation.

The nurse leader must deal directly with the use of personnel, material, money, facilities and equipment putting them in a definite relation to one another. In carrying out this function she is faced with the fact that one of her resources, personnel is different from the other resources. While the different resources within an organizational system must be integrated, the peculiar characteristics of people require serious consideration because they are the generators of activities.

A nurse leader leads by personally and actively working with her subordinates in order to-

1. Guide and motivate their behavior to fit the plans and the job that have been established.
2. Understand the feelings of employee and the problems they face as they translate plans into actions.

The task of guiding and motivating the behavior of employees has many facets. Plans have to be communicated to people in a meaningful way. As plans are being executed, questions of interpretation arise and adjustments are needed to overcome minor difficulties. Jobs well done should be recognized. Friction between staff members has to be resolved or minimized.

4.3. Qualities of Leadership

1. Personal relations and the reactions of individual personalities to one another play a major role to improve one's ability to lead requires a high perceptiveness about the people involved in a specific situation.
2. The nurse leader must develop and understand the meaning of empathy, self-awareness and objectivity toward others personal behavior.
3. Empathy is the ability to look at things from another person's point of view. If the nurse leader has to guide, motivate and get information from a subordinate, she must be able to project her self into that subordinate's position.
4. A leader must know how he appears to other people. Many people have images of themselves that differ from the way other see them. With awareness of her own preferences, habits, and weaknesses and of what others think of her, the director should learn what impressions her actions make on others.
5. Another quality crucial to good leadership is objectivity in person-to-person relations. Something causes people to react as they do. If a director can identify the influences on a person's actions, she has taken an important step toward guiding her behavior. Instead of getting angry with someone for resisting a new policy on procedure, she will recognize the person's response and try to find out what caused it. Or if someone is unequally energetic she will try to understand what motivates her, in the hope of finding a way to induce similar behavior in others.
6. A manager is endowed by his position with necessary authority to carry out his responsibilities. He can expect performance from others. Most employees see authority and orders as coming from above. The power of a leader and hence his effectiveness, is dependent upon the willingness of his subordinates to accept and support him.

It must be recognized that leadership is not the same as authority. The organizational manager has authority by virtue of the position he holds. He may or may not exert leadership. Authority involves the legitimated rights of a position that requires others to obey; leadership is an interpersonal relation in which others comply because they want to, not because they have to. A manager, who have the authority but without leadership ability cannot be successful in his/her organization.

7. In most organizations a person is a leader of his subordinates and a follower of his superior in the hierarchical structure. Stodgil, in a study of leadership characteristics, concluded that the pattern of

leadership traits differs with the situation. Evidence strongly suggests that leadership is a relationship exist among people in a social setting and that whoever becomes a leader in one situation may not do so in a different situation.

8. A leader tends to have greater intelligence in his followers.
9. A leader should possess social sensitivity and an awareness of individual values, feeling, goals and problems.
10. He is able to sense and judge human reactions accurately in order to influence people. A person is unlikely to move up to a role of leadership if he is inactive, apathetic and aloof. A leader should interact with his subordinates as well as with others.
11. A leader must be able to convey messages clearly and accurately, since fluency, of speech promotes effective communication.

4.4. Principle of Leadership Identified by “Wall and Hawking

1. The effective use of leadership contributes to the achievement of the goals of the group.
2. Effective leadership is a function of the characteristics of the leader, the group, the situation and the interrelationship among these factors.
3. The effectiveness of a leader depends largely on how well he and his organization define his role and how completely they accept it.
4. To be effective, a leader must be able to analyze his group and determine what course of action will best help to achieve the group’s goals and promote its morale.
5. It is important to the leader’s success that his followers perceive him as effectively responding to group needs.
6. The effectiveness of the leader must ultimately be judged in terms of the groups survival and its progress toward it goals.

Leadership Styles

In classifying leadership styles, most authorities recognize three basic types-

1. Democratic
2. Autocratic and
3. Laissez faire or free rein

Democratic leadership in which the leader draws ideas and suggestion from his group by discussion and construction.

Autocratic leadership in which the leader assumes full responsibility for all actions.

Free rein leadership in which the leader plays down his role in the group's activity and exercises a minimum of control.

1. Three Types of Leadership

Democratic Leadership

A democratic leader assumes that employees are eager to perform their jobs and capable of doing so. They are willing to share decision making with their employees and believe that the latter have worthwhile contributions to offer.

4.5. Characteristics of Democratic Leaders

1. The group is perceived as having responsibility for goal determination and goal achievement and self-expression is encouraged.
2. Democratic leadership encourages enthusiasms; high morale and satisfaction in employees, since basic human needs for recognition are being met.
3. The democratic leader uses rewards to create a positive motivation pattern; particularly psychological rewards, such as recognition, advancement and responsibility.
4. Under democratic leadership an employee's orientation toward achievement and responsibility results in better performance. He shares in decision-making and develops a feeling of participation in the overall accomplishments of his work group.
5. In democratic leadership morale is measured in terms of the individual's motivation to contribute his talents to the achievement of organizational goals. He works toward recognition, the esteem of others and self-fulfillment.
6. Performance of employees in a democratic leadership environment is characterized by awakened drives. Individuals are stimulated to participate in and contribute to the accomplishment of common goals. High achievement levels are attained because the resources of the whole group are utilized, rather than those of the manager only.

2. Autocratic Leadership

An autocratic leader gives direct, clear and exact orders to his employees with detailed instruction as to what is to be done and how, leaving scant room for employee initiative.

Characteristics

1. This leader delegates as little as possible and believes that in all probability he can do a better job than his followers.
2. He does not necessarily distrust them but feels that an employee could not properly carry on without his directions.
3. Such leadership tends to cause employees to lose interest, initiative and stop thinking for themselves.
4. The autocrat believes he must direct the efforts of his employees toward organizational goals and do it autocratically and maintains control.
5. Autocratic managers can be harsh or benevolent they direct activities from a position of organizational power. The formal authority they possess gives them the right to command subordinates and they depend upon and use this authority to get performance.
6. The autocratic boss uses a negative motivation pattern in the form of threatened loss of job, demotion etc. These penalties are employed as a means of frightening subordinates into productivity.
7. An employee finds it necessary to adopt an attitude of obedience to his autocratic boss. The constant reminder of the boss's power to hire and discharge forces him into a condition of personal dependency.
8. Under autocratic management the employee is expected to take his orders and follow them. Usually the level of morale attained is unenthusiastic compliance with rules and directions. As a result only his lower level or subsistence needs tend to be satisfied.
9. Due to lack of motivation under autocratic management, the employee reluctantly gives only minimum performance and hopes for better things to come.
10. The autocrat has centralized many functions in himself and thus usually works hard to keep ahead.
11. Less than optimal goals are achieved, however, because the resources utilized are primarily those of the manager only.

3. Free Rein Leadership

Free rein or laissez faire leadership is leadership in which each individual sets goals independently. It exists when a manager is too weak or too threatened to exercise the functions of leadership or when lack of trust within the group prevents unity. The manager who has great need of approval may practice laissez-faire leadership out of fear of offending his

subordinates. He wants to please everyone and in the attempt fails to give strength and direction.

Characteristics

1. This leader may provide information to employees upon request but he gives little or no leadership.
2. He tends to be preoccupied with his own work.
3. Communication and directions to employees are lacking and most do, as they want.
4. Very little teamwork occurs because there is no effective leadership.
5. The free-rein approach is the least efficient of the three types of leadership.
6. The work situation will rapidly disintegrate into a disorganized hodgepodge in which no one knows or cares what he is supposed to do.
7. A worker in this kind of atmosphere will loss sense of initiative and desire for achievement.

4.6. Requirements for Complete Success of an Organization

The integrated efforts of leader, organization and the employee personnel are essential for success of on organization:

Leader

Leadership studies indicate that the skill with which one applies the three basic styles determines an individual's personal success as a leader.

Leadership style continuously changes, according to the leader, the environment and the cultural climate in which the organization is operating.

The effective leader strives to apply and shift his leadership style to fit the changing conditions, the problems and the people. He perceives his role of leadership as a continuing process.

His success in a leadership position depends on his own beliefs about his role and power, his value system, level of aspiration, confidence in others, feeling of security and desire to lead.

Employee/Personnel

Success further depends on the employees/personnel their strength, needs, knowledge, job experience and personal goals.

Organization

The organization itself can be a contributing factor to a leader's success or failure in its cultural values, size, effectiveness and role within the community.

Control

Control is the managerial functions concerned with making sure that plans succeed; it means measuring and correcting the performance of employees to ensure that the planned objectives of an organization are achieved. Planning and controlling are closely related. However, control means more than measuring, for in many instances it requires revised planning, additional organizing, and better methods of directing. Planning, organizing and leading are the preparatory steps in getting the work done, while control is concerned that the execution be properly implemented.

Elements of Control

The process of control has three elements-

2. Standards that represent the desired performance. Standards may tangible or intangible; vague or specific, but until the people concerned understand what results are desired, control will create confusion.
3. Comparison of actual results with the standards. Once a comparison is made between actual results and standards it must be reported to the people who can do something about it.
4. Corrective action- control measurement and reports are of little value unless corrective action is taken when it is discovered that current activities are not leading to desired results.

Guidelines Relating to Control are:

2. Action is the essence of control.
3. Plans and budget are important elements in implementing effective control because they outline what is intended and expected and the means by which the goals are to be achieved.
4. Control action can be taken only by the individuals who hold delegated responsibility and authority for the operation affected.

5. Control requires a system of information tailored to the specific management needs of key executive's information that is timely and adequate.
6. Management controls will not be of much value unless they cause people to alter their behavior.
7. The success of an organization and its parts depends on the degree of difference between what should be done and what is done.
8. When all members of the organization are aware of the major objectives being pursued and of the immediate objectives of their unit, control efforts are enhanced.
9. To be effective, a control system must be understandable and flexible and point out where corrective action should be taken.
10. Four activities can be controlled: quality, quantity, cost and use of time.
11. Controlling is done so that performance can take place according to established plans.
12. Controls that are enforced may serve as a guide to what must be done well and what can be done indifferently.
13. Control of operations in any organization is maintained by both its administrators and its managers. The administrator strives to create the setting in which the operations may proceed smoothly he is responsible for the actual control of activities for seeing that they are carried out within the limits determined by policy and that the end results correspond to the predetermined objectives.
14. The broad interpretation of the concept of control evaluation of overall effectiveness is a matter answering two questions. Is the total job being done well? Is there any way of doing it better?
15. Effective leadership is required to unify the action of its members.
16. The management functions of planning, organizing, leading and controlling must be viewed as interrelated; they cannot stand alone.
17. The successful nurse director develops each of these separate function and simultaneously also develops their interrelationships.
18. The integration of the management process and its functions into a well-balanced whole is a major skill of a nurse director.

Constraints/Difficulties in Control

2. The response of people to standards, measures reports or other forms of control depends on the total situation. Control may be rejected if there is no genuine interest in accomplishing organizational objectives or if standards of performance are considered too high.

3. Controls may cause dispute among parts of an organization when the people involved lack confidence in the measurements.



4.7. Exercise

4.7.1. Short questions

1. What is leadership? What are the functions of leader?
2. Discuss the qualities of leadership.
3. What are the principles of leadership identified by wall and Hawking?
4. Classify leadership.
5. What the requirements for complete success of an organization?

Lesson 5: Communication

5.1. Learning Objectives



On completion of this lesson, you will be able to learn-

- explain the term communication and the process of communication
- state the different directions of communication
- identify barriers to effective communication
- discuss the measures how to overcome barriers.



5.2. Communication

Communication is a process of sharing ideas for a desirable change in the human behavior.

The communication process involves six steps.

Ideation- Ideation → Encoding → Transmission → Receiving → Decoding → Responses → Response → Decoding → Receiving → Transmission → Encoding

Indexation- is the first step, begins when the sender decides to share the content of her message with someone, senses a need to communicate develops an idea or selects information to share.

The purpose of communication may be to inform, persuade, command, inquire or entertain.

Encoding- putting meaning into symbolic forms, including speaking, writing or nonverbal behavior. One's personal, cultural and professional biases affect the goals and encoding process. Use if clearly understood symbols and communication of all the receiver needs to know are important.

Transmission of the Message- must overcome interference, such as garbled speech, unintelligible use of words (as in long complex sentences), distortion from recording devices, noise and illegible handwriting.

Receiving- the receiver senses of seeing and hearings are activated as the transmitted message is received.

Decoding- the receiver defines words and interprets gestures during the transmission of speech. Written messages allow more time for decoding. The receiver assesses the face value and implications of the message based on what the symbols mean to her. The symbols are subject to

interpretation based on one's personal, cultural and professional biases and may not mean the same to the receiver as to the sender. The communication process is very dependent upon the receiver understanding of the information.

Response or Feedback- it is important for the sender to know that the message has been received and accurately interpreted.

5.3. Directions of Communication

Downward Communication: The traditional line of communication is from the superior to the subordinate down through the levels of management. This downward communication is primarily directive and helps coordinate the activities of different levels of the hierarchy by telling the subordinate what to do and by providing these inform into needed by the subordinate to relate her efforts to the organizational goals. It includes oral and written indoctrination, education and other information to influence the attitudes and behaviors of subordinates. Common forms for downward communications are employee handbooks, operating manuals, job description sheets, performance appraisal interviews, employee counseling, loudspeaker system, letters, memos, posters, bulletin boards, information reeks, company newspapers, annual reports, chain of command etc. Downward communication contributes to greater subordinate dissatisfaction than upward communication, regardless of the quality of the message.

Upward Communication: Newer management technique encouraged delegation of authority and more personal involvement in decision-making thus creating a need for accurate upward communication. Upward communication provides a means for motivating and satisfying personnel by allowing employee input.

An employee may have a better solution to a problem than the first line supervisor, the first line supervisor may know about a situation than a middle manager and so on. So, accurate upward communication is important for effective problem solving. Subordinates must feel free to communicate upward and must have opportunity to do so. Common means for upward communication include face-to-face discussions, open-door policy, staff meetings, task forces, written reports, performance appraisals, suggestion boxes etc.

Lateral Communication: Lateral or horizontal communication is between departments or personnel on the same level of the hierarchy and is most frequently used to coordinate activities. The need for lateral communication increases as interdependence increases. It becomes more important in situations where one worker starts a job and someone else

finishes it. It is also used by staff to transmit technical information to line authority. Committees, conferences and meetings are often to facilitate horizontal communication.

Diagonal Communication: This communication occurs between individuals or departments that are not on the same level of the hierarchy. Informal in nature and frequently used between staff groups and in project-type organization, it is another facet of multidirectional communication, which is common as communication often flow in all directions at the same time.

The Grapevine: Informal methods of communication coexist with formal channels and are referred to as the grapevines. Informal communication is often rapid and subject to considerable distortion. The grapevine transmits information much faster than the formal channels because it uses cluster chain pathways involving three or four individuals at a time instead of going from one person to another. Communication passes at an increasing rate as individuals from clusters inform other small groups of people who work near each other or have contact with each other.

Information gets distorted for a number of reasons. Grapevine information is often fragmentary and incomplete. Consequently, there is a tendency to supply the missing pieces. Managers can learn much by listening to grapevine and can remedy distortions by using the informal channels to pass on correct information.

5.4. Types of Communication

1. Verbal communication- speaking in words.
2. Non-verbal communication- facial, eye contact, body language, gesture, posture etc.

Barriers to Communication: There are many types' barriers in communication

1. Physical barriers
 2. Physiological barriers
 3. Psycho-social barriers
 4. Environmental barriers
1. People tend to have selective attention and selective perception that cause incomplete and distorted interpretation of the communication.
 2. Sometimes people tune out the message because they anticipate the content and think they know what is going to be said.

3. The receiver may be preoccupied with other activities and consequently not be ready to listen.
4. Poor listening is one of the biggest barriers in the communication process.
5. Lack of clarity and precision resulting from inadequate vocabulary, poorly chosen words, jargon, awkward sentence structure, and poor organization of ideas and lack of coherence are common.
6. Telling too fast or too slow, slurring words and not emphasizing important points lead to faulty transmission.
7. Memos that are poorly organized and lack summaries also complicate the communication process.
8. Words mean different things to different people, communication is complicated when the sender uses words with which the receiver is not familiar, does not communicate on the receiver's level or makes the message long and complicated.
9. The receiver becomes confused when nonverbal cues, such as facial expression and posture conflict with the verbal communication.
10. Values, attitudes and assumptions affect one's perception of the message.
11. If the sender has status with the listener, her message is usually considered credible.
12. Subordinates tend to pay attention to communication from supervisors.
13. Status barriers by increasing psychological distance.
14. Time pressures also become barriers preventing communication.
15. Physical distance, organizational complexity, temperature, noise etc also affect communication.

Improving Communication: Good communication is essential to the smooth operation of any organization; it is of paramount importance to nursing services.

1. The nurse director must create a climate conducive to a free flow of communication in all directions relating to nursing services. Further, she must provide learning experiences in which nursing personnel can acquire a basic understanding of communication concepts and their implications for everyday relationships and the care of patients.
2. As the hospital, nursing department and patient unit continue to grow and change, their demands on communication will also change. Methods of communication must be flexible enough to keep pace with the often rapid organizational change.

Introduction to Nursing Administration and Management

3. Communication should be well-organized and express simple words, a clear style and the shortest sentences possible.
4. Repetition is specially important when the information is important and the directions are complicated.
5. Listening, and active process that requires conscious attention is critical to good communication.
6. People have different sets of values and react to communication according to their own feelings and experiences.
7. The timing of communication must be considered; the right things can be said or written at the wrong time.
8. The information to be communicated should be as complete as possible.
9. The method of communication should fit the occasion. Thought should be given to how a message is to be sent- written, spoken, telephone.
10. Emotions are involved in communications. Meaning is transferred by attitudes, facial expressions, body movements, tone of voice, as well as by what is said and what is not said.
11. Verbal communication may need to be followed up in writing.
12. Memoranda should be written in languages understandable to the group for which they are intended.



5.5. Exercise

3.5.1. Multiple choice questions

Tick (✓) the correct answers

1. Select the best answer by encircling the letter containing best answer of the statements.
 - A. Quality crucial to good leadership is
 - a. Something causes people to react
 - b. To take action immediately for resisting a new policy or procedure
 - c. To influence the person toward activities
 - d. Objectivity in person-to-person relations.
 - B. A good leader leads by
 - a. Recognizing the organization
 - b. Identify the resources
 - c. Understanding the feelings of the employee
 - d. Making the policy.
2. Encircle the letter 'T' if the statement is correct and 'F' if the following statement is incorrect
 - a. Personal relations and the reactions of individual personalities to one another play a major role in leadership
 - b. Empathy is the ability to look at things from own point of view.
 - c. The leader has his own image, which will be same for others
 - d. An organizational manager has authority but he/she may or may not exert leadership.
 - e. To be effective, a control system should not flexible
 - f. Corrective action is taken when it is discovered that current activities are not leading to desired results.

5.5.2. Short questions

1. What are the prerequisites for complete success of an organization?
2. Who is leader? Enumerate the qualities of leadership.
3. Explain the principles of leadership identified by "Wall and Hawleins".
4. Classify leadership styles. Briefly, discuss the characteristics of autocratic leadership.

Introduction to Nursing Administration and Management

5. What is the meaning of control? Explain the process of control with diagram.
6. Enumerate the guidelines for control.

Lesson 6: Relation

6.1. Learning Objectives

On completion of this lesson you will be able to learn-

- explain the terms interpersonal relationship human relation and interdepartmental co-ordination
- identify factors/elements are required to develop good interpersonal relationships.

6.2. Human Relation

The human relations movement began in the 1940's with attention focused on the effect individuals have on the success or failure of an organization. The chief concerns of the human relations movement were individuals, group process, interpersonal relations, leadership and communications. Instead of concentrating workers to develop their potential and helped them meet their needs for recognition, accomplishment and sense of belonging.

Inter-personal relationship: It is the relationship in between two persons.

Factors required establishing good interpersonal relationship

1. Commitment
2. Communication
3. Empathy
4. Sympathy
5. Understanding
6. Caring
7. Concern
8. Listening.

6.3. Interdepartmental Coordination

While the hospital administrator is the chief coordinator of hospital services, he depends on the department directors both as individuals and as a group to accomplish hospital goals and he delegates the authority to enable them to do so. The nurse director must determine how far she can go with coordinating activities with other departments. The extent to which the two can make binding decisions to adopt a new course of action

depends upon the scope of authority each possesses and also philosophy and policies of top management.

The place of coordination of nursing services with hospital departments and other groups should be high on the hierarchical scale of functional importance for the nurse director. Nursing service personnel make up the one group that relates all the various service areas of the hospital for the patient. Because nursing is a focal point of hospital services, it affects and is affected by what other departments do.

Effective unity is the aim of organizational engineering and the nurse director, who adapts and integrates the functioning of its parts. She coordinates and unites ideas of others with her own. As nurse director communicates with the supervisors, peers, subordinates, and patients and with the community, so she should expect the nursing staff under her supervision to perform in suitable fashion.

People in organizations tend voluntarily to coordinate their actions when necessary. Each person at his own discretion adjusts to the needs of other workers. Such voluntary coordination is more likely to work smoothly if there is common agreement on a set of objectives. Through mutual recognition of objectives, the work of all persons will probably, become more effective.

As a nurse director tries to coordinate the functions of the nursing department with those of all other departments of the hospital, she must discover whether these groups clearly recognize common objectives, sufficiently well stated to assure coordination for patient care.

As a member of top management, the nurse director participates with other department directors in hospital management. The nurse director must be an active member in activities involving interdepartmental policies and functions.

The object of coordination is to identify the points where the functions of nursing and those of other departments meet and to assure that they meet at the right time, in the right place and without conflict or a gap. The nurse director should therefore study the function of other department, in order to have a real understanding and appreciation of the activities and responsibilities of all groups in the hospital. She should provide opportunity for personnel from other departments to become acquainted with nursing functions. On the basis of this knowledge she is able to make wiser decisions or recommendations to bring about better departmental coordination-perhaps through changes in policy or procedure, through improved ways of sharing and exchanging information or through

provision for consultation between the nursing department and another department when necessary.

Areas of disagreement inevitably arise, since much of the success in operating a nursing services department rest upon methods of working with other people. Because their routes of preparation vary and concepts of care differ, there may be conflict between the nursing service and personnel from other departments. To solve such problems, those involved must share a common concept as to the responsibility of the hospital for the care of patients.

In order to provide effective coordination between nursing service and other departments, the nurse director must lay the groundwork for it and create a climate in which coordination is possible. She will have to:

1. Cooperate with other departments and staff in carrying forward the work of the hospital as a whole.
2. Assist other department in working out routines closely related to activities of the nursing department.
3. Study the functions and activities of other departments and interpret them to the nursing personnel.
4. Participate in joint professional meetings to plan for patient care, organized as a committee for the improvement of patient care.
5. Participate in departmental and other meetings to discuss common hospital problems.
6. Invite representatives from other departments and groups to participate in staff education programs and nursing unit conferences of the nursing department.
7. Encourage nursing staff to participate in meetings with other departments.
8. Arrange joint staff education programs.
9. Use individual conferences.
10. Use written memoranda.



6.4. Exercise

6.4.1. Multiple choice questions

Tick (✓) the correct answers

- A. Encircle letter of the statement containing best answer of the following statements
1. The sender decides to share the contents of her message with some come is
 - a. Encoding
 - b. Transmission
 - c. Response
 - d. Ideation.
 2. Newer management techniques encourage the direction of communication
 - a. Downward communication
 - b. Upward communication
 - c. Lateral communication
 - d. Diagonal communication.
- B. Encircle the letter 'T' if the statement is correct or 'F' if the statement is incorrect
- a. The receiver becomes confident when non-verbal cues conflict with the verbal communication.
 - b. Values, attitudes and assumptions affect one's perception of the message.
 - c. Subordinates tend to pay attention to communication from top level manager.
 - d. Poor listening is one of the biggest barriers in the communication process.

6.4.2. Short questions

1. Define communication. Discuss the steps of the communication process.
2. Briefly, discuss the different directions of communication.
3. Enumerate the barriers to communication and briefly discuss how to overcome some of these barriers.

Unit 2: Nursing Administration in Service Institutions

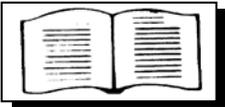
Lesson 1: Management of Hospital/Community Services

1.1. Learning Objectives



On completion of this lesson you will be able to learn-

- explain the standards of performance
- identify provision of quality assurance services
- state the hospital polices and procedures.



1.2. Standards of Performance

Standards are criteria against which performance can be measured. Standards of nursing practice should be clear, concise, specific sentences worded in terms of action and behavior that describe intended outcomes that can be seen measured and judged. The standards are derived from a definition of broad roles the nurse practitioners fill in relation to the patient. Activities the practitioner will carry out to reach a goal must be selected.

Each department of the hospital to guide the actions of the personnel into purposeful, safe and effective patient care establishes standards of performance. The nurse director and her staff have to be aware of those standards that have any relationship to the care of patients.

Standards for nursing- nursing practice and nursing service- are the responsibility of the nurse director and the administrative nursing staff. Nursing care concerns itself with

1. The provision of care through nursing practice and
2. The provision of care through nursing services.

The first involves the actual use of nursing skills of all kinds in direct contact with the patient and his family.

The second has to do with the facilitation of this practice through the use of administrative, supervisory and teaching skills.

Each of these parts of nursing requires a set of standards. Central to the determination of nursing care standards are working definitions of what

nursing is. Each nursing group must define nursing as it relates to its own operation. In practice there is no universal definition.

In formulating a definition of nursing care one must recognize that each individual's concept of nursing is influenced by his or her own perspective, experience and background. Each nurse's value systems and beliefs will serve as a basis for giving care to patients. The nurse director must strive to mesh the thinking of the staff in order to arrive at some operational meaning of nursing care that the staff will support and implement. Once established, the meaning of nursing care must be interpreted to the members of the nursing department and others who are interested.

It is also necessary to define the practice of nursing legally, so that the boundaries of that practice will be clearly understood by all personnel giving nursing care. It is important that it will protect both the nurse and the public. The nurse director and her staff must be aware of the definition of nursing practice that allows individuals to practice nursing in given state.

Methods should be formulated for maintaining standards and ways identified to inform the staff and others whom they may affect. The standards of practice are usually minimal standards, describing the safety measures and expertise necessary for performance of a job.

Nursing practice procedures should be established to assist personnel to make correct decisions in the performance of nursing care. Written procedures should be available as evidence that standards have been set up for safe, effective care taking into consideration the best use of available resources and personnel.

A committee of nursing personnel can be appointed to develop, reviled and revise performance standards. Members of the medical staff and other health professionals should be invited to participate on the committee as needed for direction and guidance. Standards of performance can be compiled into a nursing practice manual, or a quality assurance program manual, which can serve as a tool for the management, as well as accountability, of nursing care.

1.3. Quality Assurance Program

The concept of quality assurance refers to the accountability of health personnel for the quality of care they provide to patients. The accountability involves provision of evidence as compared to an agreed upon standard.

It is evident in the literature as well as in practice that nurse directors and their staffs are reviewing and planning program to ensure the provision of quality care. Society grants to nursing authority over functions vital to them and allows considerable autonomy in the control of their own affairs. In return, the nursing profession is expected to act responsibly, always mindful of its public trust and accountability for its own practice. Self-regulation and self-discipline are recognized as hallmarks of professionalism.

No longer is quality assurance a purely professional need in the pursuit of excellence; rather it is a public need in defense of the entire health care system to ensure its credibility. Quality assurance of service is necessary because the consumers who receive care have high expectations; it is also necessary for those who provide the setting with high liability and finally it is necessary for those with fiscal responsibility, who have high costs. Third-party payers want legitimate assurance that the costs of care are justified. Medical staffs as well as hospital professionals have a legal responsibility to the governing bodies of hospitals and the governing bodies in turn are accountable to the communities from which they draw their patients.

1.4. Providing Quality Nursing Care

The nurse director and her staff must continuously evaluate the quality of care patients are receiving. A question to be raised is; what is quality care? The definitions can range from general to specific. For example, here is a general statement. “Quality nursing care is the wise use of knowledge, skill and compassion to meet the needs of the patients”. Knowledge includes not only formal nursing education and experience but other formal education, as well as life experiences and understanding. The social, biological and physical sciences are applied; clinical knowledge can be used and an understanding of administration, teaching and other supportive aspects can be applied to nursing.

Skill- must be demonstrated in the light of knowledge, which becomes operational in the giving of care. Skills range from judgmental and coordinating skills encompasses the ability to apply the many facets of knowledge.

Compassion- reflects the concern and interest of those who give the patient care. Knowledge and skill applied without compassion will not fulfill the needs of patients and the element of practical compassion is vital to quality care.

The nurse director and her staff must encourage their group to define quality nursing, appraise current, practice in terms of the definition and then plan for every activity to close the gaps and reinforce the strengths.

Nursing Administration in Service Institutions

They must clarify what they believe should happen to the patient before they plot a way to achieve it.

A nurse director and her staff should be concerned with two questions:

1. How can we develop quality-nursing care?
2. How can we appraise the effectiveness of what we develop?

In response to the first question, consideration should be given to identifying written materials, which might include:

1. Statements or articles on quality nursing care and quality assurance programmes.
2. Self-evaluation guides from professional organization.
3. Performance evaluation methods and forms for staff providing care to patients.
4. Evaluation guides providing by accrediting, professional and local licensing groups.
5. Study and research identifying patient needs.
6. Models for internal surveys to identify reactions to care by the patient, family, physician and nurse.

In response to the second question, the nurse director and her staff must identify the tools within the nursing department that are available to judge the quality of care being rendered. These may include:

1. Standards set by professional and accrediting bodies.
2. Nursing audit of the patient's record.
3. Results of patient questionnaires following discharge.
4. Review of infection records.
5. Analysis of accident reports.
6. Patient and family comments or complaints.
7. Study of medication errors.
8. Analysis of employee critical incidents.
9. Rounds on the nursing units.
10. Quality of patient written nursing care plans.
11. Adherence to nursing departmental and nursing unit philosophy and objectives.
12. Effectiveness of team conferences and reports.

13. Effectiveness of patient teaching programmes.
14. Peer review programme.
15. Review of staffing patterns for each nursing unit.
16. Interviews with terminating personnel.
17. Use of nursing care plans.
18. Observation of nursing activities
 - a. To what extent have the nursing care objectives of the patient been achieved?
 - b. To what extent and with what degree of skill have nurses carried out the nursing process?
 - c. To what extent are the conditions under which nursing care is given judged to be conducive to the delivery of good nursing care?

As the nurse director and her staff examine what is actually happening to the patient in all these areas, they should have some idea of how effective their nursing services are. Areas in need of improvement and corrective action can be located.

1.5. Policies and Procedures

A policy is a guide that clearly spells out responsibilities and prescribes actions to be taken under a given set of circumstances. Policies provide general direction for decision making so that action can be taken within the framework of the organizations beliefs and principles. A policy, however, does not supply the detailed procedure by which it is to be implemented; policy needs interpretation when applied to a specific situation.

A procedure prescribes the steps that should be followed in order to conform to or carry out a policy.

The governing body of a hospital, on the basis of its philosophy and objectives, establishes principles that determine the institutions character and goals. It is on these principles that overall administrative polices and procedures are based.

The Director Nursing Services may serve in an advisory capacity to formulate overall hospital administrative policies and procedures or she may collaborate with department heads to formulate interdepartmental policies. The primary responsibility, however, is the establishment of departmental and interdepartmental administrative polices for the entire nursing department and the development of operational or specific polices

to give direction at the nursing unit level. Written nursing care and administrative policies and procedures provide the nursing personnel with acceptable methods of meeting their responsibilities and achieving projected goals.

1.6. Usefulness of Policies

Written policies are useful for the following reasons:

1. Uniformity of action is assured, so that each time a decision is made or task performed, it follows a meaningful pattern. Policies do, however, leave room for individual judgment.
2. It is easier to settle conflicts, issues or concerns. The basis of conflict is the point for discussion rather than who is to blame for it.
3. A standard of performance is established. Actual results can be compared with the policy to determine how well the staff members are fulfilling their roles.
4. Personnel are generally assured of consistent treatment.

1.7. Basic Principles for Policy Development

When planning for the development of policies a nurse director and her staff must consider a number of basic principles-

1. Broad and durable policies provide a consistent course of action in handling matters that come up repeatedly.
2. Policies should fit the background and environment of the organization.
3. A policy is worthwhile only when it is carried out on a day-to-day basis.
4. Policies are interpreted when applied to a specific situation.
5. Policies are essential to smooth administration, providing continuity; uniformity and consistency in the way things are done.
6. Policies should guide both internal and external operations.
7. Policy statements should be general enough to stand the test of time without the need of frequent revisions.
8. Policy changes should be thoughtfully considered and changes should be promptly communicated to the staff.

1.8. Legal Implications of Policies

1. In nursing there are many practices those have legal implications, written policies serve as a safeguard of the nursing staff.
2. Liability suits sometimes require the nurse director to provide testimony on policies that guide the nursing personnel.
3. Licensing bodies, state health departments, boards of registration and other agencies base many of their decisions on information found in hospital records.
4. The presence of well-documented policies is indicative of the quality of care being supplied in an institution.
5. The joint commission on accreditation of hospitals depends heavily on hospital records to assist it in reaching conclusions with regard to accreditation.
6. Documented policies and procedures reflect the efficiency of hospital management and support other impressions gained through personal observation.

1.9. Nursing Policy and Procedure Manuals

A policy and procedure manual is a useful management tool that gathers together in writing the scope of departmental responsibilities and provides a comprehensive framework to implement nursing objectives. This manual is an instrument for orienting new staff, a reference when unexpected problems arise, a foundation which to develop administrative procedures and a firm basis for discussion when differences occur.

Policy and procedure manuals are important because they establish boundaries within which the hospital will operate and convey its beliefs.

Without such manuals, management lacks direction and is vulnerable to inconsistent decision-making.

A policy manual is meant to serve as an easy reference to policy. It provides guidelines and direction for nursing personnel who are accountable for the management of nursing care and staff.

The use of written policies and procedures aids the hospital materially in its overall purpose-the delivery of quality care.

A “Nursing Service Administrative Manual” can be developed for overall departmental policies, procedures and information related to nursing administrative and the professional components of nursing care. It may-

Nursing Administration in Service Institutions

1. Describe the structure and organization of the nursing department,
2. Identify current departmental administrative and clinical nursing practice policies and procedures that are applicable to all nursing units and
3. Identify current hospital and medical staff policies and procedures related specifically to nursing.

1.10. Procedures

Procedures supply a more specific guide to action than policy does. They help achieve a high degree of regularity by enumerating the chronological sequence of steps. Procedures are intradepartmental or interdepartmental and consequently do not affect the entire organization to the extent that policy statements do.

Procedure manuals provide a basis for orientation and staff development and are a ready reference for all personnel. They standardize procedures and equipment and can provide a basis for evaluation. Good procedures can result in time and labour savings.

Improvement in operating procedures increases productivity and reduces cost. Waste in performing work can be decreased by applying work simplification that strives to make each part of a procedure productive. First one decides what work needs simplification by identifying problem areas. Next the work selected is analyzed carefully and in detail.

A questioning attitude helps to determine why work is done, by whom, when, where and how. What is the purpose of the procedure? Does it need to be done? Can it be eliminated? For example, are “closed” and ‘surgical’ beds really necessary or could ‘open’ beds be used for all purpose? Who does the work? Can someone else do it better, or can it be assigned to someone with less skill? Is there duplication of efforts? Can two or more activities be combined? Will changing the time sequence improve the procedure? Can changing the location reduce transportation? Once these questions have been answered, rearranging, combining or eliminating components should simplify work. Then the improved methods must be communicated, so they can be implemented.



1.11. Exercise

1.11.1. Multiple choice questions

Tick (✓) the correct answers

A. Encircle the letter containing best answer of the following statements.

1. Interdepartmental co-ordination depends upon
 - a. The size of the organization
 - b. Resources of the organization
 - c. Planning of the organization
 - d. Scope of authority each departmental director possesses.

2. The aim of organizational engineering is

- a. Policy development
- b. Planning the organizational structure
- c. Effective unity
- d. Resource development.

B. Encircle the letter 'T' if the statement is correct or 'F' if the statement is incorrect

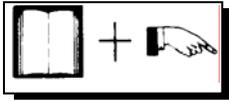
- a. Objectives of an organization have no role to play in the co-ordination.
- b. The nurse director must be an active member in activities involving interdepartmental policies and functions.
- c. A nurse director should be engaged with her own departmental staffs for better interdepartmental co-ordination.
- d. In order to provide effective co-ordination between nursing service and other department, the nurse director must create a climate in which co-ordination is possible.

1.11.2. Short questions

1. What do you mean by human relation? Define interpersonal relationship and mention the factors required for establishing good interpersonal relationship.
2. What is inter-departmental co-ordination? Briefly discuss the procedure to develop effective interdepartmental co-ordination.
3. Enumerate the guidelines how a nurse director can create a climate for effective co-ordination with other department.

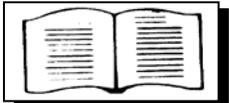
Lesson 2: Personnel Management

2.1. Learning Objectives



On completion of this lesson you will be able to learn-

- explain the meaning of personnel management, job description and job specification
- state recruitment procedures and promotions policies
- describe staff development, in-service and continuing education process
- identify and explain performance appraisal methods.



2.2. Management by Objectives

Management by objectives (MBO) is a tool for effective planning and appraisal. It emphasizes the achievement of objectives instead of personality characteristics. It focuses attention on individual achievement, motivates individuals to accomplishment and measures performance in terms of results. MBO is a managerial method whereby the supervisor and staff nurse identify major areas in which the nurse will work, set standards for performance and measure results against those standards. It determines the results that the nurse is to achieve in a given time frame.

In current thinking and writing, the starting point for either a philosophy or the practice of management seems to be the predetermined objectives. The entire management process concerns itself with the intelligent use of people whose efforts must be properly motivated and guided.

Through its objectives, management attempts to create a climate conducive to achievement, motivation, to goal-mindedness. In order for the concept of management by objectives to be effective, the use of participative management is essential. Participative management involves a relationship between superior and subordinate in which both share in goal setting and decision-making.

Objectives are useful as they provide a course of action to follow in order to achieve desired goals. They determine what is to be done in the future. Deciding in advance what is to be done, how and by whom, where it is to be done and when, makes for purposeful, orderly activities.

Objectives may be general or specific and may relate to a wide or narrow segment of an organization, a unit of a department or an individual. General objectives are more manageable if translated into specific goals that are meaningful to people in their daily work.

A positive attitude on the part of the administration nursing staff is essential to the fulfillment of the nursing service objectives. They are responsible for success or failure in achieving the hoped for results.

They use the abilities of the staff member guiding them to-

1. Understand the relationship between objectives and patient care.
2. Recognize that valid, detailed planning depends on knowledge of where the departmental activities are going.
3. Develop their own aims, which tie in with the immediate objectives and produce a sense of accomplishment.
4. Provide adequate and suitable consultation as needed and
5. Recognize the need for teamwork and team out comes.

If the nursing staff members have been sufficiently educated so that they understand and believe in the concept of objectives, there is less need for close control of their behavior. They understand the goals of the hospital, the nursing department or a nursing unit and where the personnel are expected to go. Such attitudes instill a sense of direction and responsibility for the success of an organization's purpose.

To develop management by objectives, the nurse should first review the mission and group objectives. The nurse can determine the mission and objectives by analyzing what she does or what she thinks she should do. She describes her job and clarifies the purpose for its existence. This helps identify major job responsibilities.

Next she lists her major job responsibilities. Results expected should be listed rather than activities. This can be accomplished by asking oneself why the activity is being done or why it is important.

2.3. Present and Future Nursing Management

As nursing administration looks to the future, it becomes evident that profound change will take place in the way management deals with personnel. There will be greater concern for the deeper drives of human motivation- needs, hopes, pleasures, beliefs, a focus as wide angled as life it self. A new move toward humanism is playing a dominant role in management thought.

Management will be a matter less of delegating limited responsibilities and more of motivating open ended creativity. People will perform less out of duty and more for the self-satisfaction gained. The hours of work will be fewer and will allow more flexibility in working schedules. Managers will strive to get the best productivity from their staff by being

tolerant, kind and empathetic attitude will require a kind of introspection and a creative instinct to achieve the goal of maximum productivity.

Employees of today are better educated and have different needs and values from those of their predecessors. Consequently, motivational methods that may have worked well in the past are ineffective today. For the nurse director this means a greater challenge to change nursing management patterns, attitudes, habits, responsibilities and interrelationships of her staff.

2.4. Job Description and Specification

Job descriptions are derived from job analysis and are affected by job evaluation design. They generally contain specifications that are the requirements for the job, major duties and responsibilities and the organizational relationships of a given position. The title of the job indicates the major responsibilities and sets that job apart from others. The job description is a summary of primary duties in a complete but not detailed fashion. Job relationships and professional affiliations may be cited. Education, experience and worker traits such as aptitudes, interests, temperament, physical demands and working conditions may be included. Job descriptions should be up-to-date, accurate and realistic in terms of the resources available. Standard forms for all jobs within a category facilitate comparison.

Job descriptions should arrange duties in a logical order stating them separately and concisely and using verbs to describe the action. They should be specific rather than vague and avoid generalizations by using quantitative words whenever possible. To indicate frequency, one can note 'daily' 'periodically' or 'occasionally' when the percentage of total time spent on a specific activity cannot be determined.

Job descriptions are useful for recruitment, placement and transfer decisions. They can also be used to guide and evaluate personnel. Job descriptions help prevent overlapping of duties, conflict and frustration.

A job analysis results in two types of written records- job description and job specification. Job descriptions generally present the principal duties, responsibilities and organizational relationships that make up a given job or position. They define work assignments and a scope of responsibility that are sufficiently different from those of other jobs to warrant a particular title. What a job description is and how useful it is as a practical instrument are matters that depend in a large measure on who makes it and how it is made.

A job description should include the following:

1. A job description must be up to date and correspond accurately to current job requirements.
2. The title of a job should clearly indicate the principal demands made by the job and job holder.
3. The summary of primary duties gives an overview of what the job is essentially. The summary indicates what the job is and how and to what extent this job differs from the other jobs.
4. The description should be complete but not overly detailed.
5. Standard forms should be used for all jobs within each category.
6. Job descriptions must be realistic in terms of both technical and human resources available.

2.5. Principles of Organizing and Writing Job Description

1. Arrange descriptions of duties in some logical order.
2. State separate duties clearly and concisely.
3. Begin sentences with active, functional verbs such as performs, uses.
4. Use quantitative words where possible.
5. Use specific rather than vague words where possible.
6. Avoid generalization.
7. Where possible, determine or estimate the percentage of total time spent on an activity.
8. Use such words with regard to performance of certain duties, which will make the meaning more specific and clear.

The information recorded on a job specification describes the human qualities that are necessary to perform the job adequately. Although the data recorded on the job description can be rather objectively determined, those shown on the specification are subjective. The job specification depends upon the value judgments of a number of people job analysts, jobholders and supervisors.

Job descriptions and job specifications can be a liability if they are inaccurate, incomplete or out dated. Because of the proliferation of new knowledge and technological innovation in the health field, job descriptions are subject to frequency change. The nurse director must systematically and periodically review them in order to maintain their relevancy. She must see that:

Nursing Administration in Service Institutions

1. Job descriptions are written for all positions in the nursing department, delineating the functions, responsibilities and desired qualifications.
2. Job descriptions are reviewed and updated every six months.
3. All positions are evaluated within the year.
4. Specifications are developed for all positions.
5. Job performance criteria are established for all nursing positions.

There are two ways of ensuring that the job information is an accurate representation of current conditions in the nursing department. One approach places major reliance upon the supervisors, who are responsible for reporting any significant changes in the make-up of the jobs in their nursing units.

The second approach requires a periodic audit of the jobs in the department by a selected group of nursing personnel, the job description committee, with the assistance of a member of the personnel department.

2.6. Performance Appraisal

Performance appraisal is that aspect of management concerned with evaluating the performance of employees and its relationship to the organizations goals. Strengthening the hospital's position of leadership depends on steady improvements in employee performance and an inventory of people capable of advancing to greater responsibility.

Evaluation of personnel at work is a continuous process. Employees shown in their daily activities and actions how well they are meeting job requirements. Personnel know that supervisors are required to evaluate them with respect to their job as well as their potential for growth.

The nurse director and her administrative staff must develop a systematic evaluation plan and procedure and make it known to the entire nursing staff. The rating of employees, both subordinate and superior, can be a threatening experience or a motivating experience.

Purposes of the Evaluation are:

1. To determine job competency.
2. To enhance staff development and motivate personnel toward higher achievement.
3. To discover the employee's aspiration and to give recognition for her accomplishments.

4. To improve communications between supervisors and staff and to reach an understanding about the objectives of the job and agency.
5. To improve performance by examining and encouraging better interrelationships between nurses.
6. To aid supervisor's coaching and counseling.
7. To determine training and developmental needs of nurses.
8. To make inventories of talent within the organization and reassess assignments.
9. To select qualified nurses for advancement and salary increases. and
10. To identify unsatisfactory employees.

2.7. Methods of Evaluation

Anecdotal notes- anecdotal records are objective descriptions of behavior recorded on plain paper or on a form. The notations should include who was observed, by whom, when and where. A description of the setting or background and the incident compose most of the notation. Interpretation and recommendation may be included. Value-laden words such as good and bad should be avoided.

Characteristic behavior cannot be determined without several incidents depicting similar behavior.

The supervisor, head nurse or team leader may use time sampling to accumulate observations. The time that is set aside specifically for observations may be divided by the number of staff to be observed. The supervisor then concentrates on the scheduled staff member for a short period of time. It is advisable to make several brief observations over a time span to identify patterns of behavior.

An advantage of anecdotal recordings is that the description is not coerced into a rigid structure. Although anecdotal records provide a systematic means for recording observations, they do not guarantee that observations will be made systematically or that specific, relevant behaviors will be observed. It also takes considerable time to record the observations.

Checklists

With a checklist, the supervisor can categorically assess the presence or absence of desired characteristics or behavior. Checklists are most useful for tangible variables, such as inventory of supplies, but they can be used for evaluation of nursing skills. It is advisable to list only the behaviours essential to successful performance and it is advantageous to determine the

Nursing Administration in Service Institutions

behavior to be observed in advance. Consequently, the same criteria are used in each situation.

Rating Scales

The rating scale does more than job note the absence or presence of desirable behavior. It locates the behavior at a point on a continuum and notes quantitative and qualitative abilities. The numerical rating scale usually includes numbers against which a list of behaviours is evaluated. For example:

Observation of working hours- 1, 2, 3, 4, 5
Ability to get along with others- 1, 2, 3, 4, 5

This is not a very reliable tool because of the inconsistent value attributed to the number. The fault can be partially overcome by adding a few qualitative terms. For example:

Observation of working hours	Never	Sometimes	About half the time	Usually	Always
	1	2	3	4	5

The tool can be made even more reliable by developing a standard scale. This is done by using comparative examples to establish a set of standards.

To illustrate a nurse-to-nurse comparative scale might be developed as follows:

Nurse	Observation of working hours				
	Lowest 1	Below average 2	Average 3	Above average 4	Highest 5
Nazma	×				
Patema			×		
Rahima		×			
Afroza					×
Mary				×	

As long as the supervisors could agree on the qualifications of a few nurses known to all of them, a comparison scale can be developed that gives a common reference for rating the rest of the staff nurses.

The graphic rating scale is different from numerical rating scale in those words rather than numbers are used. For example:

Observation of working hours	unsets fasting	Below average	Average	Above Average	Outstanding
------------------------------	----------------	---------------	---------	---------------	-------------

The following descriptive graphic rating scale is similar to the graphic rating scale except that it presents a more elaborate description of the behavior being rated:

Observation of working hours	Usually late	Sometimes late to work	Usually gets to work on time
------------------------------	--------------	------------------------	------------------------------

2.8. Recruitment of Personnel

The acquisition of qualified people in any agency is critical for the establishment, maintenance and growth of the organization. The human resources of any organization constitute one of the most important assets. Indeed, its successes and failures are largely determined by the caliber of its workers, into managers and the efforts they exert. Therefore, the recent, policies and techniques an organization adopts to meet its manpower needs are of vital significance. There is much to be gained from the adoption of carefully worked out, stable policies in the area of employment, they can be positive management tools to shape the entire recruitment and selection program.

Sources

The means by which people are recruited vary, depending on such elements as hospital management policy, the type of position open, the supply of manpower in relation to demand. If internal recruitment is a practice, vacant positions can be posted on bulletin boards and employees who feel qualified can be invited to apply. Nursing vacancies can be announced at departmental meetings. If the hospital has an official publication, space could be allotted to announcing job openings. Sometimes employees will pass the word to their friends and relatives who may be seeking work.

Other sources for recruitment include the use of public employment agencies, private employment agencies and advertising in newspapers, professional journals and magazines. Schools and colleges can be informed of job opportunities.

Since management-consulting firms become intimately acquainted with the personnel of numerous client companies, they are often in a position to recommend an individual as a likely candidate for top positions in nursing. At the annual conferences or meetings that all professional associations hold throughout the country, employees and job-seeking members of the association can almost always meet and discuss job opportunities.

The nurse director should work closely with the director of personnel in planning for manpower needs. A recruitment committee can be formed for

the purpose of establishing recruitment policies and procedures and developing an action program to recruit qualified nursing staff.

Biographical Data

The attraction of qualified applicants is the first step in selection of personnel. Once the applicant has been attracted, she should submit biographical data. The application form is a quick way to collect demographic information. Data in the personal history-educational background, work experience and other pertinent information can be used to:

1. Determine whether the applicant meets minimum hiring requirements such as minimum educational level or minimum job experience requirements.
2. Furnish background data useful in planning the selection interview.
3. Obtain names of references that may be contacted for additional information about the applicant.
4. Collect information for personnel administration, the social security number, number of dependents and so forth.

Interview

A pre-employment interview should be conducted with the qualified applicants to predict job success. Information obtained from the application form and letters of reference should be taken into consideration during the interview. The purposes of the interview are:

1. To obtain information
2. To give information and to determine if the applicant meets the requirements for the position
3. The interviews judges
 - a. The applicant's dependability
 - b. Willingness to assume responsibility for the job.
 - c. Willingness and ability to work with others.
 - d. Interest in the job.
 - e. Adaptability.
 - f. Consistency of goals with available opportunities and
 - g. Conformance of manners and appearance to job requirements.
4. The interviewer answers questions, explains policies and procedures and helps acquaint the applicant with the position.

5. Finally, the interviewer must predict whether the applicant's overall performance will be satisfactory.

The value of interview is determined by the interviewer's ability to evaluate the applicant and to predict accurately her future success.

Orientation

Having made her choice from the available able applicants, the manager introduces the nurses to her new job, agency policies, facilities and co-workers. After the general orientation, the supervisor may assign the new employee to another nurse for further orientation to her specific job. Frequent visits to see that the nurse is comfortable and that the orientation is progressing satisfactorily are helpful. Documentation of the orientation process is useful. The documentation may be a simple checklist itemizing such information as the organizational structure, specific policies, fire and disaster plans, tour of the facilities and procedures with space for a signature. It can be retained in the personnel file.

Near the end of the probationary period, it is advisable to have a systematic evaluation. The nurse should know what characteristics will be evaluated. Two independent judgments, such as those of the supervisor and the head nurse, may be secured and used to check reliability of the evaluation. The result of the evaluation is indicative of the success of the selection process.

Advantages of Orientation

1. Communicating regulations and exactly what is expected of the nurse diminishes uncertainty.
2. Relieves anxiety.
3. Prevents unnecessary misunderstandings.
4. One's security usually increases when someone is considerate enough to help one adjust to a new situation.
5. The manner in which the nurse is treated during her first day at a new job may be cited to her future job satisfaction and performance.

Objectives of Orientation Programme

1. Introducing new nursing personnel to the hospital environment, in order to achieve maximum adjustment in the shortest time.
2. Giving the employee additional knowledge regarding conditions of employment.

Nursing Administration in Service Institutions

3. Creating within the individual an awareness of role, responsibilities and relationships in the new situation.
4. Giving the new employee information about the hospital and its purpose, the location of various departments and the organization of the unit to which the employee is assigned.
5. Helping the new employee understand and appreciate the interrelation of allied services in the care and treatment of patients.
6. Acquainting the individual with her place and role on the nursing team.
7. Helping each employee become aware of her contribution toward the collective goal of hospital personnel.
8. Promoting an understanding of the relationship between the hospital and the community.

The nursing staff and new employees should be aware of the orientation programme, its philosophy, objectives and policies. The more the staff understands the basis for the programme, the greater will be their support.

Staff Development

It is a continuing liberal education of whole person to develop her potential fully. It deals with aesthetic senses as well as technical and professional education and may include such activities as orientation, internships, in service, courses, conferences, seminars, journal or book clubs, programmed learning and independent study.

The nurse manager plays an important role in the support of staff development. She sets the atmosphere for how staff development will be received and can create the environment for making it a positive and beneficial experience. The nurse manager has a responsibility to review the goals for the staff development programme and to provide a budget for those activities. She participates in need identification and analyzes how education affects change in nursing services. She must be careful to differentiate staff development needs from administrative needs.

The nursing manager is legally liable for the quality of nursing services. Ability to document staff development is strong supportive evidence for the manager. Positive reinforcement through recognition, such as oral praise on the unit or acknowledgment of accomplishments in a newsletter, is useful. Staff development can also be related to retention, pay raises, advancement to other positions.

In-Service Education

Staff education, staff development and in-service education are some of the terms used to describe a planned educational experience provided in the job setting and closely identified with service in order to help a person perform more effectively as a person and as a worker. Education is a legitimate sphere of activity for reaching organizational objectives, educational activities can:

1. Develop the creative talents and abilities of individuals.
2. Develop skill in problem solving, planning, fact-finding and exploration of alternatives before action.
3. Increase skill in discovering and using resources
4. Promote teamwork and
5. Increase acceptance of responsibility.

All these are crucial to institutions in accomplishing objectives.

The goals of staff education within an organization are:

- to increase knowledge
- to increase skill
- to change attitudes to develop a better employee.

The ultimate objectives of the educational programme are:

- to bring about behavioral changes in the employee to make him different in the future.
- education, training and development are a continuous process, designed to help individuals grow to their fullest.
- to keep them up to date with new knowledge and technology.
- to enable them to do their present jobs better in
- to help them prepare for future opportunities if they should arise within the hospital.

Continuing Education

The continuing education programme is that phase of the staff education programme aimed at helping the employee keep up to the date with new concepts.

- Increasing knowledge, understanding and competence.
- Developing the ability to analyze problems and

Nursing Administration in Service Institutions

- Working with others.

If it is believed that the personnel who are already a part of the organization constitute the most promising manpower then efforts should be directed toward their uninterrupted by self-development.

The use of small groups as the focus for staff education has potential for individual self-acquisition. Small group activities and instruction tend to promote rapport among members of the clinical unit. Within each nursing unit, personnel may carry on programme that they believe serve continuing education needs. When the staff of one unit is invited to an interesting continuing education programme with staff another unit, personnel learn to share and plan together.

Each level of nursing personnel, such as nursing assistants, unit clerks, staff nurses, nursing supervisors, nursing superintendents may hold monthly meeting, at which time an educational programme is presented on a topic of interest, usually selected by the group.

Continuing education can include programmes conducted within the hospital as well as those help outside the hospital. Attendance at each programme may motivate the staff to call for new and different experiences, to try for more individual fulfillment of their needs, to enter other educational activities and to increase their interest in things outside the hospital. As an individual, an employee may enroll in correspondence courses, vocational or technical courses or college course relevant to her job. Many hospitals support this type of employee continuing education by a fruition reimbursement programme.

Another phase of continuing education includes attendance at conventions, workshops or institutes offered by many different national, regional and local organizations in the health field. As a nurse director approves staff attendance of institutes, workshops or other educational activities, the objectives of the programme should be carefully reviewed to determine their relevancy to nursing. Those attending should prepare a written report, share it with others and show how they plan to use what they have learned.

The hospital library can serve as a center of educational activities and a resource for individual continuing education. The well-stocked library is a laboratory where nursing personnel may do research in the literature and keep abreast of the fast-moving advances in medicine, nursing and other areas of interest.

Planning programs on a community-wide basis with other hospitals and health care agencies is another approach to expanding continuing education for health workers. An area-wide in-service education

committee might be made up of representatives of hospitals and nursing homes. Funds and resources can be brought together. For example, one of the hospitals in a community received a new piece of equipment and plans to conduct a programme to acquaint the personnel with its use, perhaps neighboring hospital personnel could be invited to attend. Better understanding of continuity of patient care can be promoted by better understanding of the services available within the community. Hospitals and other health care agencies can plan programmes together to enhance continuity of patient care and increase the skills of their respective health workers.

Promotion Policies

As vacant positions occur within the nursing department, it must be determined whether they will be filled from within the department or whether new personnel will be recruited from the outside. A policy that encourages promotion from within the department or hospital tends to enhance the morale of the staff. Most people expect to advance to positions offering higher pay and status during their work careers. As one employee moves into a higher-level position, this move may cause a succession of advancements for other employees. However, promotion from within sometimes causes problems and limitations. For example, it may prevent the introduction of new ideas and knowledge into an organization and perhaps may perpetuate outdated practices. It sometimes leads to organizational inbreeding.

Perhaps the most fruitful guideline of action is to fill the majority of vacancies from within, but to go outside when qualified persons are not available inside the organization. In order to introduce new ideas, consideration should be given to filling a moderate percentage of manager positions from the outside.



1.9. Exercise

1.9.1. Multiple choice questions

Tick (✓) the correct answers

A. Encircle the letter containing best answer of the following statements.

1. Standards of performance are
 - a. Supplies and equipment of an organization
 - b. Leadership qualities of a manager
 - c. Structural framework of an organization
 - d. Criteria against which performance can be measured.

2. Nurses value systems and beliefs will serve as basis for

- a. Her individual development
- b. The policy of the organization
- c. Discipline of the institution
- d. Giving care to the patients.

B. Fill in the blanks

- a. Methods should be formulated for maintaining of the care.
- b. Nursing practice procedures should be established to assist to make correct decision.
- c. Quantity assurance refers to the of health personnel for the quality of care they provide to patients
- d. The accountability involves provision of evidence as compared to an agreed upon
- e. Self-regulation and recognized as hallmarks of professionalism.
- f. Quality nursing care is the wise use of knowledge, skills and compassion to meet the of the patient.
- g. A procedure prescribes the steps that should be followed in order to carry out policy.

1.9.2. Short questions

- 1. What do you mean by standards of performance.
- 2. Define quality assurance programme. What is the meaning of quality nursing care? How a nurse manager will ensure quality nursing care of the patients in a hospital?
- 3. Give the meaning of the terms policy and procedures.
- 4. Enumerate the basic principles for policy development.
- 5. Write down the uses of policy and procedure manuals in an organization.

Lesson 3: Procurement and Maintenance of Hospital Articles

3.1. Learning Objectives



On completion of this lesson, you will be able to learn-

- explain the procedures for procurements
- identify the responsibilities of a nurse manager for procurement of supplies and equipment
- differentiate supplies and equipment
- state the guidelines for managing hospital supplies and equipment.



3.2. Procurement of Supplies and Equipment

The nurse director has a responsibility to estimate the needs of the department of nursing as they relate to supplies and equipment. The hospital administrator depends on each of his department directors to assess carefully, make recommendations and implement a system for the evaluation and control of supplies and equipment.

Procurement Department

The nurse director should become aware of the functions of the procurement department; so that she will know what services are available. Because the nursing department uses large quantities of supplies and equipment, careful coordination is necessary between the nursing and purchasing departments.

The procurement department is responsible for-

1. Determining what, when and how much to purchase.
2. Developing sources of supply.
3. Receiving and checking quantity of supplies purchased.
4. Inspecting receipts for technical compliance with specification.
5. Storing and issuing merchandise.
6. Providing the accounting department with the necessary information to effect payment for supplies purchased and received.
7. Conducting research.
8. Promoting simplification, standardization and labor saving ideas.
9. Salvaging and disposing of undesirable merchandise.
10. Maintaining a reference library of materials for hospital use.

Nursing Administration in Service Institutions

11. Evaluating products and sources so as to effect timely and economical purchase of materials compatible with economic trends and
12. Establishing and maintaining frequent personal contact with department directors to assist them with their needs.

Supplies

Supplies and equipment are vital to the operation of an institution. Supplies refer to expendable items-articles being used periodically and reordered frequently to maintain. Sufficient amounts on hand. Amounts ordered will depend on the current patient census and the standards set up by the nursing administrative group to minimize the occurrence of over or under ordering.

Equipment

Describes more permanent fixtures and apparatus of a nonexpendable nature and should be further classified as fixed or movable.

Fixed Equipment

Refers to objects built into the walls and floors of the hospital and includes such things as sinks, sterilizers, lockers, cabinets, intercommunication system etc.

Movable items may be subdivided into-

1. Articles that should last for more than five years, such as, furniture, lamps, stretchers, wheelchairs, examining tables etc.
2. Articles having less than 5 years of life but which are capable of being used repeatedly before being replaced, such as- instruments, needles, syringes line, bathtubs, bedpans, urinals etc.

Supplies are ordered based on the patient census and equipment is ordered according to the maximum number of patients admissible to the unit.

The hospital generally establishes a policy and procedure on the supply, control and distribution of items for which the procurement director is responsible. Department directors are responsible for the security, procurement and economical usage of all supplies distributed to their areas.

System for Maintenance of Supplies

Each nursing unit should have a formalized system for the maintenance of supplies. A written procedure should explain what supplies are available for use and the amounts to be placed, in the storage areas of the nursing unit. In establishing a stock level for departmental use, the procurement director reviews the last usage for each stock supply item with the nurse director or her representative. Together they establish a stock level quantity to satisfy each nursing unit's requirements. New items are added in amounts based on estimations made by the nursing department. Stock levels are periodically reviewed and adjusted. Stock supplies are generally delivered weekly or biweekly and are stored in their place on the nursing unit by the procurement department. The procurement director should be notified of any anticipated changes in usage of supplies or of any additional supplies needed. The unit clerk of a nursing unit can be delegated to spot check the maintenance of supplies and assist the procurement clerk in the routine procedure.

Establishing of System for Selection of Supplies and Equipment: When the procurement department forwards an item that may be of interest to nursing, the nurse director must determine whether it can be evaluated by the experimental nursing unit, if one is available. Is it and the nurses? Is it an item that may be evaluated by both nursing and other departments? Is it an item that will require capital expenditures? Obviously, interdepartmental collaboration and administrative coordination are required in order to establish a system for selecting supplies and equipment.

If the medical staff proposes experimental items, the nursing staff may assist in gathering the necessary information requested. Sometime the nursing department is directed by the hospital administrator to initiate the purchase.

The nurse director or her representative participates in the selection of supplies and equipment to be used by nursing. She should receive from the procurement office information that includes price, quality, performance characteristics and availability of maintenance services. Items that affect nursing procedures can be referred to the nursing practice committee for consideration and review. That committee, in turn will make recommendations to the nurse director. Since the nursing practice committee is primarily concerned with the development of written procedures to serve as standards of performance for nursing, it should become involved in the acquisition of items necessary for carrying on nursing services.

3.3. Guidelines for Management of Supplies and Equipment

1. Equipment should be inspected to determine completeness, availability for use, cleanliness, safety and convenience in placement.
2. With the introduction of new and unfamiliar equipment, each staff member who will use it must understand its operation, purpose and aftercare.
3. Quantities of supplies on hand should be checked before reordering.
4. There must be a casual supervision of personnel to assure that supplies and equipment are being used for their specific and interred purpose.
5. Supplies and equipment should be checked for specification and quantity when received from the purchasing department.
6. Supplies and equipment should be conveniently located and easily accessible to all nursing personnel.
7. There must be some provision made for ordering on an emergency basis, emergencies being specifically defined and understood by all who might have to resort to this practice.

The selecting, standardizing, ordering and maintenance of supplies and equipment are all part of the control system. A further component is educating all the nursing staff to share in the responsibility of maintaining and controlling supplies and equipments. During the orientation of new personal, the procurement director should be invited to discuss hospital costs and what they mean to the patient and his family. A display of items and their purchasing cost is sometimes very revealing to the staff.

To achieve their willing cooperation nursing personnel should be instructed:

- In the use of all items.
- Informed of the programme of preventive maintenance for equipment.
- Assured that supplies will be available when needed and
- Given recognition for any ideas that may result in better utilization of both supplies and equipment and thus reduced costs.



3.4. Exercise

3.4.1. Multiple choice questions

1. Comment either the following statements ‘True’ or ‘False’ on the space provided
 - a. For the concepts of management by objectives to be effective the use of participation of the employees should be avoided
 - b. Participative management involves a relationship between goal setting and decision-making.
 - c. General objectives will be difficult to manage when it is translated into specific goals.
 - d. A positive attitude on the part of the administrative nursing staff is essential to the fulfillment of the nursing service objectives.
 - e. The way management deals with personnel will be same in future.

3.4.2. Match the items of column ‘A’ with column ‘B’ and write the letter of the appropriate answer in the space provided

Column ‘A’	Column ‘B’
1. In future, the hours’ of work will be fewer and will allow more _____ in working schedules.	Difficulties
2. Is a summary of primary duties in a complete but not detailed fashion _____?	Competency
3. Job descriptions help prevent overlapping of duties, conflicts and _____.	Analysis
4. A job _____ results in two types of written records job description and job specification.	Job description
5. Performance appraisal is that aspect of management concerned with _____ the performance of employees.	Job specification
6. Purpose of evaluation to determine job _____.	Evaluating
7. Objective description of behavior recorded on plan paper or on a form _____.	Rating scale
8. Categorically assess the presence or absence of desired behavior _____.	Checklist
9. The numerical rating scale usually includes numbers against which a list of behaviors is evaluated _____.	Anecdotal notes Frustration
10. The recruitment polices and techniques an organization adopts to meet its _____ needs.	Assessment tools

3.4.3. Short questions

1. Enumerate the criteria of job description
2. Differentiate between job description and job specification. States the principles of writing job descriptions.
3. What is the meaning of performance appraisal? Briefly, discuss about performance appraisal tools.
4. Write down the recruitment procedure. Enumerate the purposes of interview.
5. What is orientation? Mention the advantages of orientation programme.

Lesson 4: Record Reports

4.1. Learning Objectives



On completion of this lesson, you will be able to learn-

- explain the significance of record keeping
- identify the types of records should be maintains
- state the purposes of record keeping and
- discuss the procedures to maintain records.



4.2. Record and Reports

Every nurse director should give some attention to whether the records and reports in her department provide the right kind of information, to the right people, at the right time to enable her controls to work effectively. Reviewing reports, she knows, departmental achievements, exceptional problems, operating conditions, labor morale and patients attitude.

The nurse director may be expected to issue reports monthly, quarterly, half-yearly and often at a moments notice. To be able to do so efficiently, she needs to know the appropriate records, to set up forms to make meaningful data available and to analyze and use data for the betterment of nursing service. Recognizing the significance of records and reports, she interprets them and makes the findings accessible to all who in turn can use them to further the cause of quality nursing care. She shares accomplishments indicated by records with her staff and encourage all concerned to meet the challenges inherit in the weaknesses that present themselves.

Administrative Records and Reports

In order to maintain a viable administrative and organizational structure, the nursing department needs to have ready access to information.

4.3. Uses of Information

1. Provides a scope of activities within the department.
2. Ascertain whether the volume of work is increasing, decreasing or remaining the same.
3. Allows, for an evaluation of progammes.
4. Provides for the coordination of activity.
5. Contributes toward budget preparation.
6. Furnishes content for educational experiences.

Nursing Administration in Service Institutions

7. Serves as basis for preserving information of historical significance.
8. Draws attention to how well performance matches acknowledged standards so that corrective adjustments can be made.
9. Serves as a source for legal purposes.

The land of administrative records and reports, the design of the forms, how and where they are filed and methods for obtaining the information depend upon each hospital's particular requirements for information, ease of collection and the way the information is to be used. The responsibility of the nurse director for maintaining certain records and reports differs according to the size and type of hospital, the size and complexity of the nursing department, the functions of other departments and extent of computer facilities.

4.4. Records Maintained in the Hospitals

Statistical Information

The management of an organization requires statistical summaries of the work for any given period. The purposes of collecting data should be well defined at the time of their compilation.

Data collected should be relevant to their purposes and they should be analyzed and presented in a meaningful manner. Finally, consideration needs to be given to how statistical data will be used in making decision leading to action.

The Patient's Medical Record: A patient's medical record provides a written record of data about the patient.

4.5. The uses of Medical Record

1. It serves as a means of communication among the professionals sharing in his care.
2. The patient's chart is the basis for planning his care and carrying out the plan.
3. It is evidence of the course of his illness and his treatment.
4. It is also used as a basis for review. Study and evaluation of the care rendered to the patient.
5. As an adjunct in the education of many personnel and often as a reference source.
6. As a source of statistical data, such as births, deaths or hospital admissions.
7. As a basis for making plans for the future and for anticipating needs.

8. As a legal protection for all concerned.
9. As subject material for comparative studies and research.
10. The medical record system is organized to accord services to many groups; patients, professional staff, administration and the community.
11. Nursing department plays a major role in the compiling of high-quality patient records.
12. The nursing record greatly contributes to the medical record, providing a historical, documental record that assists the physician in the diagnosis and treatment of the patient.

Problem-Oriented Recording

Lawrence weed, M.D., has introduced a method of organizing the medical record or chart as an ongoing audit of the management of the patient's problems. The problem oriented system developed by Dr. Weed provides a systematic method for planning and evaluating nursing care; the emergence of the problem oriented medical record on the health care gives tremendous impetus to the use of the nursing process.

Problem Oriented Medical Records

The problem oriented medical record-a type of documentation designed to improve the adequacy and organization of clinical information for effective patient care. It is an integrated system focusing on the patient's problem. The problem-oriented record is patient care plan, not a physician's care plan or a nursing care plan. It has four basic components:

1. Data base- history including chief complaints, present illness patient profile, physical examination and laboratory reports.
2. Complete problem list- the front sheet of the chart during hospitalization. It is a numbered and titled list of every problem the patient has or had. A problem is defined as anything that requires management or diagnostic workup, including social and demographic problems.
3. Initial Plans Includes-
 - a. More information for diagnostic workup- specific and detailed plans for each diagnostic possibility and management.
 - b. Therapy- statements not only on drugs and procedures but also precise statements of goals, end points and contingency plans.
 - c. Patient education- the plan for educating the patient and his family about each problem.

Nursing Administration in Service Institutions

4. Progress notes: Notes numbered and titled to correspond to the specific problem to which they refer-
 - a. Narrative notes: symptomatic, objective assessment plan.
 - b. Flow sheets
 - c. Discharge summary.

Annual Report

The annual report of the department of nursing is an important management tool and record. It serves as a progress report on patients and nursing activities and accomplishments to the hospital administration.

The report may include areas such as-

1. Significant projects undertaken, completed or discontinued.
2. Major changes in departmental policy procedures.
3. Effects on nursing service of changes in interdepartmental policies and procedures.
4. Activities of the in-service education programme.
5. Nursing issues and
6. Plans for the forth-coming year.

Other topics that may be included are:

1. Progress report on yearly objectives.
2. Recommendations to implement the plans for the new fiscal year.
3. Recommendations for the solution of identified problems.
4. Annual summaries of statistical data, such as nursing hours per patient, ratio of professional nurses to allied groups, turnover rates etc.
5. Annual summary report of nursing committee activities and accomplishments and
6. Acknowledgments, which offer the nurse director an opportunity to give credit to the departments, community agencies and individuals who made substantial contributions to the progress of the department of nursing during the year.

Nursing Personnel Records

For the benefit of the hospital as well as the employee, personnel files must be kept current by the nursing department. These records are

confidential and their contents should be available only to authorized persons.

The nurse director is responsible for learning from the personnel department what information being recorded and then for determining whether additional information is necessary for nursing needs. The personnel folder will contain-interview forms, reference findings, health status, employee performance appraisal, salary, employment change, disciplinary action, accident and incident reports, educational achievements, and staff activities.



4.6. Exercise

4.6.1. Multiple choice questions

A. Tick (√) the correct answers

1. The procurement department is responsible for
 - a. Planning for the supplies and equipment
 - b. Determining the policy for supplies
 - c. Maintaining the supplies
 - d. Purchasing the requirements.

2. Articles being used periodically and reordered frequently to maintain sufficient amounts on hand are:
 - a. Fixed items
 - b. Movable items
 - c. Expendable items
 - d. Nonexpendable items.

4.6.2. Match column ‘A’ with column ‘B’ and put the letter of the appropriate answer in the space provided

Column ‘A’	Column ‘B’
1. Selecting, standardizing, ordering and maintenance of supplies and equipment _____.	Procurement
2. Nursing personnel should be instructed in the use of all items to achieve their _____.	Control system
3. The management of an organization requires _____ summaries of the work.	Goal
4. The patient’s chart is the basis for _____ his care.	Co-operation
5. Medical records used as a _____.	Administrative

Nursing Administration in Service Institutions

6. Problem oriented medical records are _____. Statistical
7. Numbered and titled to correspond to the specific Recording
problem _____.

Planning
Policy
Plan

4.6.3. Short questions

1. What types of supplies and equipment are usually used in the hospital?
2. Discuss the responsibilities of a nurse in charge for the maintenance of supplies and equipment.
3. Write about the types of records maintained in the hospital.
4. Enumerate the uses of medical records in a hospital.

Lesson 5: Financial Management and Budgeting

5.1. Learning Objectives



On completion of this lesson, you will be able to learn-

- explain the importance of financial management
- define budget and prerequisites
- identify types of budget
- explain the procedure of budget preparation and presentation
- describe the process of budget review and control mechanism.



5.2. Financial Management

Hospital management is changed with delivering efficient, high, quality health care, it must accurately define all cost factors in orders to maximize the effects of necessary expenditures. The budgeting process, carefully thought out, properly developed and wisely administered, is a tremendous management tool to satisfy this responsibility. When understood, the budget provides a department director with the ability to define in detail the many cost factors involved in delivering the best possible patient care at the lowest possible price.

The financial operation of the nursing department represents the greatest percentage of the hospital's total expenses. While a nurse director's ultimate goal is to provide good nursing cares she must recognize that this objective can be strongly affected by her own concept and practice of financial management. She cannot relinquish this responsibility or feel unconcerned about financial matters; they require her special interest. Improper management of fiscal affairs can be detrimental to patient and the services they receive. The nurse director and administrative staff must strive to learn as much as possible about the process and overall aspects of budgeting. Concentrated study and effort should be given to planning, preparing, analyzing and reviewing the nursing budget and expenditures.

Budget

The budget is a means of checking the progress made in keeping expense and cost in compliance with an organization's financial plan and allowances.

The budget serve as a guide for the fiscal year for which it is prepared, specifying a framework within which the nursing department can function, appraise results and modify organizational tasks. Its prime purpose is the prevention of expenditures in excess of reasonable needs of an organization's operation.

A budget is a plan for the allocation of resources and a control for enduring that results comply with the plans. Results are expressed in quantitative financial statements, such as revenues and expenses; they also may be no financial statements covering output, materials and equipment. Budgets help coordinat the efforts of the agency by determining what resources will be used by whom, when and for what purpose. They are frequently prepared for each organizational unit and for each function within the unit.

Planning is done for a specific time, usually a fiscal year, but may be subdivided into monthly, quarterly or six monthly. The extent to which accurate forecasts can be predicted must be considered. If the budget forecasts too far in advance, its usefulness is diminished. On the other hand, such factors as seasonal fluctuation make it possible to predict long-range needs from short-budget periods. Managers therefore, necessarily revise budgets as more information becomes available. Top management and the board of directors also may prepare long-term budgets of three, five, ten or more years but these are not used as direct operating budgets.

5.3. Advantages of Budgeting

1. Budgets plan for detailed programme activities in advance.
2. They help fix accountability by assignment of responsibility and authority.
3. They state goals for all units.
4. Offer a standard of performance.
5. Stress the continuous nature of planning and control process.
6. Budgets encourage managers to make a careful analysis of operations and to base a decision on careful consideration consequently, hasty judgments are minimize.
7. Weaknesses in the organization can be revealed and corrective measures taken.
8. Staffing, equipment and supply needs can be projected and waste minimized.
9. Financial matters can be handled in an orderly fashion and agency activities can be coordinated and balanced.
10. Budgeting encourages the exchange of information; ideas are traded and cross-stimulation in budget interest and understanding occurs.
11. The process stimulates team approach. By enabling each team member to contribute to organizational planning as well as to see the results of good team play, the budget becomes a stimulant to

employee commitment and efficiency and an effective guide to proper utilization of resources.

12. The budgeting process gives the hospital administration a chance to evaluate the thinking of department directors. Is the budget planning realistic? Are the standards too high or too low? The budget can aid in evaluating quality and initiative in performance.
13. Once budget standards are set, actual expenditures and budget standards can be compared with little effort.

Prerequisites to Budgeting

In order for a budget to be meaningful, the following prerequisites should be met:

1. The hospital must have a clearly defined organization structure with responsibilities defined and assigned.
2. Responsible personnel at all levels of management must participate in budget development.
3. The personnel involved must have an understanding of the service ideals and financial goals of the hospital.
4. There must be an adequate system that provides reliable financial and statistical information to the person responsible for the budget.
5. Budgets must allow enough freedom to accomplish departmental objectives.
6. Budgets must be flexible enough to allow for unpredictable expenditures.

Types of Budgets

1. Operating budget
2. Capital budget
3. Cash budget
4. Personnel budget
5. Flexible budget
6. Supplementary budget
7. Moving budget.

Operating Budget

The operating budget includes the accumulated estimates of operating revenues and expenses for a specific period. It predicts future requirements and expenses for personnel, supplies and other items. The expenses in the nursing budget as prepared by the nurse director are ordinarily only those under her control and they are related for the most part, to estimation of direct expenses. Some of the items that may be included into the operating budget are:

- Personnel salaries and wages
- Education
 - In-service education
 - On-the-job training
 - Travel to professional meetings
 - Scholarships
- Uniforms for personnel
- Books, periodicals and subscriptions
- Dues and membership fees
- Medical and surgical supplies
- Laundry service
- Provision for depreciation
- Repairs and maintenance
- Drugs and pharmaceuticals
- Legal and professional fees
- Recreation.

Capital Expenditure Budget

The capital expenditure budget outlines the need for major equipment or physical changes in the plant requiring large sums of money. Adequate cash must be available for these expenditures. The meaning of capital expenditures may vary from one hospital to another.

While filling out request forms for capital items, it is advisable to include names of manufacturers, and suppliers, trade-in-credits, estimate of parcel delivery, installation and maintenance costs. Written justification for each item should be stated.

It is a joint responsibility of hospital administration and its department directors to develop a meaningful capital budget. The hospital administration usually provides guidelines what equipment is to be considered for capital budgets. What type of items should receive priority? So, each department director should thoroughly review capital needs, so that capital expenditures are handled as efficiently and effectively as possible.

Cash Budget

The cash budget forecasts an estimate of the amount of money being received-cash flow. It consists of the beginning cash balance, estimates of receipts, disbursements and the estimated balance for given period. The cash budget is prepared by estimating the amount of money collected from patients and from other sources of income and allocating it to cash disbursements required to meet obligation promptly. It is desirable that the money needed for operations, fixed assets and long-term indebtedness be treated separately and combined in summary to reflect the overall requirements.

Preparation of the Budget

The director must be aware of any special instructions available from hospital administration about preparation of data and the annual procedure for budgeting and so inform the committee and unit personnel responsible for budget preparation. She must also obtain a copy of the hospital calendar budget, which will provide sufficient information for internal planning and a timetable of proposed activities. The nursing budget committee initiates a calendar, based on the hospital calendar, which will also serve as a schedule to outline activities leading to the preparation and completion of the nursing budget.

Past operation, records need to be analyzed and the overall master-staffing plan must be reviewed. Each supervisor should work with her head nurses to determine the staff requirements for each unit. They should consider such factors as: i) assurance of standards according to the philosophy and objectives of the hospital and the nursing department, ii) Past experiences of the unit, iii) Anticipated needs of the unit, and iv) Percentage of unit occupancy.

Consideration should be given to any new activities that will occur within a unit or have some bearing on the overall department, such as new services for patient care, changes in in-service educational programme or changes in other hospital departments that affect the nursing services required.

The next step in the preparation of the budget is to ascertain the amount and kind of supplies needed for the operation of each nursing unit or those, which are for total departmental use. A review of last fiscal year's expenses provides data for planning.

As each supervisor or head nurse completes the preparation of the proposed budget, she meets with the nursing budget committee to make a formal presentation of her unit financial request. The purpose of the session is to review the operating and capital expenditures and allow for an explanation and justification of unit requests.

The unit budgets are approved as recommended or revision may be requested by the committee. Once the unit budgets are reviewed, classified and summarized, the next step is to examine the departmental nursing budget appropriation and the actual expenditures for the current year, using information furnished by the accounting department in conjunction with the statistical data.

5.4. Budget Presentation

The nurse director compiles and completes the final draft of the nursing service budget. She should carefully reflect on how she will present the budget to the controller, budget officer or hospital administrator. Presentation of the proposed budget affords her an opportunity to outline future nursing service plans for the department and the hospital, to define goals and to set for the ideas for achieving the desired results. It also allows her to review her department's achievements and appraise them with some degree of perspective. A carefully planned budget presentation will reflect favorably upon the administration.

A fundamental principle to keep in mind when selecting statistical data to include in the proposed budget is that the presentation should enlighten, not confuse. Data that are meaningful and depict the nursing function should be chosen. After the nurse director selects the statistics she believes most pertinent, she must decide on the method of putting them forward. She must be able to high light important information with a minimum of detail. Simplicity is essential and time does not permit the study of many details. The details should be available, in case question is asked, that calls for further enlightenment.

Budget Review

After the departmental budget has been reviewed and revised as needed, it becomes a part of the overall hospital-prepared plan. The hospital board of directors reviews the hospital budget and either approves it or suggests areas for revision. If any major changes are made in a departmental budget

by either the hospital administrator or the budget-controlling group, the director should be informed before the budget is finally acted upon. Once the hospital budget has been approved, it becomes the formal tool for measuring the progress of each department director toward goals during the fiscal year.

Budget Control

Once the department director receives her approved budget, a plan of action is necessary for review and control during the fiscal year. Effective implementation requires that she get timely and meaningful operating reports. These reports should contain sufficient detail and explanation of budget variances so that they can be used to evaluate the action required to correct the variances. Accurate monthly budget reports should make the department director cost and budget conscious and give her a sense of responsibility for the financial success of her department.

Budget development is only one of the major steps toward effective financial management in the nursing department. The nurse director has the obligation to organize the department so that she can operate efficiently and effectively within the budget throughout the year. The ultimate test is the evaluation of budgetary performances.

The nursing staff also has a responsibility to the patient and to the community to manage funds and resources well. Good budget administration is achieved only when the staff members feel that whatever can be done without a budget can be done much better with one.



5.5. Exercise

5.5.1. Multiple choice questions

Tick (√) the correct answers

A. Comment the following statements either ‘True’ or ‘False’ in the space provided

- a. Nursing department in the hospital is not involved with financial management.
- b. Budget preparation for nursing department does require any effort and concentration.
- c. A budget is a plan for the allocation of resources and a control for ensuring that results comply with the plans.
- d. Budget fixes accountability by assignment of responsibility and authority.
- e. Unnecessary waste of resources increase through budget process.

5.5.2. Fill in blanks

- a. Responsible personnel at all levels of management must _____ in budget development.
- b. Budgets must be _____ enough to allow for unpredictable expenditures.
- c. The operating budget includes the accumulated estimates of operating revenues and _____ for a specific period of time.
- d. Adequate cash must be available for _____ expenditure budget.
- e. The effective implementation of budget requires timely and meaningful _____.

5.5.3. Short questions

1. What do you mean by financial management and budget?
2. Classify budget and enumerate the prerequisites to budgeting.
3. Enlist the advantages of budgeting.
4. Discuss how will you prepare a budget for your department? Briefly discuss the advantages and procedure of budget presentation.
5. What is budget review? Explain how will you control your budget as department director?

Unit 3: Ward Management

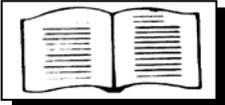
Lesson 1: Ward Management and Role of In-charge Nurse

1.1. Learning Objectives



On completion of this lesson you will be able to-

- what is a ward
- what is management
- what is ward management
- components of ward management
- role of in-charge nurse.



1.2. Introduction

Before going inside, we first like to describe the main frame of our discussion. First, what is ward? A **Hospital ward**– is a block (or area) forming a division of a hospital (or a suite of rooms) shared by patients who need a similar kind of care. It might be a large room, or combining couples of rooms, or assimilation of some coups under single management (in general). Next, management. Management can be defined in many ways. In shortest, **Management**– is things done by others. In specific, the successful organization and implementation of overall care plan by nursing department as per set rules and expected outcomes. So, the process of administration enters into these wards.

In-charge– is s/he, who shoulders these responsibilities of a ward. An In-charge is responsible for managing ward under her/his custody as a whole. For this, s/he should follow the norms and manners stated below.

1.3. Goal of Ward Management

1. To provide highest quality nursing care for patient.
2. To provide a clean, well ventilated environment for patient and protect her/him from infection, accidents and hazards.
3. To help the staff in achieving highest degree of job satisfaction.
4. To provide facilities to meet the needs of patient and their attendants.

1.4. Components of Ward Managements

Some important components of ward management are-

Ward Management

1. Patient care;
2. Personnel Management;
3. Ensure supply and equipment;
4. Environment Cleanliness; and
5. Follow of policies and procedures.

1.4.1. Patient Care

This includes all activities necessary to provide nursing care are-

1. Concerned with comfort and well being of every patient.
2. Assessment of patients need and planning or care.
3. Concerned with carrying out of medical treatment. Such as, helping physician in carrying out procedures, preparing equipment for assisting physician with diagnostic tests, therapeutic measures, giving medicine and carrying out treatment. Observing patient for any untoward reaction following treatment and making necessary measures to combat them.
4. Concerned with education of staff nurses incidental and planned, concerned with patient and relatives about maintaining and improving her/his health and to carry out her/his treatment when s/he goes home.

1.4.2. Personnel Care

Assignment of personnel for patient care, In-Charge can be given assignment according to patient or it can be functional assignment. It is responsibility of sister (nurse) to take ward round. Ward round is a tool of supervision, evaluation and teaching. Ward round is of different types.

- a. Doctor round
- b. Nursing superintendent round
- c. In-charge or Nursing supervisor round

A. Doctor Round

Two essential person in the ward round are doctor and nursing sister. It should not be feel by ward sister that she/he is inferior to a doctor when s/he comes to her ward as her function is that of coordinating team which functions for the benefit of patients.

Preparations for Round

- Ward should be clean and tidy.

- There should not be too many relatives within the ward.
- Patient's treatment charts should be up to date and all relevant information should be available.
- Have all patients in bed before round.
- Diagnostic tray should be ready for use.
- Do not conduct round during lunch time/visiting hours.

Conducting Round

- Instruct the staff nurse to stay on patients left side to help in patient's examination.
- Remember the patients record and informed it to the doctor and report any observation to doctor.
- Keep record orders/get them written by doctors.

After the Ward Round

- Instruct staff nurses to carry out orders; and
- Observe patient carefully.

B. Nursing Superintendent Round

Role of matron as a confident adviser. She must visit patients regularly and take provide necessary guidance to nurses.

C. Nursing Supervisor Round

Ward sister should also take round with staff nurses. She observes patient who is critically ill and requires skilled attention, to attend supervisor normal routine of ward. To check poison cupboard. To have an idea of present stock of medicine and also equipment and to note the standard of work.

1.4.3. Domestic Management

Sanitation and provision of therapeutic environment includes-

1. Temperature regulation.
2. Proper light.
3. Elimination of unpleasant odours.
4. Safe water supply.
5. Safe disposal of excreta.

Ward Management

6. Dust control.
7. Free from insects and pest.
8. Protect patients from mechanical, thermal, chemical and bacteriological injury.
9. Protection from radiation.
10. Provide adequate privacy.
11. Control of visitors.
12. Prevention of infection.

Actions for ward management

- Evaluate nursing needs of patient and skill of person.
- Prepare monthly, weekly and daily time table for staff nurses.
- Give teaching and guidance to juniors.
- Develop good human relations.
- Evaluate personnel.
- Maintain inventories, requesting for supplies and services.
- Assign tasks to nurses.
- Coordinate with other departments for effective patient care.
- Gain co-operation from subordinates and supervisors.
- Delegate responsibility for patient care.

Role of In-Charge Nurse

In the health care delivery systems where the health status of the client is considered stable, implementation of the plan of care may be carried out by the in-charge nurse in the capacity of a "nurse-in-charge" as long as the following criteria are met:

1. The time period for such assigned "nurse-in-charge" responsibilities is limited to a specific tour of duty which shall not exceed the usual 8-12 hours within any 24-hour time frame;
2. Implementation of the "nurse-in-charge" role is limited to a geographically-defined unit or clinical area within an institutional setting in a specified program or service area, such as, OT in-charge or labor-room in-charge; and
3. Implementation of the "nurse-in-charge" role is limited to the care of clients, as per assigned protocol, not by previewed or expected outcome.

Monitoring

An in-charge is always a supervisor. Monitoring is her/his prime duty all over the time as defined by the Board/Council. Supervisors are first leader-level nurses, who are appropriately qualified and experienced and have received some preparation for the role. Supervisors can also be other, except in-charge nurse, who have sufficient training and experience in supervisory skills. They also to be supervised.



1.5. Exercise

1.5.1. Multiple choice questions

1. What is a ward?
 - a) A block
 - b) A building
 - c) A room
 - d) A village.

2. Management is
 - a) Things done by self
 - b) Things done by deputations
 - c) Things done by others
 - d) Things done by the boss.

3. The number of goals of ward management is
 - a) Three
 - b) Four
 - c) Two
 - d) One.

1.5.2. Short questions

1. What are the actions to be taken for ward management?
2. What are the roles of a in-charge nurses?
3. What is round? Describe its types.

Lesson 2: Supervision, Guidance, Decision-Making and Delegation

2.1. Learning Objectives



On completion of this lesson you will be able to-

- learn supervision in a ward
- steps of clinical supervision
- learn what is guidance
- understand decision making process and
- learn delegation and its guidelines.



2.2. Introduction

"A license" to practice nursing is required for implementing any treatment and care assigned by the doctor, or in emergency, introduced by self in ethically sound knowledge- is likely to be the internationally accepted duty of a senior nurse.

This includes five criteria at least in order for a nursing function to be appropriately delegated by a licensed-nurse, such as:

1. Frequently recur in the daily care of a client;
2. Performance according to an established sequence of steps;
3. Involving little or no modification from the superior's order or prescription;
4. Preferable services for a predictable outcome (care and cure); and
5. Involvement in ongoing assessments, interpretations, or decision-making which cannot be logically separated from the procedure itself.

2.3. Supervision

There are several interpretations of the term "supervision", but typically supervision is the activity carried out by supervisors to oversee the productivity and progress of employees who report directly to the supervisors. For example, first-level supervisors supervise entry-level employees; depending on the size of the organization, middle-managers supervise first-level supervisors, chief executives supervise middle-managers, etc. Supervision is a management activity and supervisors have a management role in the organization.

"Leadership" and "supervision" both activities are closely related. Supervision requires leadership. Leadership does not necessarily have to involve supervision.

In medical practices, the ward supervision means continuous process of monitoring and weighing the quality of clinical care as well as environmental issues those are prescribed and given to ensure of expected outcome of services. Practically, it is judging the **Terms of References** or **Job Description** of the stuffs.

2.4. Clinical Supervision in Practice

Many kind of supervisions are there with many tools. Harker (year) suggests that there are following ways that supervision sessions can be organized:

Peer supervision, either on a one-to-one basis or within a small group setting. The obvious advantage is that the universal identification provided by peer supervision provides a sound platform from which to launch supervised sessions. The team leader or manager's role in peer supervision is purely as a monitoring exercise. They would not be included in the actual supervision session.

Team supervision, which involves focusing on the team objectives as opposed to individual work. Usually facilitated by one identified supervisor.

Shadow supervision, One nurse, possibly a newly appointed nurse undertaking an induction program, is attached as a shadow to an experienced nurse, to learn by observation.

Managerial or tutorial supervision, The team leader supervises an individual nurse formally and privately.

Pair supervision, which involves two nurses being supervised by their team leader or manager.

Live supervision, Supervision can also be carried out in vivo, during the actual nurse/patient meeting, after which it is discussed between supervisors and supervisees. The supervisor is able to obtain a clearer view of the process occurring between the supervisees and the patient.

All supervision should be continuously evaluated for effectiveness. For these types and processes of supervision to be effective, there must be mutual trust and respect between supervisor and supervisee. Supervision should cover the following four principal areas in hospital:

Ward Management

- Clinical work;
- Professional standards;
- Personal growth and development; and
- Evaluation of work performance.

Wolsey 1994 identifies the following as the basic skills required in supervision:

1. Exploration;
2. New understanding; and
3. Skills development action.

In-charge's supervision on its own will possibly over-emphasize standards at the expense of support. As s/he is also a manager, s/he has a disciplinary role, which may influence the supervisee's willingness to share aspects of them. This type of supervision can ensure standards are maintained and developed. Peer supervision may have a tendency to over-emphasize support. Peers may scheme is not challenging each other, and may have little to offer in terms of skills development and ensuring clinical standards are met.

Guidance

Written instructions with pre-defined criteria are given to all employees for safe, good, continuous and successful nursing care-it is known as guidance. Memory and verbal reporting should not be relied upon. Written reports are the preferred means of communicating and recording nursing activity for the purpose of-

1. Maintaining an up-to-date profile of patient progress in all its dimensions;
2. Recording certain specific physical observations which may be of a life/death character, for example, a fall or rise in pulse rate; and
3. Giving specific instructions in relation to patient care and investigations.

Decision-Making

Despite the vital contribution of nurses to health care, many fundamental questions about nursing care remain to be addressed. These include describing nursing health care interventions, understanding the concepts of health and illness, used in nursing assessments, and identifying the outcomes of nursing care and also nursing Decision-Making.

Decision making or judgment in nursing is a total process that indicates a professional's efficiency, promptness and action. Interpretation of risk and judgment what decisions do the nurses make; does it make any sense...these are the main points for decision making.

Therapeutic relationship with the patient links nursing care across different areas of practice. In addition, nurses are recognized as the 'glue' that ensures the health care system coheres, reflected in coordination and monitoring functions- as a whole, it reflects as decision making.

2.5. Two-Step Process for Decision-Making

Step 1

Is the new procedure reasonable, appropriate and consistent with the current professional practice of nursing? The decision to add a new procedure to nurses' responsibilities is not made by the individual nurse. Rather, it is a decision made in collaboration with nursing management/leadership and it requires administrative support for implementation. Using an approved agency process, nurses must determine.

1. The risks and/or possible complications and benefits to the client of performing the new procedure, and the consequences of not performing the new procedure:
 - 1.1. The presence or absence of required clinical supports to intervene and manage potential risks (includes human, technical and other resources);
2. The appropriateness of performing the new procedure in the particular setting for the specific client or group of clients:
 - 2.1. The overall care requirements (nature of the technical requirements, nature and extent of nursing and medical involvement required),
 - 2.2. Current literature on the topic that supports the integration of the new procedure in like practice settings, and
 - 2.3. Peers, other professionals, the professional nurses association are consulted as necessary;
3. The opportunity to acquire the knowledge and skill to safely perform the procedure, including the management of potential complications:
 - 3.1. The level of underlying knowledge required or the ability for the nurse to expand on current knowledge base to perform the new procedure,
 - 3.2. The opportunity to incorporate the new procedure in the core nursing competencies required in the practice setting; and

Ward Management

- 3.3. The frequency at which the procedure will be required in the practice setting (constant, sporadic, seldom) and the opportunity to maintain competence.

Step 2

If the procedure is determined to be appropriate, reasonable and consistent with current professional practice, proceed to implementation.

Criteria for Implementation

1. There must be a written employer policy identifying the newly introduced procedure, including conditions and/or restrictions on implementation.
2. There must be an educational program of theory and clinical practice to allow the nurse to attain competence in performing the new procedure. Theory may include classroom instruction, self learning modules for independent study (must include clearly defined instructional objectives, learning activities and resources), one-on-one instruction, or a combination of the above.
4. There must be some form of competency assessment at the completion of the educational program. Competency assessment may include demonstration, observation and return demonstration, clinical experience under supervision, a written test, or a combination of the above. Agencies must determine what is reasonable with respect to initial competence assessment.
5. Agencies must determine what is reasonable with respect to maintenance of competence. Continued competence is evaluated as part of an annual performance appraisal.
6. The agency ensures appropriate resources are available during implementation, as nurses gain experience and develop competence in the new procedure. The agency ensures that there are mechanisms for reviewing and recording the achievement and maintenance of competence.

2.6. Guidelines for Delegation and Supervision

1. The registered nurse or midwife must determine the level of skill and knowledge required to ensure the safety, comfort, and the security of the client prior to delegating care. This determination must be based on an accurate health assessment of the person including consideration of the complexity of the care required rather than the tasks to be performed.
2. The delegation of nursing and midwifery care occurs between registered nurses and midwives. The registered nurse and/or midwife may also delegate aspects of care, within a healthcare setting, to other healthcare workers.

3. The employer must ensure that there are clear role descriptions for other healthcare workers, supervision/delegation policies and communication systems to support the registered nurse and midwife in their role.
4. It is the registered nurse and midwife's responsibility to provide direct or indirect supervision according to the nature of the delegated tasks. The registered nurse or midwife should understand the role and function of the enrolled nurse as well as the role and function of other healthcare workers to ensure that they are not required to function beyond the limits of their education, competence, experience and lawful authority.
5. Registered, enrolled nurses, of midwives and other healthcare workers should only undertake activities for which they have legal authority and the competence to perform. The registered nurse and midwife retain accountability for evaluating whether the person carrying out the delegated activities maintains the relevant standards and outcomes. The person performing the delegated activity is accountable for his or her own actions and to the registered nurse or midwife.
6. Registered, enrolled nurses and midwives should maintain current knowledge and awareness of the appropriate legislation and bylaws relating to delegation and supervision in their practice. Nursing and midwifery regulatory authorities' policies and position statements reflecting the relevant legislative requirements may be an additional resource for nurses and midwives delegating care.

2.7. Delegation and Supervision

Within these guidelines the terms delegation and supervision are used as follows. In the nursing and midwifery context, delegation is the conferring of an authority to-

1. Perform activities of care for a patient/client on an individual.
2. Supervision incorporates the elements of direction, guidance, oversight and co-ordination of activities.
3. Supervision may be direct or indirect.
 - Direct supervision is provided when the nurse or midwife is actually present, observes works with and directs the person who is being supervised.
 - Indirect supervision is provided when the registered nurse or midwife is easily contactable but does not directly observe the activities.



2.8. Exercise

2.8.1. Multiple choice questions

1. Supervision and leadership are always
 - a) Synonymous
 - b) Supportive
 - c) Antonymous
 - d) Segmental.

2. Shadow supervision done with
 - a) Old nurse
 - b) New nurse
 - c) Midwife
 - d) None of the above.

3. Guidance is a pre-defined criteria in
 - a) Verbal
 - b) Written
 - c) None of the above
 - d) Both of the above.

2.8.2. Short questions

1. What is delegation? Why it is important for management?
2. Enumerate the guidelines for supervision.
3. How do you proceed for decision making?

Lesson 3: Record Keeping in the Wards and Report Analysis

3.1. Learning Objectives



On completion of this lesson you will be able to-

- understand that why record keeping is essential
- document of record keeping and
- plan for record keeping.



3.2. Introduction

Accurate record keeping and careful documentation is an essential part of nursing practice. The Nursing Council state that *good record keeping helps to protect the welfare of patients and institution* – which of course is a fundamental aim for nurses everywhere.

The concept and ideology of record keeping are-

1. Better information maintain
 - a. Automatic form and report creation
 - b. Avoid drudgery of repetitive typing
 - c. Eliminate Writing and problems of poor handwriting
2. More Efficiency
 - a. Eliminates paperwork and the need for getting a range of letterheads and stationery
3. Speedy analysis of data.

3.3. Documentation and Record Keeping

Quality record keeping helps providing skilled and safe care wherever you are working. Registered nurses have a legal and professional duty of care according to the nursing and midwifery council guidelines, so your record keeping and documentation should demonstrate:

- A full description of your assessment and the care planned and given.
- Relevant information about your patient or client at any given time and what you did in response to their needs.
- You have understood and fulfilled your duty of care, which you have taken all reasonable steps to care for the patient.

Ward Management

- Your actions or things you failed to do have not compromised their safety in any way.
- A record of any arrangement you have made for the continuing care of a patient or client.

Investigations about care will look at and use the patient/client documents and records as evidence, so high quality record keeping is essential. Health Service Chief (civil surgeon) or any court may investigate the complaint, so it makes sense to get the records right. A court of law will tend to assume that if care has not been recorded then it has not been given.

Documentation

You will see lots of different charts, forms and documentation. Every hospital, care home and community nursing service will have the same basic ones, but with small variations that work best locally. The common documents that you will use include some of the following.

The purposes of the clinical record

- To act as a working document for day-to-day recording of patient care
- To store a chronological account of the patient's life, illnesses, its context and who did what and to what effect
- To enable the clinician to communicate with him or herself
- To aid communication between team members
- To allow continuity of approach in a continuing illness,
- To record any special factors that appear to affect the patient or the patient's response to treatment
- To record any factors that might render the patient more vulnerable to an adverse reaction to management treatment
- To record risk assessments to protect the patient and others
- To record the advice given to general practitioners, other clinicians and other agencies
- To record the information received from others, including carers
- To store a record to which the patient may have access
- To inform medico-legal investigations
- To inform clinical audit, governance and accreditation
- To inform bodies handling complaints and inquiries
- To inform research
- To inform analyses of clinical activity, and
- To allow contributions to national datasets, morbidity registers, etc.

Nursing Assessment Sheet

The nursing assessment sheet contains the patient’s biographical details (e.g. name, age etc.), the reason for admission, the nursing needs and problems identified for the care plan, medication, allergies and medical history.

3.4. Nursing Care Plan

The documents of the care plan will have space for:

- Patient needs and problems.
- Sometimes, nursing diagnoses will be documented but these are not used as frequently as in Western countries.
- Planning to set care priorities and goals. Goal-setting should follow the SMART system, i.e. the goal will be specific, measurable, achievable, realistic, and time-bound. For example, a SMART goal would be that ‘Mr Mojid will be able to drink 1.5 L of fluid by 22.00 hours’. Some goals, such as reducing anxiety, are not easily measured and it is usual to ask patients to describe how they feel about a problem that was causing anxiety.
- The care/nursing interventions needed to achieve the goals.
- An evaluation of progress and the review date. This might include evaluation notes, continuation sheets and discharge plans. In some care areas you might record progress using a *Kardex system* along with the care plan.

SMART:
 1. Specific
 2. Measurable
 3. Achievable
 4. Realistic
 5. Time bound

Reassessing patient needs and changing the care plan as needed. The basic chart is used to record temperature, pulse, respiration and possibly blood pressure. Sometimes the patient’s blood pressure is recorded on a separate chart. Basic charts may also have space to record urinalysis, weight, bowel action and the 24-hour totals for fluid intake and output. More complex charts, such as neurological observation charts, are used for recording vital signs plus other specific observations, which include the *Glasgow Coma Scale Score* for level of consciousness, pupil size and reaction to light, and limb movement.

Urine flow
 Weight
 Bowel
 Fluid-intake
 Output

3.5. Fluid Balance Chart

This is often called a ‘fluid intake and output chart’ or sometimes just ‘fluid chart’. It is used to record all fluid intake and fluid output over a 24-hour period. The amounts may be totalled and the balance calculated at 24.00 hours (midnight), or at 06.00 or 08.00 hours. Sometimes the amounts are totalled twice in every 24 hours (i.e. every 12 hours). Fluid intake includes oral, nasogastric, via a gastrostomy feeding tube, and

Ward Management

infusions given intravenously, subcutaneously and rectally. Fluid output from urine, vomit, and aspirate from a nasogastric tube, diarrhoea, fluid from a stoma or wound drain are all recorded.

Medicine/Drug Chart

It is important for a senior-nurse to become familiar with the medicine/drug-related documents used in your area of practice. A basic medication record will contain the patient's biographical information, weight, history of allergies and previous adverse drug reactions. There will be separate areas on the chart for different types of drug orders. These include:

- drugs to be given once only at a specified time, such as a sedative before an invasive procedure,
- drugs to be given immediately as a single dose and only once, such as adrenalin (epinephrine) in an emergency,
- drugs to be given when required, such as laxatives or analgesics (pain killers), and
- drugs given regularly, such as a 7-day course of an antibiotic or a drug taken for longer periods (e.g. a diuretic or a drug to prevent seizures).

All drugs, except a very few, are ordered using the British Approved Name, and the prescription will include the dose, route, frequency (with times), start date and sometimes a finish date. There is space for the signature of the nurse giving the drug and, in some cases, the witness. It is vital to record when you give a drug. This is done at the time so that all staff know that it has been given, and do not repeat the dose. Likewise, if you cannot give the drug for some reason (e.g. patient is in another department or their physical condition contraindicates giving the drug), make sure that this fact is recorded on the medicine/ drug chart and the doctor is informed if necessary. Remember that in some situations you will need to record in the nursing notes when you give patients a drug (e.g. if you give analgesic drugs (pain killers)).

Informed Consent

Responsibility for making sure that the person or the parents of a child have all the information needed for them to give informed written consent rests with the health practitioner (usually a doctor or nurse) who is undertaking the procedure or operation. This information will include:

- information about the procedure/operation
- the benefits and likely results
- the risks of the procedure/operation

- the other treatments that could be used
- the patient/parent can consult another health practitioner and
- the patient/parent can change their mind.

Young people can sign the consent form once they reach the age of 16 years and/or have the mental capacity to understand fully all that is involved. If the young person cannot sign the form, the parent or legal guardian may sign it. If an adult lacks the mental capacity, either temporarily or permanently, to give or deny consent, no person has the right to give approval for a course of action. However, treatment may be given if it is considered to be in the person's best interests, as long as an explicit (clear) refusal to such action has not been made by the person in advance. Doctors do most invasive procedures and operations, but nurses in Bangladesh are extending their practice to include many procedures that were previously done by doctors. You may work with nurses who do procedures such as endoscopic examinations, so it is becoming more common for nurses to obtain informed consent. The patient or parent and the healthcare practitioner both sign the consent form.

When your patients are due to have any invasive procedure, always check their level of understanding before it is scheduled to happen. If you are not sure about answering a question, ask the healthcare practitioner who is doing the procedure to see the patient and explain again. It is essential that the consent form is signed before the patient is given sedative or other premedication drugs.

Practical ways of improving recordkeeping

- Personally sign all typed letters and entries on the case record
- Sign and write name in block capitals for clear identification of handwritten entries
- Date and time all case record entries
- Give as much thought to case record entries as to dictated letters
- Be thorough but concise include periodic summaries in the records of patients in long term contact with services and
- Be mindful that the quality of the case record will be assumed to reflect the quality of the care received.

3.6. Incident/Accident Form

Any non-routine incident or accident involving a patient/client, relative, visitor or member of staff must be recorded by the nurse who witnesses (sees) the incident or finds the patient/client after the incident happened.

Ward Management

Incidents include falls, drug errors, a visitor fainting or a patient attacking a member of staff in any way. An incident/accident form should be completed as soon as possible after the event. Careful documentation of incidents is important for clinical governance (continuous quality improvement, learning from mistakes and managing risk, etc.) and in case of a complaint or legal action.

The following points provide you with some guidance:

- be concise, accurate and objective
- record what you saw and describe the care you gave, who else was involved and the person's condition
- do not try to guess or explain what happened (e.g. you should record that side rails were not in place, but you should not write that this was the reason the patient fell out of bed)
- record the actions taken by other nurses and doctors at the time
- do not blame individuals in the report and
- always record the full facts.

Guidelines for documentation and record keeping is the basic for good practice of documentation and record keeping apply equally to written records and to computerheld records. The Nursing Council said that patient and client records should:

- be based on fact, correct and consistent
- be written as soon as possible after an event has happened to provide current (up-to-date) information about the care and condition of the patient or client
- 'be written clearly and in such a way that the text cannot be erased' (rubbed out or obliterated)
- be written in such a way that any alterations or additions are dated, timed and signed, so that the original entry is still clear
- 'not include abbreviations, jargon, meaningless phrases, irrelevant speculation and offensive subjective statements.

The nursing council goes on to say that records should:

- be written, wherever possible, with the involvement of the patient, client or their carer
- be written in terms that the patient or client can understand
- be consecutive (uninterrupted)

- identify problems that have arisen and the action taken to rectify and
- provide clear evidence of the care planned, the decisions made, the care delivered and the information shared.



3.7. Exercise

3.7.1. Multiple choice questions

1. Ideology of record keeping is NOT
 - a) Avoid repeatation
 - b) Avoid negligency
 - c) Slow data speed
 - d) Avoid law-suite.
2. SMART not includes
 - a) Specific
 - b) Time-bound
 - c) Achievable
 - d) Meaningful.
3. Document and record keeping is
 - a) Same
 - b) Different
 - c) Equal
 - d) None of the above

3.7.2. Short questions

1. What is consent? Describe brief description of incants.
2. What is accident/incident from? Define.
3. Describe a mechanize/drug chart.

Lesson 4: Trends and Issues in Nursing Management

4.1. Learning Objectives



On completion of this lesson you will be able to-

- how research can explore issues and data
- how to address the issues.



4.2. Do Research to Find Issues (Hypothetical)

Finding issues in a difficult job. Most of the issues are coming out by commencing a baseline research. There are other objectives too, such as:

1. To identify major issues and resources for ward management;
2. To provide information about the nomenclature used to describe the nurses and their work settings;
3. To assess the accuracy, timeliness, and adequacy of data;
4. To identify types of data needed to guide workforce planning and policy making;
5. To recommend ways to improve human resources as well as supply/demand data for ward management; and
6. To make recommendations.

4.3. Issues

Either from research or from careful investigation you can find issue those can be addressed as follows:

1. Inconsistent estimates of shortages;
2. Lack of agreement about dynamics of shortages;
3. Lack of comparability of workforce data among major national and state data sources; about specific types of workers and work settings;
4. Lack of information specifically about certified workers;
5. Lack of local and regional supply/demand information;
6. Infrequency of reporting and time-lags between reporting and availability of data and public access to data; and
7. Lengthy data collection and verification processes.

4.4. Issue Identification

Local policymakers, employers and professional associations, training programs, current and future workers, labor unions, consumers, and others have different needs for different purposes. These needs fall into five major categories:

1. Information to improve recruitment and retention of students in nursing training programs and career ladder programs.
2. Information to improve recruitment and retention of midwives and senior staff nurses (SSNs) as direct care workers in nursing facilities.
3. Information to improve understanding of the current and projected supply of and demand for this workforce and the relationship to quality of care, access to appropriate levels of care, reimbursement for care, utilization of care, and costs of care.
4. Information to improve existing databases, specifically best practice.
5. Information from registries across the country.

4.5. Conclusions (Hypothetical)

1. This study has provided an opportunity for a preliminary analysis of data available and the demand for senior staff nurses and Midwives in nursing facilities and ways to improve these data for workforce planning and policymaking.
2. The findings of the study provide evidence that there are problems with available data on the demand for senior staff nurses and Midwives in the country. The problems are with the timeliness, accuracy, and adequacy of data to meet multiple needs of multiple users.
3. These problems are serious because they result in apparent major discrepancies in estimates of current and projected shortages of long-term workers, specifically of senior staff nurses as well as in a lack of information about both current and future demand for both senior staff nurses and Midwives. Without better data, workforce planning for nursing facilities in Bangladesh will be difficult.
4. Long-term care is a looming crisis in Bangladesh. One of the things needed to address this crisis is better workforce data. Another thing is a common language to understand the data-which groups of workers and which work settings are addressed by different data sources, data sets, documents, reports, and what are the implications of the data for planners and policymakers.
5. The long-term care workforce has a direct relationship to the quality of care delivered, access to appropriate levels of care, and costs of

care. Collaborative and strategic efforts are required in Bangladesh to identify and prioritize data needs of users. To clarify specific purposes of any additional data reporting and collection efforts, as well as to assess the costs of gathering additional data and its usefulness and limitations for workforce planning.

Focus of the Study, Findings and Issue Selection

These state fieldwork studies are part of a larger national study being conducted by the Bangladesh Open University (Hypothetical) of Gazipur. This study is reviewing trends in the care paraprofessional workforce in the 1990s across the country, strengths and limitations of data on nurse aides and senior staff nurses ways that workforce data might be improved for planning and policy-making purposes, and future prospects for the long-term care.

What is Long-Term Care?

Long-term care encompasses a wide array of services. These services are provided at home, in group and assisted living settings in the community and in health care facilities for people of all ages who have chronic health problems and functional limitations. In Bangladesh in 1998, through Health and Population Sector Programme (HPSP) there were more than 7 long-term care programs and related services administered by different agencies.

The types of services provided include personal care, health care and social services. The level of care or support provided varies from limited help with daily activities for a person who is living alone at home to care in a skilled nursing facility for a person who is recovering from a serious stroke.

4.6. Who Makes Up the Long-Term Care

The workforce providing long-term care services is nearly as diverse as the services and settings for care. This workforce includes formal, or paid caregivers and informal or unpaid caregivers, most often, family members, friends, or volunteers. Physicians, pharmacists, dentists, nurses, physician's assistants, social workers, psychologists, rehabilitation therapists, physical and occupational therapists, recreation therapists, acupuncturists, massage therapists, nurse aides, home health aides, personal care attendants, and others make up the formal long-term care workforce.

Direct caregivers, workers who provide most of the hands on, day-to-day care, in nursing include Senior Staff Nurses (SSNs), licensed vocational nurses (Midwives), and certified home health aides Maids/Ayas.

Nursing Management Issues

From the above study findings we can realize how issues can be explored by search or research from any field. If we consider our outlook in the field of nursing, what can be seen? Ask this to yourself and explore this issue.



4.7. Exercise

4.7.1. Multiple choice questions

1. What might be the source of finding issue?
 - a) Research
 - b) Careful observation
 - c) Record analysis
 - d) All of the above.
2. What is NOT an issue for management?
 - a) Poverty
 - b) Shortage of supply
 - c) Uncategorized demand
 - d) Professional evaluation system.
3. How many long-term care identified for Bangladesh?
 - a) Eight
 - b) Nine
 - c) Ten
 - d) Seven.

4.7.2. Short questions

1. How do you do a research to identify issues of management?
2. Who makes up long-term care?
3. How do you draw calculation for a hypothetical research?