



KING SAUD UNIVERSITY
COLLEGE OF NURSING
NURSING ADMINISTRATION & EDUCATION DEPT.
B.Sc. N., 8th Level

Management and leadership In Nursing

NUR 428

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Module I

Introduction to Management & Leadership

General Objectives:

- 1. Compare and contrast characteristics, roles, and responsibilities of leaders and managers.*
- 2. Discuss leadership and management principles and theories relevant to nursing practice.*

Specific Objectives

By the end of this module, the student will be able to:

- 1. Define major concepts in nursing management.*
- 2. Identify different levels of Nursing Management*
- 3. Differentiate between administration & management.*
- 4. Differentiate between administrator & manager*
- 5. Compare and contrast characteristics, roles, and responsibilities of leaders and managers.*
- 6. Discuss various managerial skills of nursing manager*
- 7. Discuss Historical development of Management theories*
- 8. Identify Historical development of leadership theories*
- 9. Identify various Functions of Management process*

Lecture 1

Introduction to Management & Leadership

Let's stop the dysfunctional separation of leadership from management. We all know that managers who don't lead are boring, dispiriting. Well, leaders who don't manage are distant, disconnected. *Henry Mintzberg (2004) Enough leadership, Harvard Business Review*

The key purpose of management and leadership as described by the Management Standards Centre (2004) is to 'provide direction, facilitate change and achieve results through the efficient, creative and responsible use of resources'. Effective management is the process of harmonizing individual efforts to the common good.

Definitions:

1. Administration:

can be defined as "The process concerned with determining goals, objectives, policies and plans for which the organization and its management operate".

2. Management:

To manage means ,to accomplish, to have charge of or responsibility for, to conduct, to do. Management is the process of deciding what to do and then getting it done through the effective use of resources. It is about what managers do to make things happen.

Managers define goals, determine the resources – people, finance, work systems and technology – required to achieve the goals, allocate those resources and plan activities and ensure that those activities achieve predetermined objectives.

3. Nursing Management:

Is the body of knowledge related to performing the functions of planning, organizing, staffing, directing and controlling (evaluating) the activities of a nursing department and subunits.

4. Management Principles:

Are the fundamental truths, laws, on which management knowledge and practice are based

5. Management Levels:

Refer to the level at which management is practiced in an organization.

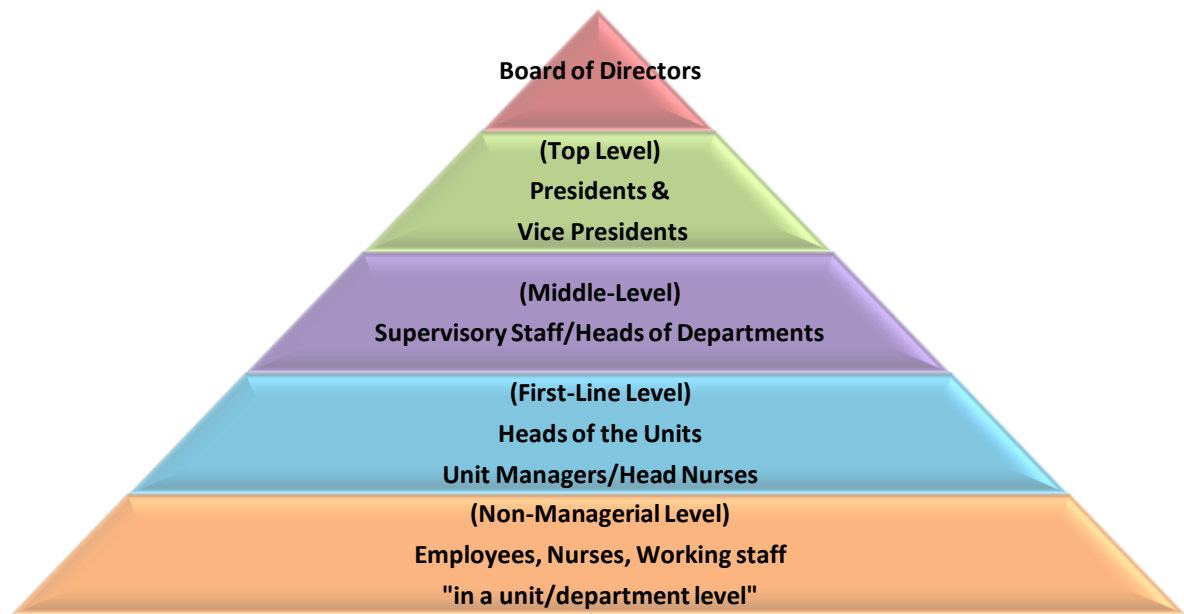


Fig. (1) Levels of management:

The nurses in any health care organization are classified as either a **nurse manager** or a **bed-side health care provider**.

- **Nurse Managers:** are nurses have managerial roles, and expected to make decisions about how others will use resources and be responsible for the supervision of others.
- **Bed-side nurses** (as health care providers): are expected to perform those activities that constitute the work or part of it for the organization.

Since the organization is a hierarchy, the work of management is divided into three main levels of responsibility. The various levels of managers use the management process in accord with their scope of responsibility.

- **The three managerial levels are:** top, middle, and first-line levels.

a. Top – level managers:

- This is the administrative level. It is composed of the board of directors, the president, and the vice presidents.
- The vice president of nursing (Nurse Director) is among this group whose responsibilities include managing those in the lower levels.

b. Middle – level:

- This level includes division heads, and supervisors.
(Supervisor is the nurse manager who is responsible for more than one in-patient unit).
- This group of managers is responsible for managing the first-line managers.

c. First – line level.

- Some times are called unit managers or head nurses.

- These are nurse managers who are responsible for managing one in-patient unit.

6. Leadership:

To lead is to inspire, influence and guide.

- Leadership is the process of getting people to do their best to achieve a desired result. It involves developing and communicating a vision for the future, motivating people and gaining their engagement.
- Is "a process whereby a person (leader) inspires a group of individuals (led) to work together using appropriate means to achieve common goals".

Other definitions (there are many) include:

• Ivancevich et al (2008): Leadership is 'the process of influencing people to enable the achievement of relevant goals'.

• House et al (2004): 'Leadership is the ability to motivate, influence and enable individuals to contribute to the objectives of organizations of which they are members'.

Stogdill (1974): 'Leadership is an influencing process aimed at goal achievement'.

Table (1): The difference between administration and management:

Administration	Management
<p>2. Refers to activities carried out by those at the top level of the organization.</p> <p>3. A comprehensive process that include activities of setting goals and philosophy, formulating policies, and managing personnel and materials.</p>	<p>1. Refers to activities carried out by those at the middle, and first levels of the organization.</p> <p>2. A process provides the means of translating administrative philosophy, goals and plans into actuality by using the available resources, and by controlling individuals' activities and level of performance.</p>

Table (2): Differences between Administrators and Managers:

Administrator	Manager
<ol style="list-style-type: none"> 1. Definition: a person who is responsible for forming the strategic vision (including philosophy, goals, objectives, policies) of the organization (top- level of hierarchy). Concerned with forming a strategy of the organization. Concerned with events inside and outside the organization and how it affect work. Concerned with long term plans. Has an authority to formulate organizational structure. Defines mission, philosophy, goals, and policies governing the organization. 	<ol style="list-style-type: none"> 1. Definition:a person who is responsible for translating the administration's vision into operating plans and acting in the middle and first-line levels of hierarchy. Concerned with forming the operation of the unit(s). Concerned with events inside the unit(s). Concerned with short term plans. Has an authority to direct, supervise, and control personnel working in the organizational structure. Define goals and objectives governing the unit/department.

Table (3): characteristics, roles, functions and responsibilities of leaders and managers.

Leader	Manager
<ol style="list-style-type: none"> <i>1. Anyone who uses interpersonal skills to influence others to accomplish a specific goal</i> <i>2. Innovates</i> <i>3. Based on influence.</i> <i>4. An informal designation.</i> <i>5. An achieved position.</i> <i>6. leaders ask what and why.</i> <i>7. Part of every nurse's role.</i> <i>8. leaders do the right things</i> اختيار العمل الصحيح <i>9. Focusing on people, inspiring and motivating followers, based on personal</i> 	<ol style="list-style-type: none"> <i>1. An employee who is responsible and accountable for efficiently accomplishing the goals of the organization</i> <i>2. Administers</i> <i>3. Based on authority.</i> <i>4. Formally designated position.</i> <i>5. An assigned position.</i> <i>6. Managers ask how and when.</i> <i>7. Nurse's role in the assigned managerial positions.</i> <i>8. Managers do things right</i> اختيار الطريقة الصحيحة لاداء العمل <i>9. Focusing on service,systems based on</i>

power.

- 10. Acting as a **facilitator, and coach**
- 11. Aimed to **change** for improvement.
- 12. Has a **longer-term perspective**
- 13. Has an eye on the **horizon**
- 14. Relies on **inspire trust**

position power.

- 10. Acting as a **boss**.
- 11. Aimed to maintain **stability**.
- 12. Has a **short-term perspective**
- 13. Has an eye on the **bottom line**
- 14. The manager relies **on control**

Functions of Leaders:

- Achieve consensus within the group about goals
- Maintain structure that facilitates accomplishing goals
- Supply information that helps provide direction and clarification
- Maintain group satisfaction, cohesion, and performance

Functions of Managers:

- Clarify the organizational structure
- Choose the means to achieve goals
- Assign and coordinate tasks
- Evaluate outcomes and provide feedback

Managerial Skills:

There are certain skills needed to ensure that managers carry out their functions effectively.

- o Skills are "the abilities developed by managers through knowledge, information & practice".
- o Management Skills can be divided into 3 categories
 - I. Technical
 - II. Interpersonal
 - III. Conceptual

I. Technical:

- o This is the ability to perform a specialised task involving a particular method or process. E.g. Head nurses have technical skills in assigning, scheduling, etc.
- o Most employees develop a set of technical skills as they start their careers.
- o Daily activities of most managers will involve the use of some technical skills. However as managers rise within the organization, they spend less time using these skill.

II. Interpersonal:

- o If managers wish to be successful & effective then they will need to work well with other people & thus need good interpersonal skill (i.e., human skills)
- o Most top managers spend about half their time dealing with other people.
- o Therefore, if managers are to deal with employees effectively, they must develop their abilities to motivate & communicate with those around them
- o All managers require sound interpersonal skills

III. Conceptual:

- o Conceptual skills involve the ability to see the organization as a whole, to recognise complex & dynamic issues, and to examine the factors that influence these problems & resolve such situations.
- o As managers are promoted within an organization, they rely more and more on conceptual skills.
- o This is a necessary skill for strategic decision making.

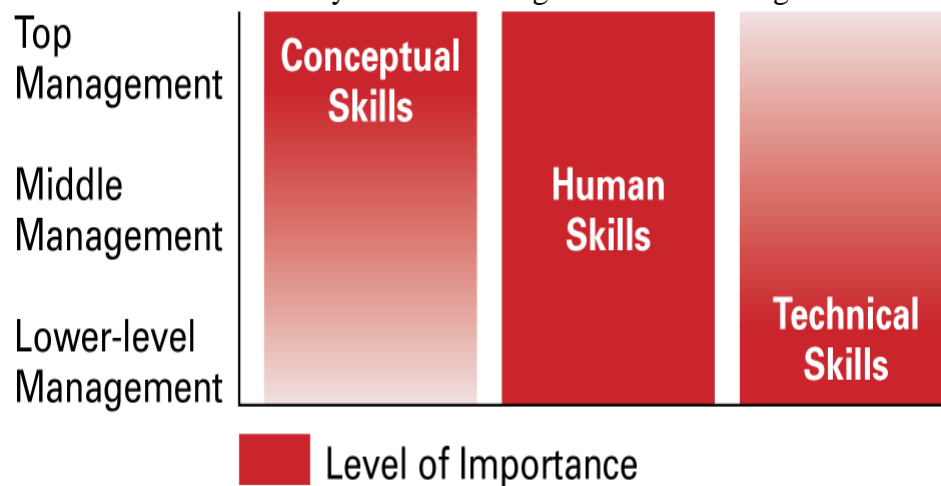


Fig. (2): Importance of managerial skills as distributed to levels.

Lecture 2

Historical development of Management theories

There are four major contributing theories of organizations and management, namely:

1. Classical Theory.
2. Human Relations Theory.
3. Contingency/decision theory, and
4. Modern Systems Theory.

1. Classical Theory: (Scientific management theory)

It based upon the application of the scientific method of study, analysis, and problem solving to the organizational problems.

Scientific management assumptions:

1. Improved practice will come from the application of the scientific method of analysis to organizational problems.
2. The good worker is viewed as one who accepts orders, but does not initiate actions.

Elements of the classical theory:

There are four main elements determined by the classical theory:

- 1) Principles of management.
- 2) Concepts of line and staff.
- 3) Committees.
- 4) Functions of management.

1) Principles of management:

A principle of management is simply something seen as fundamental.

These principles include:

1. **Division of work** (specialization) which gives higher productivity.
2. **Authority and responsibility:** Authority is the right to give orders, while Responsibility is the obligation that individuals have for their actions.
3. **Discipline:** There must be respect for, and obedience to, the rules and objectives of the organization.
4. **Unity of command:** Each member should receive orders from (and responsible to) one supervisor to reduce confusion and conflict.
5. **Unity of direction:** The organization is effective when members work together toward the same objectives.
6. **Subordination** التبعية أو خضوع **of individual interest to general interest:** The interests of one employee (or group of employees) should not overcome that of the organization.
7. **Remuneration** (salary or reward) of personnel: Pay should be fair and good performance should be rewarded.

8. **Centralization:** Good balance should be found between centralization and decentralization.
9. **Scalar chain:** There is a hierarchy dictated by the principle of unity of command linking all members in the organization from top to bottom.
10. **Order:** There is a place for everything and every person.
11. **Equality:** Kindness and justice among workers.
12. **Stability of tenure of personnel:** Time is required for an employee to get used to new work and succeed in doing it well.
13. **Initiative:** Thinking out and execute plans at all levels.
14. **Esprit de corps (union is strength):** Superior performance comes from pride, loyalty, and a sense of belonging.

2) **Line and Staff organizational relationships:**

- Line officials are those employees with general authority and in the direct chain of command over other employees (subordinates) who accomplish the organizational objectives through their efforts.
- Staff officials are those who provide information, advice, and counsel of experts to line managers.

3) **Committees:**

They can contribute to creativity, communication, motivation, coordination, education, advising, and broad representation of points of view.

4) **Functions of management:**

- One of the most durable contributions of the classical theory is the study of management as a set of functions.
- There have been many opinions of which management functions are important.
- Management functions are classified into: planning, organizing, directing, and controlling, or planning, organizing, staffing, directing and controlling.

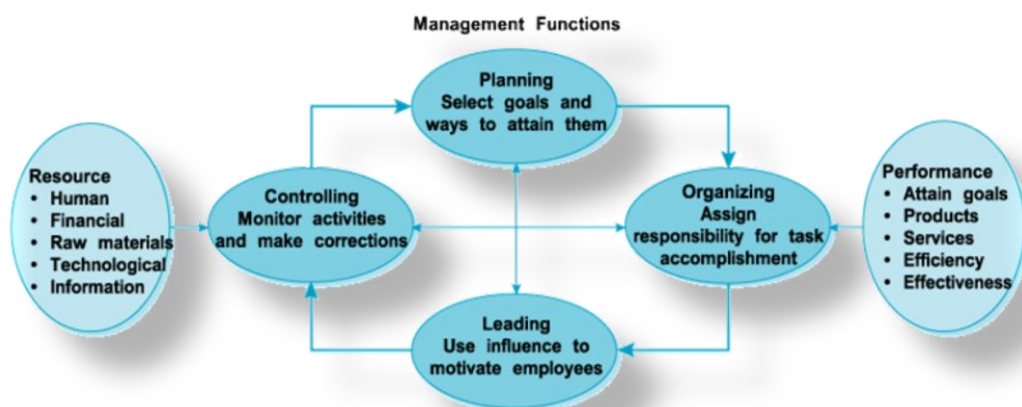


Fig. (3): Classical management functions.

Limitations of the scientific theory:

- The classical view of organizations (and man) focused on structure, order, the formal organization, economic factors, and objective rationality.
- It ignored factors such as individual freedom, motivation, consideration of the environment in which the organization functions.

2. Human Relations Theory:(Neoclassical theory)

Neoclassical theory was built on the base of classical theory.

Assumption of the human relations theory:

- The psychological and social aspects of the worker as an individual and his work group ought to be emphasized.
- The organization can be defined as "a group of persons with a common objective."

Elements of neoclassical theory:

1. Emphasizing differences among individuals and as a result the ways of motivating people are different.
2. Emphasizing the importance of the social aspects of the informal organizations that exists within the structure of the formal organizations.
3. Emphasizing the importance of participative management and decision making.

Limitation of the theory:

1. Limited view of human motivation.
2. No consideration of the environment in which organization function.

3. . Contingency/decision theory:

A number of writers in the 1960s focused on the relationship between the organization and its environment particularly in regard to technology.

Assumption of the contingency/decision theory:

- The most effective way to practice management is to take into consideration the environment in which it operates.
- There is no one best way to manage, rather, many variables in the situation state the way in which the problem should be handled

Elements of the theory:

1. The individual.
2. The environment.
3. The existing variables

4. Modern system theory:

Modern system theorists (1970) viewed their approach as a framework for analyzing managerial behavior and effectiveness.

Assumptions of the theory:

- A system is interrelated parts arranged in a unified whole.
- Systems can be open or closed.
- Organization is a recurrent cycle of input-throughput-output.
- The manager is the channel for the process.

Definitions:

- **System:** An entity that behaves in certain ways because of interactions between and among its individual parts or subsystems.
- **Open system:** Is one that interacts with the objects in its environment. (i.e. the system which receives input from the environment and sends back output)
- **Closed system:** Is one complete within itself, neither receiving from nor contributing to any environment.
- **Input (structure):** Refers to the setting and the resources that are available to be utilized (processed) to achieve the end result.
- **Process:** Refers to the actual activities carried out to achieve the end results.
- **Output:** Refers to the results of the activities performed throughout the process.

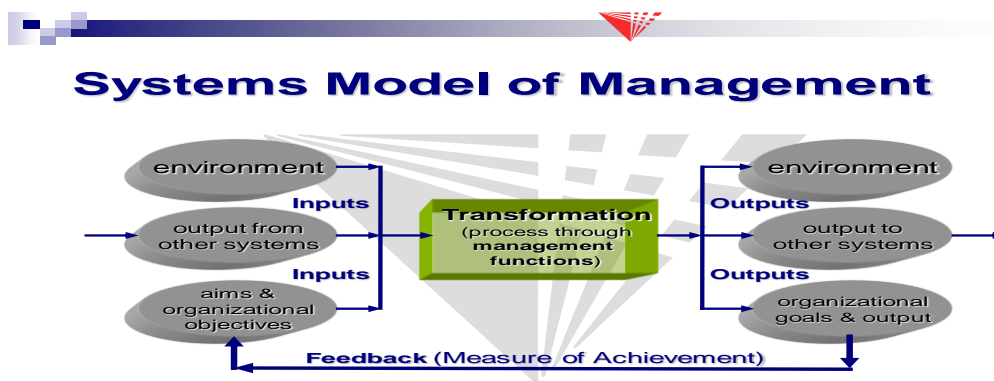


Fig (4): The elements of the system

Historical development of leadership theories

1. Traditional leadership theories include:

- a. **Trait theories:** identifying inborn traits of successful leaders
- b. **Behavioral theories:** focused on what leaders do; real leaders are made through education, training, and life experiences
- c. **Contingency theories:** managers adapt their leadership styles in relation to changing situations; range from authoritarian to permissive

2. Contemporary leadership theories include:

- a. Quantum leadership: based on concepts of chaos theory; employees are directly involved in decision making and managers assume more of an influential, facilitative role rather than one of control
- b. Transactional leadership: based on principles of social exchange theory; nature of transactions between leaders and followers is determined by their assessments of what is in their best interests

- c. **Transformational leadership**: inspires and motivates followers, emphasizes importance of interpersonal relationships; may be a natural model for nursing managers
- d. **Shared leadership**: based on empowerment principles of participative and transformational leadership; essential elements are relationships, dialogues, partnerships, and understanding boundaries; examples include self-directed work teams, shared governance, and co-leadership
- e. **Servant leadership**: leadership originates from a desire to serve, and in the course of serving, one may be called to lead; servant leaders embody empathy, awareness, and persuasion
- f. **Emotional leadership**: focuses on emotional intelligence; emphasizes emotions and relationships with others as a primary attribute for success.

Functions of Management

It includes planning, organizing, staffing, directing and controlling (POSDC). These functions are interdependent and interrelated to each other.

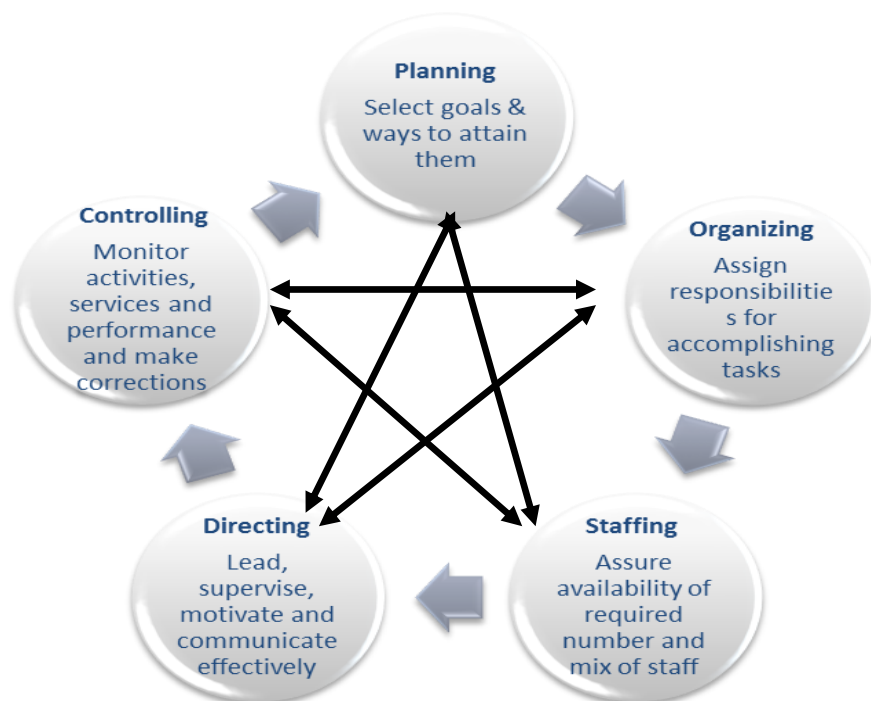


Fig 5: The five Functions of Management

Major Concepts and Definitions

Major concepts	Definitions
ADMINISTRATION	"The process concerned with determining goals, objectives, policies and plans for which the organization and its management operate
MANAGEMENT:	"A process concerned with the execution of plans through direction and guidance of personnel, and the optimum use of the required resources to attain the predetermined objectives".
NURSING MANAGEMENT	Is the body of knowledge related to performing the functions of planning, organizing, staffing, directing and controlling (evaluating) the activities of a nursing in departmental subunits.
MANAGEMENT LEVELS	Refer to the level at which management is practiced in an organization.
LEADERSHIP	"A process whereby a person (leader) inspires a group of individuals to work together using appropriate means to achieve common goals
ADMINISTRATOR	A person who is responsible for forming the strategic vision (including philosophy, goals, objectives, policies) of the organization (top- level of hierarchy).
MANAGER	A person who is responsible for translating the administration's vision into operating plans and acting in the middle and first-line levels of hierarchy.
LEADER	A person who uses interpersonal skills to influence others to accomplish a specific goal
PLANNING	Is the process of deciding in advance what should be done, why, how, when, where and by whom it will be done
ORGANIZING	Is the process of determining the activities to be performed, arranging these activities to administrative units, as well as assigning managerial authority and responsibilities to people employed in the organization.
STAFFING	Is the process of determining the number and composition of personnel assigned to work on a division at a given time
DIRECTING	Is a continuous task of making contacts with subordinates, training them, giving them orders, leading & motivating them.
CONTROLLING	Monitoring performance, comparing it with goals, and taking corrective action as needed.

Module II

Lecture 3

Management Functions

I.Role and functions in Planning

MODULE OBJECTIVE

By the end of this module , the student will be able to:

- 1. Define major concepts in planning.*
- 2. Mention importance of planning.*
- 3. State different types of planning.*
- 4. Discuss planning process.*
- 5. List characteristics of an effective plan.*
- 6. Discuss various sources and types of planning tools.*
- 7. Discuss various sources and types of policies.*
- 8. State characteristics of the objective.*
- 9. Discuss principles of formulating policies.*
- 10. State purposes, importance, types and Characteristics of an effective budget system.*
- 11. Discuss budgetary process and role of the top level and first level manager in preparing budget.*
- 12. Discuss decision making process and techniques.*
- 13. Identify Keys to Successful time Management*
- 14. State Nurse Manger's functions in Timemanagement*

I. PLANNING

Definition: Planning is the process of deciding in advance what should be done, why, how, when, where and by whom it will be done.

Importance of planning in nursing:

1. Provide framework for the organization's objectives.
2. Encourage the economical use of resources.(manpower resources, equipment and supplies).
3. Help in shaping the future, builds confidence and motivate personnel.
4. To facilitate control and change.

Types of plans:

5. There are **Thre**types of plans, strategic plan and tactical plan and operational plan.

1. Strategic plan: (top level management plan)

It is a long-term plan and includes the development of overall organizational goals and objectives, taking into consideration external environmental factors that affect the operations on a long-term basis (5-10 years). Top management's strategic plan for the entire organization becomes the framework and sets dimensions for the lower level planning

2. Tactical plan: (Middle level management plan)

It is concerned with what the lower level units within each division must do, how they must do it, and who is in charge at each level. Tactics are the means needed to activate a strategy and make it work.

Tactical plans are concerned with shorter time frames and narrower scopes than are strategic plans.

Normally, it is the middle manager's responsibility to take the broad strategic plan and identify specific tactical actions

3. Operational plan: (First level management plan)

It is the plan that a manager uses to accomplish his or her job responsibilities.

- Head nurses, team leaders, and sometimes charge nurses develop operational plans to support tactical plans.
- It focuses on the efficient, day-to-day use of resources allocated to the unit and directed towards the fulfillment of unit objectives.
- Operational plans can be a single-use plan (as budget) or an ongoing plan (as policy and procedures).
-

Planning Process:

1. Determining objectives: for which the organization and its management operate.
2. Developing policies: that guide members of the organization how to act in specific situations.
3. Determining quality and quantity of resources: that are needed to accomplish objectives. It includes manpower resources, equipment and supplies.
4. Formulating standards: against which objectives can be evaluated.
5. Establishing procedures: which describe specifically in details how actions must be accomplished.
6. Developing time schedules: for programs to accomplish organizational objectives.

Characteristics of an effective plan:

The effective plan should meet the following characteristics:

1. Anticipates and forecast the future.
2. Be made on clear defined objectives.
3. Be logical, simple, clear and balanced.
4. Have stability while providing for flexibility. It is essential to meet emergencies or changing situations.
5. Be realistic and economical (use available resources).
6. Provides for analysis and classification of activities and outline standards of operation (evaluation criteria which become the basis of the control system).

Planning Tools

Planning tools consist of: Purpose, Philosophy, Goals, Objectives, Policies, Procedures, Rules, Regulations, Standards and Budget.

1. PURPOSE:

Is the reason for existence, e.g. the provision of health services to society.

2. PHILOSOPHY: (HOSPITAL PHILOSOPHY)

"Is a statement of beliefs, values, attitudes, principles and concepts that provides personnel with a common and consistent sense of action.

- Any organization (hospital) must have a sound set of beliefs and values in order to achieve success.
- Goals, objectives, policies, etc... are derived from the hospital philosophy, thus, it is the conceptual framework of the hospital.

Purposes of philosophy:

- 1.It provides the basic beliefs, values and principles.
- 2.It tells personnel how they should act.
- 3.It explains why personnel should direct their energies towards the achievement or accomplishment of the specific objectives.

Nursing service department philosophy:

It is a written statement of philosophy that states how a nurse manager believes that the purpose will be achieved. Nursing philosophy consists of beliefs about person, environment, life, health, illness, nurse-patient relationship and nursing care .

It is derived from the hospital philosophy

Examples of Nursing Department philosophy base their nursing practice on the following beliefs:

- 1.Life and health are primary goods.*
- 2.Each person is unique and has intrinsic worth, so is deserving of respect, without regard to such individual characteristics as sex, age, color, nationality, religious conviction, and socioeconomic status.*
- 3.Illness and injury are perceived by the individual and his significant others aa threat to autonomy, independence, identity, and existence.*
- 4.Nursing interventions are most effective when they are directed toward the patient's health goals, based on research evidence, individualized to meet the patient's needs and circumstances, and coordinated with care by other health team members.*

5. *High-quality nursing care can best be provided by a mixture of professional and non-professional personnel who are organized into self-directed work teams.*

6. *To ensure continuous improvement of nursing care quality, the role of the professional nurse must include responsibility for nursing research and nursing education, as well as for patient and family care.*

7. *When jobs for nursing personnel are designed to ensure employee autonomy and self-actualization, patient care quality, patient satisfaction and employee satisfaction are maximized.*

3. **GOAL:**

Is a general statement for giving direction for what the organization seeks to accomplish (desired outcome).

4. **Objective:**

Is a specific measurable action indicating what is to be done by an individual employee.

The objectives may be general (nursing service department) or specific (for each nursing unit), and may be long-term or short-term objectives.

Characteristics of the objective statement(SMART)



Examples of nursing service goals and objectives:

Goal: to utilize the nursing process in the management of patient care.

Objectives:

1. To assess patient's condition physically, socially and psychologically.
2. To identify patient's needs and problems.
3. To plan appropriate nursing care to meet patient's needs.
4. To implement plan of care.
5. To evaluate nursing care.

5. **POLICY:**

Is a general statement that has been formalized by administrative authority to guide actions in accomplishing the objectives of the organization.

Purposes of policies:

1. Provide information for decision-making.
2. Aid in solving recurrent problems.
3. Create standard-operating procedures among organizational units.
4. Promote efficiency, safety and consistency in accomplishing tasks, i.e. policy manual.
5. Guide in performance evaluation.

Types of policies:

1. Personnel policies.
2. Departmental policies (regulations).
3. Financial policies.

1. Personnel policies:

Are concerned with all the hospital personnel and include:

- i. **Personnel employment policies** e.g. hiring new employees, promotion of the present employees. Termination of present employees and retirement.
- ii. **Arrangement of work** e.g. hours of work. vacations, holidays, sick leaves and absence and working conditions.
- iii. **Employees services** e.g. health care programs, social and recreational activities, safety programs, health insurance, pension, housing and Reward and compensation policy.
- iv. **Training policy:** e.g. purpose of training, type of training needed, time and place for conduction training, authorized scope of training program, and administration and scheduling of the training program.

These policies are presented in a policy handbook for employees.

Advantages of personnel policies:

1. Useful in the orientation of the employees.
2. Save time for the employees as well as administrators.
3. Provide employees with information that help them to give good service and to remain with the organization.
4. Give employees a sense of security and individual worth.

2. Departmental policies (regulations) :

Are specific personnel policies that are applied only to a specific department or individual positions, e.g. nursing service policies manual.

Policies manual for Nursing service department:

This manual can be developed for overall departmental policies, procedures and information related to nursing administration and professional components of nursing care. It may:

1. *Describe the structure, function and organization of the nursing department.*
2. *Identify current departmental administrative and clinical nursing practice, policies and procedures that are applicable to nursing department.*
3. *Duty hours and its rotation.*
4. *Reporting on and off duty.*
5. *Type of uniforms.*
6. *Staff education.*
7. *Identify current hospital and medical staff policies and procedures related specifically to nursing.*

N.B. Nursing service department policies manual is derived mainly from the hospital policy manual.

3. Financial policies:

Are concerned with all the hospital finance (money), and include:

- i. Sources of capital budget.
- ii. Uses of capital budget.
- iii. Protection of capital budget.
- iv. Distribution of earnings.

Advantages of written policy statement:

1. Written policies can be more easily reviewed from time to time to meet changing conditions.
2. A written policy becomes available in the same form to all concerned.
3. They can be communicated and taught to new employees.

6. PROCEDURES

Are series of steps in a chronological sequence of required action, they describe in detail the exact manner in which certain activities or actions must be accomplished, e.g. procedure would prescribe the manner of applying vocation to avoid interruption of work.

It includes the following:

1. Statement of objective.
2. Determination of who is going to perform the activity.
3. Supplies and equipment required.
4. Methods of communication.
5. Criteria for performance.

Advantages:

Written procedures promote efficiency, safety and consistency in accomplishing tasks.

7. RULES

Statements that describe specific action to be taken or not to be taken with respect to the situation, e.g. no smoking allowed in the room where oxygen is being administered.

8. REGULATIONS

Polices that are developed at middle level position in an organization. They are guidelines for action that only apply to department, e.g. nursing procedures in ICU.

9. ROUTINE

Policy which indicates when an activity is to be performed, e.g. temperature of all patients must be taken daily at 6 a.m. (time specification).

10. Standard

Is a descriptive professional statement of desired or agreed level of performance or care against which the level of care/performance can be judged. It must be observable, achievable and measurable.

N.B. The standard can be achieved through criteria

11. Criteria (Singular: Criterion):

Are predetermined measurable elements that will indicate if the standard is met, and to what extent it was met.

Lecture 4

Budget and financial management

Key concepts and Definitions:

- **Financial management:** is defined as "a series of activities designed to allocate resources and plan for the efficient operation of the organization".

- **The overall goal of financial management:** is to meet the total financial needs of the organization.
- **Budgeting:** is the planning function of financial management.
- *The budget translates operational plans into monetary terms.*
- **Budget** is defined as "a written financial plan aimed at controlling the allocation of resources"
 - Or "a statement of expected expenses and revenues over a specific period of time".
- **Expenses:** are defined as "the costs or prices of activities undertaken in the organization's operations".
- **Revenues:** are defined as "income or amounts owed for purchased services or goods".

The purpose of the budget:

1. To set operating cost limits; it quantifies plans.
2. It is a powerful instrument in guiding nursing performance in allocation of personnel, supplies, support services, and facilities.

Importance of budget:

It is important to be used to:

- a. Manage programs.
- b. Plan for goal accomplishment.
- c. Control costs.

Factors influencing Budget planning:

Any alteration in one or more from the following factors requires reviewing, modifying or even changing the budget. These factors are:

- Internal and external economic environment, as well as financial means.
- Changing demands of the clients and/or providers.
- availability of human resources
- Capacity of the organization (as opening a new, or closing a working unit).
- Service costs/market price.
- Organizational goals and strategic directions.

Systems of Budget Development:

1. Centralized Budget:

- Developed and imposed by the controller, administrator of the hospital, and the director of nursing services, with little or no consultation with lower-level managers.
- This “**top-down** approach” leaves the implementers of the budget without autonomy or the right to appropriately control expenses.

2. Decentralized Budget:

- With decentralization the first-level manager (head nurse) becomes actively involved in the planning and budgeting process;
- Autonomy, accountability, and authority are placed at the practitioner level.

Role of the top level and first level manager in preparing budget:

A)Top-level managers.

1. Attend to overall forecasting needs for the new fiscal year.
2. Looking at past experiences and records.
3. Considering any changes such as closing or opening facilities or services.
4. Studying anticipated population changes and taking account of any regulating changes that might occur as a result of policy change or legislation.

b) First-level managers

- They are given the authority to develop and monitor the budget for their respective units for each year.

This decentralized approach, or "bottom-up" budgeting, have five advantages.

1. First-level managers have a more intimate view of their needs than do those at the top.
2. First-level managers can provide a more realistic breakdown to support their requests.
3. Morale and satisfaction are usually higher when individuals participate actively in making decisions that affect them.
4. There is room for more flexibility and quicker action.

Types of budget:

There are **three** types of expenditures that the unit manager is directly involved in, those are personnel, operating, and capital budgets.

1. Personnel budget:

- The largest portion of the budget expenditures is personnel budget; because healthcare is labor intensive (not machines intensive).
- The personnel budget includes actual worked time (Productive time), and time the organization pays the employee for not-working time (Non-productive time).
- Non-productive time includes new employee orientation, employee turnover, sick and holiday time, and education time.

2. Operating budget:

- It includes such daily expenses as the cost of electricity, repairs and maintenance, and medical/surgical supplies (as syringes, catheters...etc).

3. Capital budget:

- Capital budgets plan for the purchase of buildings or major equipment (of long-life equal or greater than 5 to 7 years) which is not used in daily operations, and is more expensive than operating supplies.
- Capital items are usually requested on a special form that requires a statement of justification.

Characteristics of An effective budget system:

- It has enough sources to supply sufficient funds.
- Allocates financial resources to specific units or departments based on certain criteria.
- Conducts a controlling system that shows how effectively financial resources are being utilized.
- All providers (and most certainly nurses) must assume greater financial responsibility for the volume and cost of services consumed.

The budgetary process:

Preparation of the budget begins several months before the end of each fiscal year to allow time for careful preparation.

First: those involved with budget preparation review agency policies, standards, and objectives.

Second: the agency controller and director of nursing services prepare guidelines for the budget.

Third: The first-level managers (head nurses) prepare the budget for their units based on past expenditures and predictions for the coming year and send the budget to their supervisors for review. Once accepted or modified

Fourth: the budget is implemented and monitored, with adaptations or changes made as necessary

CONT. LECTURE 4

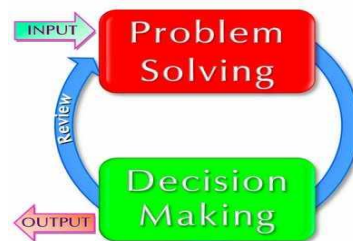
DECISION MAKING AND PROBLEM SOLVING



Decision-making is one of the major tasks of planning, as well as in each of the components of the management process, The consequences of each of these decisions have some impact on the outcome or end results of the concerned process.

- **Decision making:** A systematic cognitive process in which there must be an identification of alternatives.
- **Decision taking:** Judgments selected from two or more alternatives.
- **Decision making situation:** The situation in which decisions are made. It may be personal, clinical, or organizational.
 - **Personal decision making:** is a familiar part of everyday life.
 - **Clinical decision making:** relates to quality of care and competency issues.
 - **Organizational decision making:** is choosing options directed toward the resolution of organizational problems and the achievement of organizational goals.
- **Problem :** - A present unsatisfactory state that needs to be changed to a desired state as soon as possible
- **Or :** Some deviation from the expected standard which prevent the achievement of objectives.
- **Problem Solving:** is a process whereby a dilemma is identified and corrected.

◀ **Difference between problem solving & decision making**



Levels of decisions:

Decision made by the management of an organization fall into three levels:

1. **Strategic decisions:-** Decisions made by the company's top executives that a crucial to operations or long-range planning are strategies because they define and focus on major, long-term goals.
2. **Tactical decisions:** middle managers make most administrative decisions. They resolve unusual problems and develop techniques to improve functioning
3. **Operational decisions:** these are the routine decisions that relate to day-to- day events . first line managers make most of the operational decisions

Characteristics of effective decision making process:

1. Conducted in a systematic, comprehensive way of thinking.
2. The consequences of the implemented decision are determined.
3. Results in positive outcomes and fewer negative consequences.
4. Based on a "Goal-oriented" analysis of the situation, its problems, and their alternative solutions.

PROBLEM SOLVING AND DECISION MAKING PROCESS

1. identifying the problem;

In defining a problem it is important to consider not just the problem itself but the underlying causes. For instance, the problem may be an increased medication errors in the unit, **the causes may be** untrained nurses have been assigned to the unit, pharmacist may have been doing a poor job, or drugs materials expired ... i.e. causes of a problem must be understood before the problem can be corrected.

2. Develop alternatives:

A problem can usually be solved in any of a number of ways. The choices that the decision maker has to decide on are alternatives; the number of alternatives generated is limited by:

- The amount of time available for the taking decision
- Importance of the decision itself

3. Weigh or evaluate Alternatives

Usually, advantages and disadvantages can be found in every possible solution, one alternative may be clearly superior, but it may also have some weak points. There are a number of ways to evaluate alternatives:

- a- Listing the pros and cons of each and importance of these relating to each alternative.
- b- Determine the expected pay off associated with each alternative (cost, benefits and effectiveness).
- c- Using Thomas Saaty's Analytical Hierarchy Matrix:

List alternatives in columns and rows as depicted in the matrix above. Starting with Alternative A, go across columns in the matrix and rate each alternative against all the others.

ANALYTICAL HIERARCHY MATRIX						
<u>Alternatives</u>				<u>Row Sum</u>	<u>Rank</u>	
	A	B	C	D		
Alternative A		0	0	0	0	4th
Alternative B	1		0	1	2	2nd
Alternative C	1	1		1	3	1st
Alternative D	1	0	0		1	3rd

When the alternative under consideration has more value than the others,	Then give the more valuable alternative a score of <u>1</u>
When the alternative has less value than the others.	Then give the less valuable alternative a score of <u>0</u>

Add the scores for each row/alternative; highest score is the highest rated alternative according to the criteria you used. In the matrix above, Alternative C scores highest, so it's the highest rated alternative.

d. SFF Matrix: Suitability, Feasibility & Flexibility

	<i>Suitability</i>	<i>Feasibility</i>	<i>Flexibility</i>	<i>Total</i>
<i>Alternative A</i>				
<i>Alternative B</i>				
<i>Alternative C</i>				
<i>Alternative D</i>				

Rate each alternative on scale of 1 - 3 for its

a. Suitability: refers to

the alternative itself, whether it is ethical or practical. Is it appropriate in scale or importance? An adequate response? Too extreme?

b. Feasibility: refers to

how many resources will be needed to solve the problem (i.e. Is it affordable?)
How likely will it solve the problem?

c. Flexibility: refers to

your ability to respond to unintended consequences, or openness to new possibilities? The alternative itself and whether you can control outcomes once you begin.

Total a score for each alternative, compare, prioritize your alternatives...

4-Choose and implement the best alternative:

The ability to select the best course of action from several possible alternatives often separates successful managers from less successful ones, the alternative offering the highest promise of attaining the objective, taking into consideration the overall situation, should be selected.

Managers' responsibility not only to make correct decisions but also to ensure that those decisions are implemented properly, so the decision has no value except through its implementation.

5-Evaluate the decision:

Evaluation requires an objective assessment of how the decision has solved the problem, the implementation of a decision does not complete the decision making process, but there is

constant revaluation of and feed back to every step of decision making, the outcome, whether good or bad, provides information that can contribute to future decisions.

i.e. **evaluation step should be consider as recycling or stating the a new decision making process**

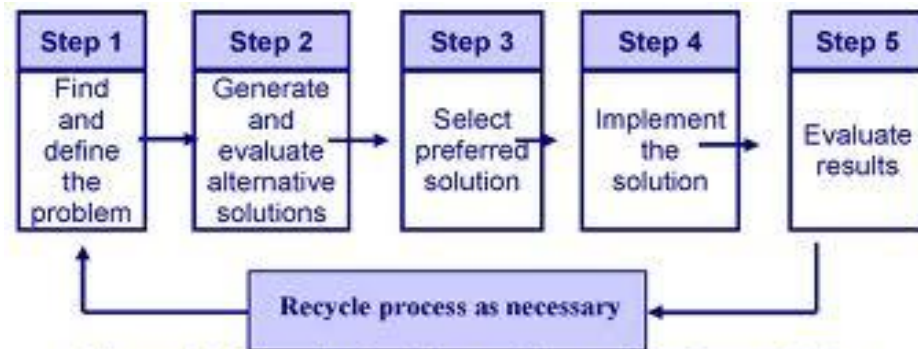
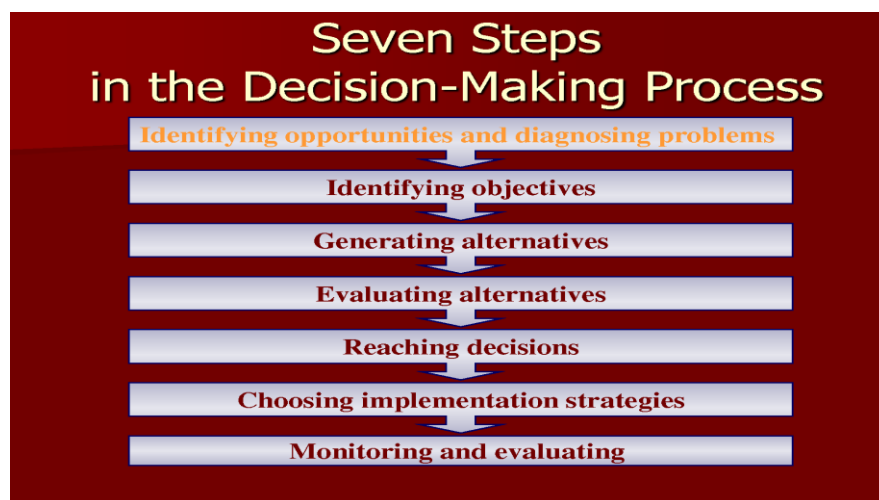


Figure 2.1: Steps in decision making and problem solving



CONT. LECTURE 5 DECISION MAKING

How to improve decision making process:

1. Educate people so they know how to make appropriate decision.
2. Seeking support of top management for decision making at the lowest possible level, (e.g decentralization).
3. Successful manager stay informed about decision being made at different levels of the organization after appropriately delegating these responsibilities.
4. The managers should deal only with these decisions requiring their level of expertise (non routine decisions), support implementation of decisions, and credit the decision maker.
5. Delegation of decision making (routine decision making) to subordinates to gain their trust, loyalty and to raise their self-esteem.
6. Successful manager who is skilled in both decision making and problem solving serves as a motivator and role model for others

Decision-making techniques:

-Various strategies are used for problem solving and decision making, from these techniques.

1. Brainstorming

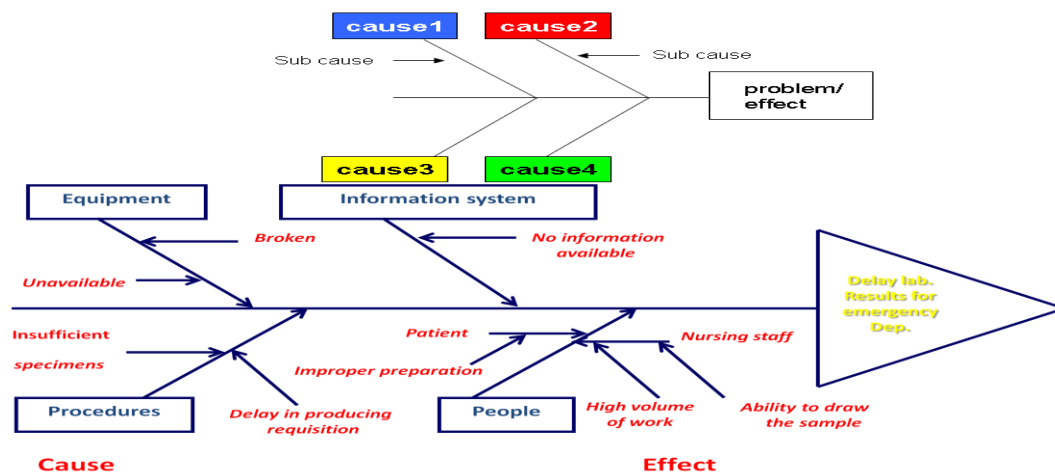
Through this technique, individuals are encouraged to identify a wide range of ideas. Usually, one individual is assigned to record the ideas on a chalkboard. Brainstorming may be used at any stage of the decision- making process, but it is most effective at the beginning, once a problem has been stated.

- Brainstorming is most effective for simple, well-defined problems. It encourages enthusiasm and competitiveness among group members in generating ideas. It also prevents group members from feeling hopeless about the range of possibilities in a given situation.

2. Fishbone diagram (causes and effect)

Is drawn after a brainstorming session, the central problem is visualized as the head of the fish, with the skeleton divided into branches showing contributing causes of different parts of the problem.

Construction of a cause and effect diagram:



Fishbone diagram Example

Characteristics of effective decision making process:

1. Conducted in a **systematic, comprehensive** way of thinking.
2. The **consequences** of the implemented decision are determined.
3. Results in **positive outcomes** and fewer negative consequences.
4. Based on a "**Goal-oriented**" **analysis** of the situation, its problems, and their alternative solutions.

Lecture 5

Time management

Time is one of the most important and most often misused resources available to humans. Time is available to everyone, regardless of status, in equal amounts. Thus, because each person has the same amount of available time, people really cannot refer to time in terms of deficient quantities. So, the problem is not about how much time a person has, but instead about how that person chooses to manage him or herself to use the available time.

Time management:

Means using time effectively and efficiently.

- **Effectiveness:** is doing the job well, achieve objectives according to standards of performance and to the best of individual ability.
- **Efficiency:** is doing work quickly without wasting of time, energy and resources.

Advantages of time management:

- Gain time
- Eliminates cramming
- Motivates and initiates
- Reduces anxiety
- Reduces avoidance
- Promotes review

Time wasters.

These are the activities which prevent achieving the organizational objectives in most efficient way.

- A time waster is anything that keeps manager from doing valued and important things.
- Time wasters are classified into internal and external.
- Internal time wasters are personal while the external time wasters are those generated outside the individual.

The most Common time wasters:

<i>External Time-Wasters</i>	<i>Internal Time-Wasters</i>
<i>1. Telephone interruptions</i>	<i>1. Procrastination</i>
<i>2. Socializing</i>	<i>2. Poor planning</i>
<i>3. Meetings</i>	<i>3. Failure to establish goals and objectives</i>

4. Lack of information	4. Failure to set objectives
5. Poor communication	5. Inability to delegate, to make decision
6. Lack of feedback	6. Inability to say no
7. Lack of adequately described policies and procedures	7. Management by crisis
8. unorganized office visitors	8. Haste
9. Poor filing system	9. Indecisiveness
10. Paperwork and reading	10. Open-door policy

Keys to Successful Time Management:

Key principles of time management are designed to enhance effectiveness, efficiency, increase productivity and attainment of the goal. They include:

- Set goals and list priorities,

ManageFocus

	Urgent	Not Urgent
Important	I <ul style="list-style-type: none"> - Crises - Pressing Problems - Deadline Driven Projects, meetings, preparations 	II <ul style="list-style-type: none"> - Preparations - Presentations - Values Clarification - Planning - Relationship Building - True Recreation - Empowerment
Not Important	III <ul style="list-style-type: none"> - Interruptions, some phone calls - Some mail, some reports - some meetings - Many proximate pressing matters - Many popular activities 	IV <ul style="list-style-type: none"> - Trivia, busywork - Junk Mail - Some phone calls - Time wasters - "Escape" activities

DelegateAvoid

- Make a daily "to do" list,
- Developing and maintaining a personal, flexible schedule,
- Controlling interruptions (time wasters),
- Learn to say "No",
- Get organized,
- Learn to delegate,
- Handle each piece of paper only once, and

- Start to do the work now (avoid procrastination).

Nurse Manager's functions in Timemanagement.

1. Appropriatelyprioritizes day-to-day planning to meet short-term and long-term unite goals.
2. Builds time for planning into the work schedule.
3. Analyzes how time is managed on the unit level using job analysis and time motion studies.
4. Eliminates environmental barriers to effective time management for unit staff.
5. Handles paperwork promptly and efficiently and maintains a neat work area.
6. Breaks down large tasks into smaller ones that can more easily be accomplished by unit members.
7. Utilizes appropriate technology to facilitate timely communication and documentation.

Major Concepts and Definitions

<i>Definitions</i>	<i>Major concepts</i>
PLANNING	Is the process of deciding in advance what should be done, why, how, when, where and by whom it will be done.
PURPOSE	Is the reason for existence, e.g. the provision of health services to society.
PHILOSOPHY	Is a statement of beliefs, values, attitudes, principles and concepts that provides personnel with a common and consistent sense of action.
GOAL	Is a general statement for giving direction for what the organization seeks to accomplish (desired outcome).
OBJECTIVE	Is a specific measurable action indicating what is to be done by an individual
POLICY	Is a general statement that has been formalized by administrative authority to guide actions in accomplishing the objectives of the organization.
PROCEDURES	Are series of steps in a chronological sequence of required action, they describe in detail the exact manner in which certain activities or actions must be accomplished
RULES	Statements that describe specific action to be taken or not to be taken with respect to the situation, e.g. no smoking allowed in the room where oxygen is being administered.

REGULATIONS	Polices that are developed at middle level position in an organization. They are guidelines for action that only apply to department, e.g. nursing procedures in ICU.
ROUTINE	Policy which indicates when an activity is to be performed, e.g. temperature of all patients must be taken daily at 6 a.m. (time specification).
STANDARD	Is a descriptive professional statement of desired or agreed level of performance or care against which the level of care/performance can be judged. It must be observable, achievable and measurable
CRITERIA	Are predetermined measurable elements that will indicate if the standard is met, and to what extent it was met.
BUDGETING	"A written financial plan aimed at controlling the allocation of resources"
DECISION MAKING	A systematic cognitive process in which there must be an identification of alternatives.
DECISION TAKING	Judgments selected from two or more alternatives.
PROBLEM	Some deviation from the expected standard which prevent the achievement of objectives.
PROBLEM SOLVING	Is a process whereby a dilemma is identified and corrected
TIME MANAGEMENT	Means using time effectively and efficiently
EFFECTIVENESS	Is doing the job well, achieve objectives according to standards of performance and to the best of individual ability.
EFFICIENCY	Is doing work quickly without wasting of time, energy and resources.

Module III.

Lecture 6

Roles and functions in Organizing

Module Objectives:

By the end of this module, the student will be able to:

1. Define organization and organizing
2. Describe the organizing process.
3. Differentiate between centralization and decentralization.
4. State the factors that determining the degree to which authority is delegated.
5. Differentiate between different types of authority.
6. Differentiate between types of span of control.
7. Describe how to conduct job analysis
8. Differentiate between job description, job specification and job evaluation.
9. Discuss different Methods of patient care delivery (methods of assignment)
10. Discuss change process, types of change, change agents, causes and different techniques of dealing with resistance to change

Organizing in Nursing Administration

Organizing is one way which nursing management coordinates the various activities of a department or a unit so that the staff can get its work done in an orderly fashion

Importance of organizing:

1. Focus on objectives, and facilitate the attaining of objectives.
2. Arrangement of positions and jobs within the hierarchy.
3. Define clearly responsibilities and line of authority of all levels.
4. Creating relationships that will minimize friction.

Basic elements of formal organizations:

- 1) Centralization and decentralization.
- 2) Delegation of authority.
- 3) Span of control (supervision).
- 4) Division of service.
- 5) Departmentation.

1) Centralization and decentralization:

It refers to the level at which most of the decisions are made within the organization.

Centralization and decentralization are also commonly used with reference to concentration or distribution of employees and physical facilities.

● **Centralization:** is concentration of decision-making and action at high-level management.

Advantages of centralization:

1. Power and prestige are provided to the top manager.
2. Uniformity of policies, practices and decisions are promoted.
3. Duplication of function is minimized.
4. Extensive controlling procedures and practices are not required.

Disadvantages of centralization:

1. The functions that are usually performed by middle manager are neglected and bedside personnel become unmotivated.
2. It is difficult for a nursing supervisor to function as a manager. She becomes instead, link officer between nursing director and first-line management.

● **Decentralization:** is systematic and consistent delegation of authority to the lower levels where the work is performed.

Advantages of decentralization:

1. Raise morale and promote interpersonal relationships.

2. Relieve high-level management from the daily administration freeing them for long-range planning, goal and policy development and system integration.
3. Bring decision-making close to action.
4. Develop managers by allowing them to manage.
5. Promote employee's enthusiasm and coordination.
6. Facilitate actions by lower-level managers without waiting for approval of their decisions from superiors.
7. Improves coordination, especially for services.

Disadvantages of decentralization:

1. Top-level administration may not desire decentralization; they may feel it would decrease their status.
2. People may not permit full and maximum utilization of highly qualified personnel.
3. Increased costs. It requires more managers and large staff.
4. It may lead to overlapping and duplication of effort.
5. It may lead to lack of uniformity and lowering of standards in decision-making.
6. Emergency decision may not be possible.

2) Delegation of authority:

Delegation: Transferring responsibility for the performance of an activity from one individual to another while retaining the accountability for the outcome. It is "The distribution of responsibility and authority to others while holding them accountable for their performance."

(www.lawsoncg.com)

Why Delegate?

- To use skills and resources already within the group
- To keep from burning out a few leaders
- To develop new leaders and build new skills within the group
- To get things done
- To prevent the group from getting too dependent on one or two leaders
- To become more powerful as a group
- To allow everyone to feel a part of the effort and the success
- Group members feel more committed if they have a role and feel needed.

Delegation Process:

Step 1: Know What to Delegate

In nursing, there are some things that can be delegated and others that cannot. For example, you should probably think twice before delegating tasks that involve sensitive or confidential client information. And you may not want to delegate a task that hasn't been clearly defined

Step 2: Select the Appropriate Person

This step is one of the most important and the most difficult. It takes a lot of time to find people you can delegate to that meet all of the necessary criteria for a successful relationship:

- ✓ Trust and loyalty
- ✓ Necessary skills
- ✓ Adequate availability
- ✓ Work ethic comparable to yours
- ✓ Positive performance history

Step 3: Provide Documentation and Clear Instructions

Having documentation that clearly outlines the details of the work and provides all of the necessary information is important in delegation. The nurse manager must share all of the necessary information, take time to review the specifics and answer any questions that may arise.

Step 4: Track Work and Provide Feedback

It makes sense to follow along with the work being completed to ensure it's being done correctly and to your specifications. The nurse manager monitor the work and provide feedback for improvements.

Step 5: Maintain Reasonable Control

On a regular basis, make a regular evaluation process. This will help to anticipate needs and be ready to handle changes as they occur

Five Rights of Delegation

- The right task
- The right circumstance
- The right person
- The right direction and communication
- The right supervision and evaluation

Factors determining the degree to which authority is delegated:

There are many factors that the manager should consider when he/she decide to delegate:

a. Organization's size.

The larger the organization, the increased the needs for delegation (delegation from top manager to lower level manager to take decision).

b. Importance of duty or decision.

The more important the duty or decision, the more likely it is to be delegated.

c. Task complexity.

The greater the complexity of the task to be done, the greater is the need for delegation of authority.

d. Organizational culture.

If the top-level manager does not have confidence in the abilities of lower-level managers, this will lead to the least amount of delegation.

e. Qualities of subordinates.

Delegation requires subordinates with the skills, abilities and motivation to accept authority and act on it.

Main principles of delegation:

- Responsibility can not be delegated.
- Authority and responsibility should be in equal proportion.

Barriers to successful delegation:

- Lack of ability of the superior to direct the subordinates.
- Lack of confidence in subordinate.
- Absence of control.

Major causes of managers' refusal to delegate:

1. Tendency to do things personally (i.e. by himself).
2. Desire to dominate the knowledge, information, and/or skills he has.
3. Unwillingness to accept risks of wrongs, (that some subordinates may take wrong decisions, or are incapable of using authority properly).

Reasons for subordinates' avoidance of accepting delegation:

1. Decision-making is a hard mental work, and people seek ways of avoiding it.
2. Fear of criticism for mistakes.
3. Lack of necessary information and resources to do a good job.
4. Overload of work.
5. Positive incentives may be inadequate, (e.g. pay rate, opportunity for promotion, improved status).

AUTHORITY

Is the right to take final decisions, to act or to command action of others. It moves in a downward direction.

Types of authority:

a. Ultimate authority:

It deals with the original source from which one derives the right to take actions. Thus, in the health sector, the ministry of health has ultimate authority.

b. Legal authority:

Means that an individual is legally permitted by the virtue of the position to take an action; a hospital director delegates to director of nursing service to act on behalf of the department.

c. Technical authority:

It refers to a person who is a recognized expert in some particular field. This does not necessarily mean that it is derived from position.

d. Operational authority:

Is giving someone permission to assure certain responsibilities through delegation of authority.

Types of organizational relationships:

There are two types of organizational relationships, the line relation and the staff relation.

- The line relation:

Refers to levels of hierarchy, superior-subordinate relationships, and provides the framework for the organization.

The superior has the right to give orders and demand accountability. Each member knows from whom he/she receives orders and to whom he/she reports.

Line authority is sometimes called “Direct Operative Authority.” It is shown by a solid line in the organizational chart.

- Staff relation:

It has no command, personnel in the staff relation have only the right to advise, assist, support those in the line authority in the performance of their duties, it is showed by a dotted line in the organizational chart.

RESPONSIBILITY

Refers to the obligation involved when one accepts an assignment.

Responsibility cannot be delegated, it may be continued or it may be terminated with the accomplishment of a single action.

ACCOUNTABILITY

The subordinates must be held answerable, to a predetermined superior, for the assigned duties in order to properly carry out their duties. It moves in an upward direction.

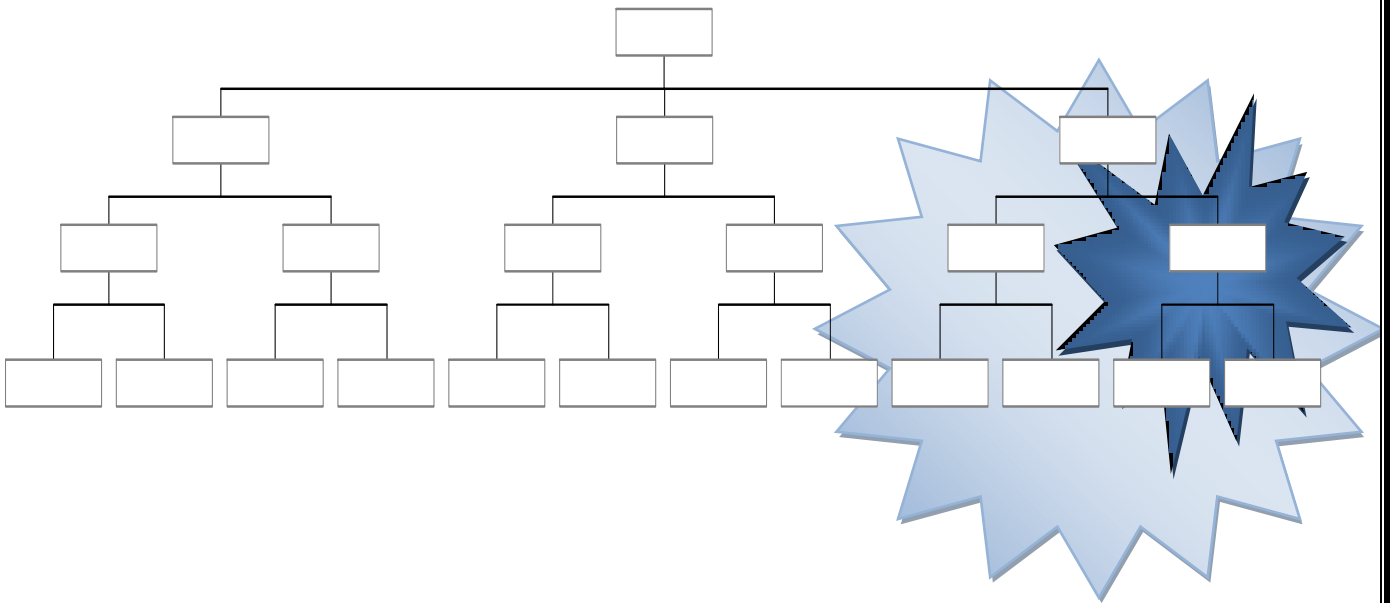
3) Span of control (*span of supervision*):

Refers to the number of subordinates that can be adequately supervised by one supervisor.

Dimensions of span of control:

Span of control can be implemented through one of the following dimensions: either narrow or wide.

Narrow span of control:



In which the manager supervises a small number of workers (fig 8)

Fig. 8 Narrow span of control

Advantages:

1. Close supervision.
2. Close control.
3. Fast communication between subordinates and superiors.

Disadvantages:

1. Superiors tend to get too involved in subordinates' work.
2. Many levels of management.
3. High costs due to many levels.

b. Wide span of control:

4. The manager supervises a large number of workers (fig. 9).

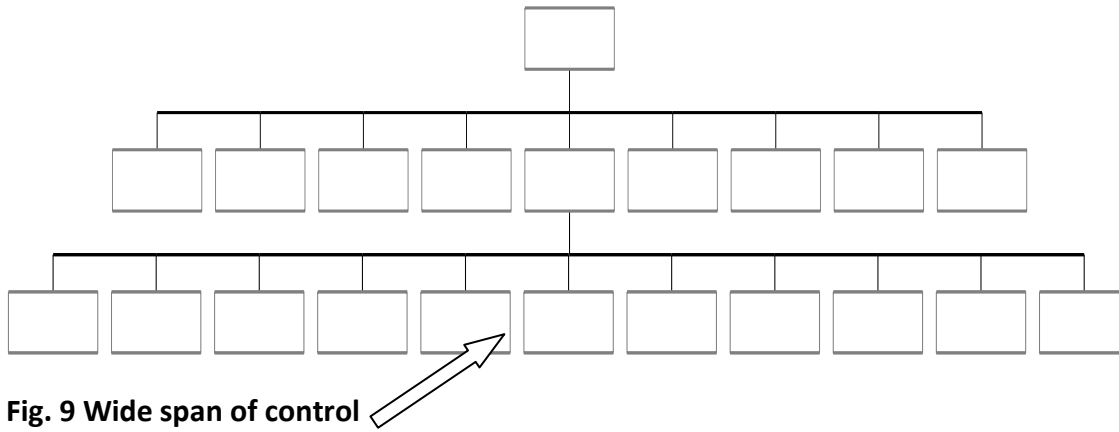


Fig. 9 Wide span of control

Advantages:

1. Superiors are forced to delegate.
2. Clear policies must be made.
3. Subordinates must be carefully selected.

Disadvantages:

1. Tendency of overload superiors to take most or all decisions.
2. Danger of superior's loss of control.
3. Requires exceptional quality of managers.

Factors determining the span of control:

1. The competence of both the supervisor and the subordinate.
2. The degree of interaction between the units or personnel being supervised.
3. Other duties of the top manager. Lower-level managers have a wider range of span than top-level manager.
4. The similarity or dissimilarity of activities being supervised.
5. The incidence of new problems in the unit.
6. Availability of plans of work, policies and standardized procedures.
7. The degree of physical distribution.
8. The nature of work (stability, complexity, etc...).

4) Division of service (or work):

Division of work means dividing large activities to be distributed among several people.

Advantage:

Allow an employee to master a task with a maximum skill, a minimum time and effort.

Disadvantages:

Division of service creates many different, narrow jobs, which need effective managerial coordination.

Human problems have been created from division of service, fatigue and stress, and which lead to less quantity and quality of work, increased absenteeism and higher turnover.

5) Departmentation:

It is the process of grouping activities into administrative units.

Types of Departmentation:

Departmentation can be implemented through one or more of the following types:

1. Departmentation by services:activities are grouped according to similarities of skills needed to accomplish the goal, i.e. medical, surgical and pediatric units. It is simple and commonly used.
2. Departmentation by time:activities that need coverage twenty four hours a day, seven days a week (e.g. acute care settings), or activities coverage for eight to twelve hours a day for five or six days a week (e.g. preventive services) at the most.
3. Departmentation by degree of acuteness of illness of the patients:five progressive patient care (PPC), i.e. Intensive Care Unit, Intermediate Care Unit, Self-Care Unit, Long-Term Care Unit, and Home Care Unit.
4. Departmentation by function:This method places all the resources and authority under one manager, e.g. laundry, pharmacy, dietary services.
5. Departmentation by location:activities that are used with wide geographic activities in a given location that are grouped and assigned to a manager, i.e. inpatient department, outpatient department, and administrative department.
6. Departmentation by patient:making sense when service is important and the welfare of the patient is of primary interest, i.e. sex: male, female, age: geriatric, pediatric, economic status: paying, free unit.

JOB ANALYSIS AND JOB DESCRIPTION

Current information about the content and nature of jobs in nursing is vital to nursing services administration. Sound personnel management requires that each individual job be defined, recorded and communicated to the appropriate persons. The methods and procedures utilized to determine the duties, responsibilities, working conditions, and working relationships of - and between - jobs and human qualifications of personnel are:

- | | |
|----------------------|--------------------|
| 1- Job analysis | 2- Job description |
| 3- Job specification | 4- Job evaluation |

1- JOB ANALYSIS:

It is the process of objectively determining the specific duties, responsibilities and working conditions associated with a specific job, as well as the personal skills and qualifications required to perform that job satisfactorily.

- Job analysis assesses what employees are doing. So it is the process of getting information about job. It investigates exactly **what** the worker does in a particular job, **how** he does it, **why** he does it, **how much** skills is required to do it and physical demands, environmental conditions associated with this specific job.

Uses of job analysis:

Job analysis serves as the basis from which job description, job specification and job evaluation are prepared.

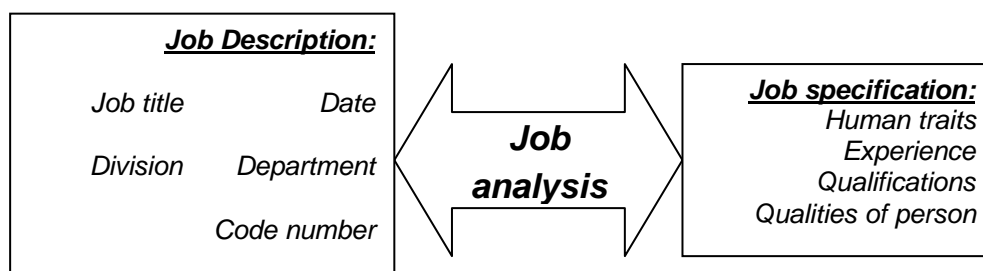


Fig. 10: Uses of job analysis

2. JOB DESCRIPTION:

Is a written statement of the duties, responsibilities and organizational relationships that are required of the employee in a given job.

The components of job description are:

1. Date, revised date.
2. Job title.
3. Department.

4. Division.
5. Code number.
6. Job position required
7. Job summary.
8. Organizational relationship:
 - i. position accountable for
 - ii. position accountable to
9. Job duties and responsibilities.

Uses of job description:

1. Serves as basis for selecting and recruiting an individual to fill the position.
2. Essential for the placement and orientation of new employees.
3. Essential for employee's performance evaluation, transfer and promotion.
4. Useful in identifying the needs for employee's training.
5. Helps to prevent both gaps and overlaps at work.
6. Helps to prevent arguments among employees about “who should do what.”

3. JOB SPECIFICATION:

Job specification is derived from job analysis and job description. It is the personal qualifications, skills, physical and mental demands required for effective job performance. It answers the following questions:

- What human traits and experience are necessary to do this job?
- What kind of person to recruit for and qualifications needed?
- What qualities that person should be tested for?

Uses of job specification:

Helps for the purpose of recruiting and selecting the candidates to fulfill the job.

4. JOB EVALUATION:

It is a systematic method of appraising the worth of each job in relation to all other jobs in the same organization.

The purpose of job evaluation:

Determine the relative value of each job as a basis for equitable pay differentials.

Identify job factors that place one job higher than another in a value hierarchy.

Measure the number and amount of these factors in each job.

THE ORGANIZATIONAL STRUCTURE OF NURSING SERVICE DEPARTMENT

Although planning is the key to effective management, the organizational structure furnishes the formal framework in which the management process takes place. The organizational structure should provide an effective work system, a network of communications, and identity to individuals and the organization and should consequently foster job satisfaction. The organization contains both formal and informal structures.

Types of organizational structures:

1. The formal organizational structure:

It describes positions, tasks, responsibilities and relationships among people in their positions in the different departments in the organization, and presented in diagrammatic form called ***organizational chart***.

2. Informal organizational structure:

It describes the personal and social relationships that do not appear on the organizational chart.

- It helps members to meet their personal objectives and provides social satisfaction.
- It also has its own channels of communication, which may distribute information more broadly and rapidly than the formal communication system.
- The informal organizational structure is important to management, thus, the supervisor should be aware of its existence, study its operating techniques, and use it to meet the organizational objectives.

Organizational chart:

It is a diagram shows the different positions and departments, and the relationships among them.

It is used to show:

- ° The formal organizational relationships.
- ° Areas of responsibility.

Persons to whom one is accountable.

Channels of communication.

Types of organizational charts:

There are three types of organizational charts: the vertical, the horizontal, and circular charts.

1. Vertical charts:

It shows high-level management at the top with formal lines of authority down the hierarchy, are most common (fig. 11).

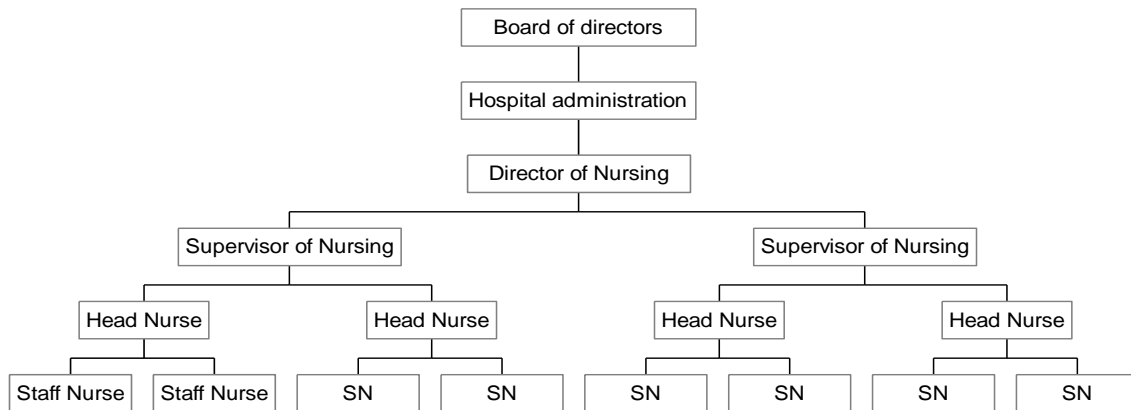


Fig. 11: Vertical organizational Chart

2. A left-to-right (horizontal) charts:

It shows the high-level management at the left with lower positions to the right. Shows relative length of formal lines of authority, helps simplify understanding the lines of authority and responsibility (fig. 12).

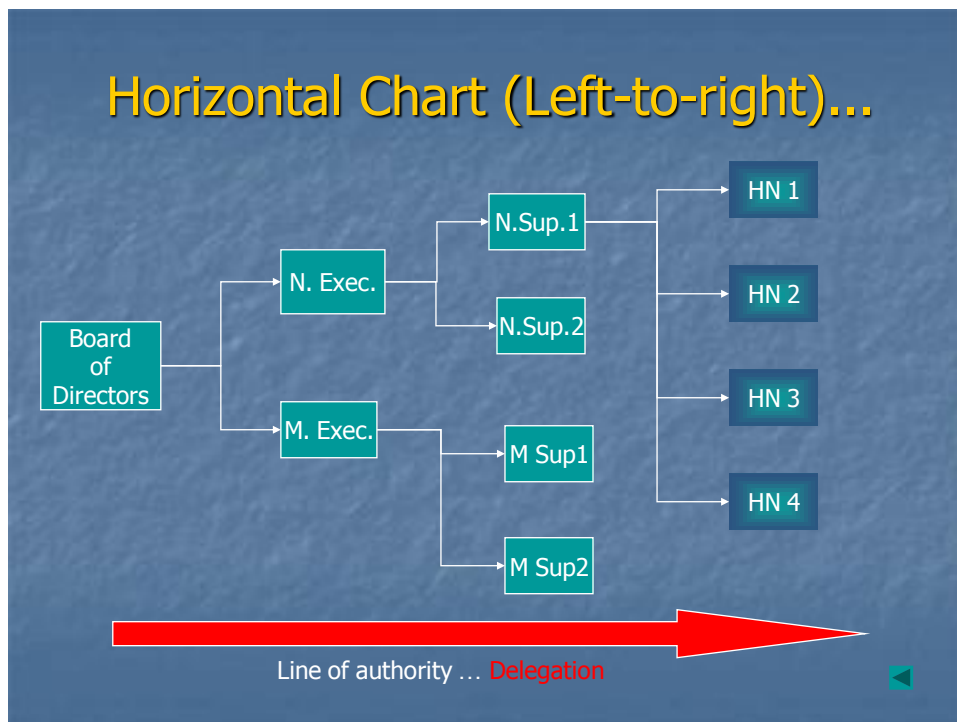


Fig. 12: Left-to-right (Horizontal) organizational Chart

3. Circular charts:

It shows the high-level management in the center with successive positions in circles. It shows the outward flow of formal authority from the high-level management. It reduces status implications (fig. 13).

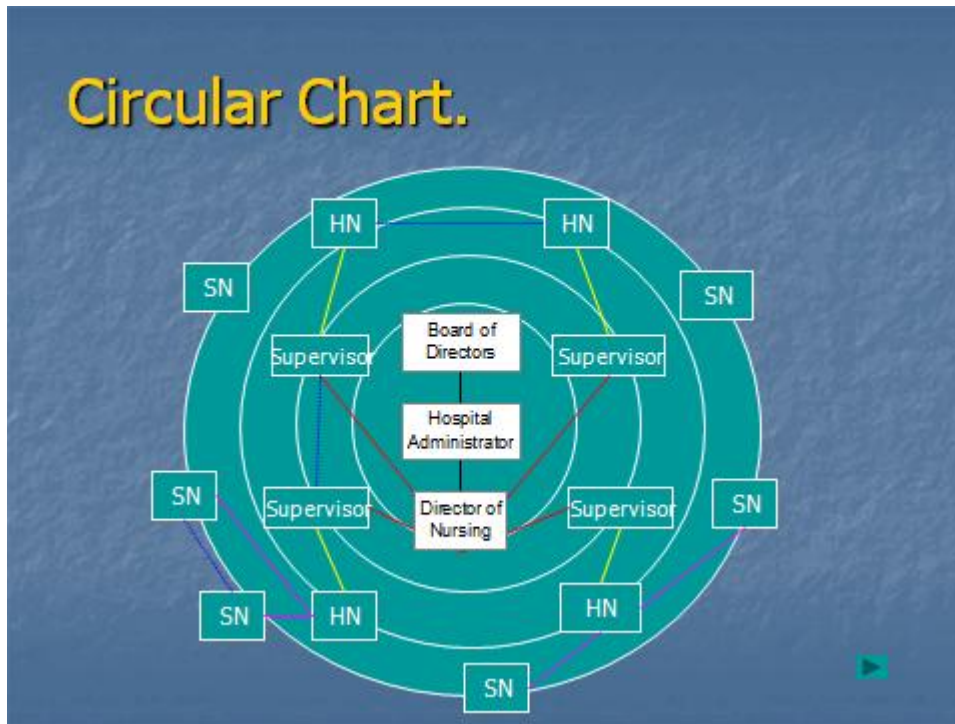


Fig. 13: Circular Organizational Chart

Characteristics of an effective organizational chart:

1. Be accurate, clear, simple and updated.
2. Shows the chain of command, lines of authority, responsibility and relationships.
3. All members of the department should be notified when any change occurs.

Principles for drawing an accurate organizational chart:

- The chart should have a clear title.
- It should be dated.
- The higher management should be shown at the top, while most junior positions at the end of the chart.
- Positions of equal seniority should be shown at the same level.
- For clarity, details should be well spaced.
- Solid lines must be used to indicate flow of authority; staff relationships can be shown by a dotted line.
- Colors may be used to distinguish between departments.

Advantages of an organizational chart:

1. It provides a quick visual illustration of the organizational structure.
2. It provides help in organizational planning.
3. It shows lines of formal authority, responsibility and accountability.
4. It clarifies who supervises whom and to whom one is responsible.
5. It emphasizes the important aspect of each position.
6. It facilitates management development and training.
7. It is used to evaluate strengths and weakness of current structure.
8. It provides starting points for planning organizational changes.
9. It describes channels of communication.

Disadvantages:

1. Charts become outdated quickly.
2. Does not show informal relationship.
3. Does not show duties and responsibilities.
4. Poorly prepared charts might create misleading effects.

Lecture 7

Patient Care Delivery System

One important function of the professional nurse at the first-line management position of nursing service department is organizing the activities of the staff into a workable pattern to meet patient needs. She/he should establish effective relationships between the activities to be performed, the workers to perform them.

Definition:

Assignment refers to “a written delegation of duties to care for a group of patients by trained personnel assigned to the unit.”

Purposes of assignment:

- 1- To delegate the work to be done to the nursing personnel.
- 2- To gain the cooperation of the nursing personnel by knowing and accepting the acceptance of the work to be done.

Principles of personnel assignment:

- 1- Made by the head nurse or nurse in charge for each individual nurse.
- 2- Based on:
 - a- *Nursing needs of each patient and approximate time required to care for him.*
 - b- *The capabilities, skill level, previous experience and the interest of the staff members.*
 - c- *Job description.*
- 3- Planned weekly, and revised daily if necessary to assure continuity of care.
- 4- Take into account all the direct , indirect and unit activities
- 5- Consider the geographical location of the unit and the assigned duties to save nurse's time and effort.
- 6- Must be balanced among nursing staff.
- 7- Never to assign the same task to more than one nurse.

Characteristics of effective assignment:

It should be

1. Written.
2. Definite and easily understood.
3. Simple.
4. Clear.
5. Signed.
6. It should be interesting for the workers and related to the previous experiences of the workers.
7. It should be given in such a way that workers are guided in their activities and difficulties are minimized.
8. It should emphasize essentials and recognize individual differences.
9. Posted in advance.

Process of organizing patient care:

The head nurse or the nurse in charge should carry out their duties and responsibilities through applying the following steps:

Planning → Assigning → Leading → Evaluating → Reporting

1. Planning:

It is a process of developing a course of actions for meeting the needs of patient.

- In planning, the head nurse decides what should be done, when, how, where, by whom and to whom

2. Assigning:

Assignment of patient and nursing activities are written in the assignment sheet by the head nurse/nurse in charge, based on the principles of assignment.

3. Leading:

Includes issuing instructions, motivation, and coordination of activities, by making rounds, checking performance and conducting conferences.

4. Evaluating:

By reviewing nursing performance and patient progress to be compared by the assignment and nursing care plan.

5. Reporting:

The head nurse prepares a nursing unit report “ e.g. shift report ” which includes patient’s needs, special observations, census, bed number, all critically ill and post operative patients, patients needs special preparation on the on-coming shift, abnormal change in patient’s condition, data concerning admission, discharge, transfer and death.

Types of patient care delivery System (Methods of assignment)

Several methods of assignment are used to plan for patient care in a hospital. These methods are the traditional methods and the in advanced methods.

I- The traditional methods:

1. Case method.
2. Functional method.
3. Team method.
4. Primary nursing method
5. Modular nursing.

II- The advanced method:

1. Case Management.

I- The traditional methods:

1. CASE METHOD:

It is the oldest patient care delivery method. In this method one professional nurse assumes total responsibility of providing complete care for one or more patients (1-6) while she is on duty. This method is used frequently in intensive care units and in teaching nursing students.

Advantages

- High degree of autonomy
- Lines of responsibility and accountability are clear
- Patient receives holistic, unfragmented care
- Individualized care
- Patient satisfaction.
- Facilitates close relationship of nurse with patient and family.

Disadvantages

- This method will increase workload when there is a shortage in the staff (i.e. it will force the work regardless of the patients' needs and personnel abilities).
- Little continuity of care exists from shift to shift except in following procedures.
- More equipment and supplies are needed.

II. FUNCTIONAL METHOD:

Emerged during 1950s due to shortage in nurses. This method focuses on getting the greatest amount of tasks in the least time. In this method, the nursing care is divided into tasks and assigning each staff member to perform one or two tasks for all patients in the unit according to the level of skill required for performance as follows:

- The head nurse:

Responsible for the direction and supervision of the staff, makes rounds with physician, gives "reports" to the next shift of nurses who would care for the patients, etc.

- Registered nurses:

Responsible for administering medication to all unit patients, another for changing dressings and administering ordered treatments (such as postural drainage or warm compresses) for all patients.

- Technical nurses:

Responsible for taking vital signs and recording intake and output for all patients in the unit, while another might be giving baths to all bedridden patients.

- Nurse aides:

Responsible for making beds for all ambulatory patients and assisting mobility-impaired patients to move in bed or walk in the hall.

Unit clerk:

Responsible for answering telephone, delivering messages, recording admissions and discharges, etc.

Advantages

- Efficient when there is a shortage in the staff or there is limited number of professional nurses.
- Each staff nurse is likely to become skilful in performing the one or two tasks which leads to increasing speed and efficiency.
- Less equipment needed.
- Less cost.
- Useful in emergency situations.

Disadvantages:

- The segmentation of patient care among several nurses will result in neglecting the humanity of the patient and the individual needs of the patient will be lost in an effort to get the work done.
- Lack of communication among the different persons who care for the patient.
- When responsibility for a patient's care is divided among several nurses, it is easy for each to deny responsibility for care omissions and mistakes.

III. TEAM METHOD:

The concept of team nursing was introduced in the early 1950s. It is a method of nursing assignment that binds professional, technical nurses and nurses into small teams, thereby combining the superior knowledge and skills of the professional workers with the lower personnel costs of technical or nursing aides.

Process of implementing the team method:

One registered nurse in the team is appointed by the head nurse to serve as a team leader. The team members commonly consist of at least one professional nurse, one technical nurse, nursing students and nursing aides. All team members may receive reports about their patients' care needs from the team leader or team member on previous shift.

The team leader:

Usually assigns the professional nurse to care for more ill patients, to ensure informed observation and skilled interventions for the most seriously ill patients. Often, the team leader assigns technical nurse.

Technical nurse:

To bath, feed, move and change dressings for patients. Aides are assigned to make beds, assist ambulatory patient with bathing and grooming, test urine and perform simple care procedures.

The team leader:

Usually administers medicines and monitors parenteral fluid therapy for all patients assigned to the team. Without team planning and communication team nursing may become in reality just a variation of functional method.

Advantages:

a. For the patient:

- Availability of professional nurses' skills for a large number of patients.
- Continuous supervision of less trained personnel, thus providing better patient care.
- Increase in number and duration of professional nurse-patient interaction.

b. For nursing personnel:

- Help in developing leadership skills.
- Great opportunity of initiative and shared responsibility.
- Maximal use of individual abilities.
- Reduction of time spent in performing non-nursing activities.

Disadvantages

The team method of assignment cannot be used effectively in such a unit until the personnel were trained for the roles of team leader and team members through some sort of in-service education program.

IV. Primary nursing method:

This method is the best in an agency with an all-professional nurse staff. It can be defined as:

“ A comprehensive, continuous and coordinated nursing process for meeting the total needs of each patient.”

Basic concepts in primary nursing:

- Patient assessment by a primary nurse, who plans the care to be given by secondary or associate nurse when the primary nurse is off duty. The 24 hours responsibility for care is put into practice through the primary nurse's written directive on kardex and other communication assignment.
- Complete communication of care given in the nursing staff daily reporting method.
- Discharge planning including teaching, family involvement and appropriate references.

Process for implementing primary nursing method:

- The head nurse:
 - a. Assigns primary nurse to patient by matching the skills of the nurse to the needs of the patients.
 - b. Ensure proper scheduling for all shifts so that if primary nurse is off the unit an associate is available for care.
 - c. Guides, counsels and evaluates care given.
 - d. Head nurses may also assign themselves to patients either as a primary nurse or associate nurse.
- Professional staff nurse:

A. Primary nurse:

Plans, implements and evaluates the nursing care regimens of a specific number of patients. She is responsible for the care of the patient admitted to the nursing unit until he/she is discharged. The care load varies with the acuity of the patient's condition, and should not exceed six patients at any one time.

B. Associate nurse:

Carries out the nursing care planned by the primary nurse when she is not on duty.

- Technical nurse:

May assist the primary or associate nurses in giving the care.

- Nurse aides:

Their activities refocus away from direct contact with the patient and can be utilized as messengers and transporters.

- Ward clerk:

Responsible for the non-nursing functions of administrative duties.

Advantages:

a. For the patient:

- Fixed accountability.
- Increases:
 - Comprehensive and continuity of care.
 - Patient's satisfaction.
 - Patient's participation in care.
- Decreases:
 - Errors in commission and omission.
 - Length of hospital stay.
 - Cost per patient per day.
- Leads to improvement of quality of care.

b. For the staff:

- Identifies clearly the planner and provider of nursing care for specific patients in the nursing unit.
- Facilitates the implementation of the nursing process.
- Increase self-esteem of professional nurses accompanied by increase in job satisfaction.
- Improves interpersonal relations with other disciplines, particularly the nurse-physician relationship.

V. MODULAR NURSING:

Modular nursing assignment is used when the nursing staff includes technical and nurse aides, as well as professional workers.

Although two or three nurses are assigned to each module, the greatest responsibility for the care of assigned patients falls on the professional nurse. The professional nurse is also responsible for guiding and teaching non-professional nurse.

Modular nursing is similar to team nursing because professional and non-professional employees cooperate in caring for patients under the leadership of a professional nurse.

Module nursing is similar to primary nursing because each pair or trio of nursing personnel are responsible for the care of the patients in their case load from admission to discharge, following discharge and during subsequent admissions to the agency.

As with primary nursing, the worker pair or trio arrange or another pair or trio to care for their assigned patients on alternate shifts and days off.

Lecture 8

Cont.Types of patient care delivery System: (Methods of assignment)

II- The alternative method:

I. CASE MANAGEMENT:

Case management is a process of monitoring an individual patient's health care for the purpose of maximizing positive outcomes and containing costs.

The case manager is an individual assigned responsibility for this process. The case manager may follow the patient from the diagnostic phase through hospitalization, rehabilitation and back to home care. Case manager has responsibility and authority for planning, implementing, coordinating and evaluating care for the patient throughout the period of illness, regardless of the patient's movement among various units and services (such as emergency room, surgical unit, recovery unit, etc.). The case manager ensures that plans are made in advance for the next needed step. Through this, the manager assists with decision-making and helps to ensure that the patient receives care that will achieve the most positive outcomes in the most efficient manner. This process helps to eliminate costly delays in progress.

How to implement:

Registered nurses are the group of health care professionals who most often act as case managers. Case management goes beyond primary nursing to responsibility for managing the patient's interaction with the health care system.

During hospitalization, the case manager follows the patient's progress, helps to coordinate various services needed, and supports discharge planning that shortens hospitalization. After discharge, the case manager continues to follow the patient's progress to ensure that desired outcomes are being attained.

Case managers employed by hospitals follow a patient from the time admission is planned through the time of discharge. This case manager might plan the admitting process to ensure that all preadmission work-ups are completed and that the patient is being admitted at the appropriate time to facilitate follow-up through on problems.

Case managers in private practice may focus on a particular group of client. For example, the geriatric case manager focuses on managing care for the older client. The private case manager is paid by the client or family usually based on the hours of service provided. The case manager may help the family to identify all the options for care and treatment, ask questions to obtain greater understanding of the overall problem, and work with the family in the decision-making process.

Advantages:

- Establishing and achieving a set of "expected" or standardized patient care outcomes for each patient.
- Facilitating early patient discharge or discharge within an appropriate length of stay.
- Using the fewest possible appropriate health care resources to meet expected patient care outcomes.
- Facilitating the continuity of patient care through collaborative practice of diverse health professionals.
- Enhancing nurse's professional development and job satisfaction.
- Facilitating the transfer of knowledge of expert clinical staff of novice staff.

Choosing a Nursing Care Delivery Model:

- What staff mix is required?
- Who should make work assignments?
- Work assigned by task? By patient?

- How will communication be handled?
- Who will make decisions?
- Who will be responsible and accountable?
- Fit with unit/facility/organization management?

Lecture 8

INITIATING & MANAGING CHANGE

Introduction

Managing change is crucial to the survival of every staff nurse, manager, teacher and administrator in health care .

Nurses must learn about change and be able to lead, manage, and participate in the process of change.

Change is necessary for growth, although it often produces anxiety and fear. Even when planned, it can be threatening and a source of conflict, because change is the process of making something different from what it was

Definition of change

It is a phenomenon that occurs continuously in all living systems, it means alteration in the status Quo

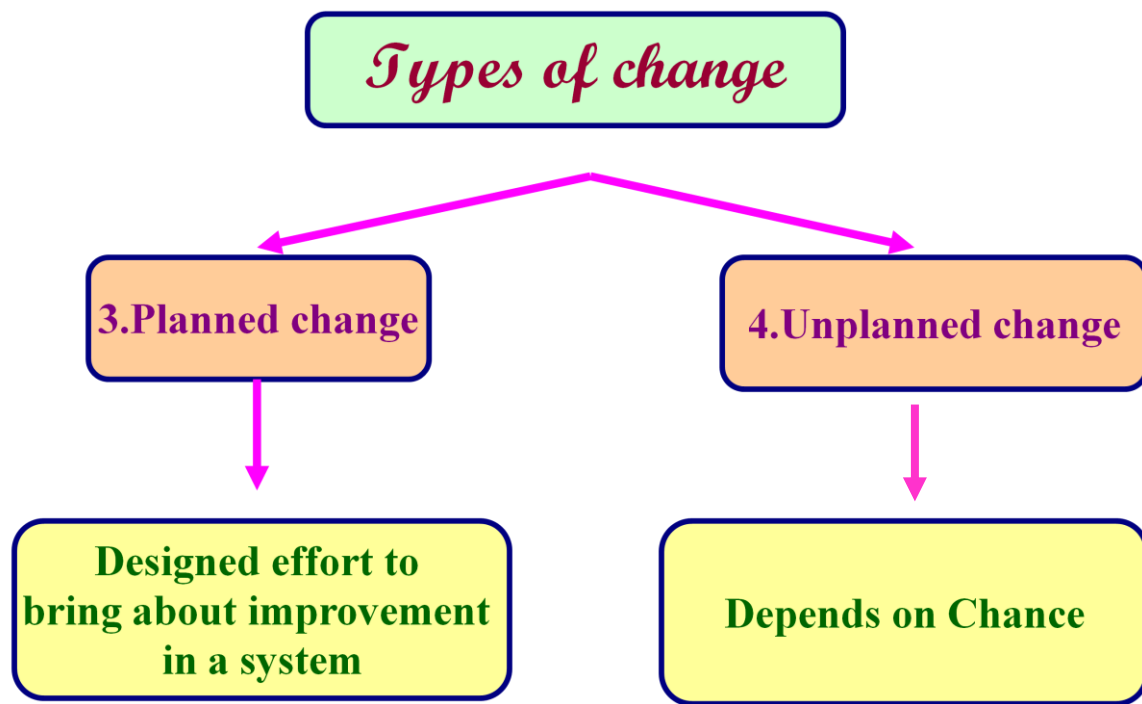
Types of change

1. Imperceptible :

Unable to be noticed because of smallness or slowness. Some changes are imperceptible such as changes occur in human body as new cells replace older ones on the skin surface.

2. Obvious:

It can be easily seen and recognized. Such as in wound healing the process of cellular replacement becomes more obvious



Types of change

Unplanned change

- 1- Haphazard change:** random with no advance preparation (e.g : arrange staff due to absenteeism)
- 2- Coercive change:** non mutual goal setting, un balanced power (e.g : person is told to do something)
- 3- Developmental change:** tend to be sequential, with one phase orderly leading into another. occurs through the natural development of people, groups, or organizations. (e.g : change staff to senior staff the to head nurse)
- 4- Spontaneous or natural change** occurs in response to natural, uncontrollable external events outside the system being affected. (e.g :increase number of sickle cell patient in winter season)

Planned change :is intentional, thought out, deliberate process and include mutual goal setting with equal power distribution among participants. (E.g: change assignment system next month)

It is easier to manage and positively use planned change, so the nurses must understand the process of planned change to become skilled in managing the change process.

what things could be changed and Who must change

The change target:The person's knowledge, Skills and Attitudes

The change agent:An internal Change agent, An external Change agent

. The person's knowledge:

- A change in knowledge is the result of successful learning, which can be accomplished through the teaching –learning process.

2. The person's skill:

- It may result from increased knowledge or from an improvement in skill acquired during teaching-learning process.
- It may follow a change in attitude or change in expectations whether self or other imposed.
- It may be a result of normal growth and development process.

3. The person's attitude:

- It may result from a change in knowledge when previous beliefs are found to be false or incomplete. Also, result from a conscious effort to alter an attitude through value clarification or various types of therapy. Attitude change must occur in lower the level of tension and allow the person to experience congruence between attitude and action.

Change agent

- Is the catalyst who initiates the change process and sees it through to completion .

This person generates ideas, introduces the innovation , develops a positive climate for planned change by identifying potential sources of resistance , developing strategies to overcome them , and marshalling forces for acceptance of the change

1- Internal change agent:

Is one who comes from the organization.

Advantage:

- Be familiar with the target group and may established trusting relationship with them.
- Be familiar with the policies, procedures and organization system.

Disadvantage:

- may be influenced by the vested interests and biases .
- may be handicapped by group impressions of their ability , by their past failures , and by jealousies within the group .

2- External change agent

- Is called "consultant" which comes from outside the organization in order to assist the group during the change process.

Advantages:

- The person can be completely objective about the situation
- There is no bias to the members within the group.

Disadvantage:

- Needs time to assess the target because they didn't know each other
- The target may offer complete co-operation and trust because the agent comes to the situation as a stranger , until participants gain trust and confidence in this person's ability .

Change process

According to Lewin's theory change is three steps:

- **unfreezing** is recognizing that a problem exists; it is the "thawing out". ذوبان خارجي
* participants see the need for change
- **In the second phase: participants MOVE to a new level of behaviour.**
*Participants agree that change is needed
*They begin to diagnose the problem, they gather information, generate a solutions and examine options.
- **Refreezing** when the new behaviour is integrated into the participants' personalities and way of doing things.

Example of change process

In Hospital X, Nursing administration experienced acute shortage of nursing staff in the hospital which was not covering the total number of patient and lead to overload of the work on the nurses, and more absent done , and planned to find solution (**unfreezing**).

Then, hospital and nursing administration think about 12 hrs duty instead of 8hrs duty may will be more effective and coverage .Meeting and communication done to all nurses about this new memo, then started to implement (**move to new level**).

This system of duty started for sometime , they found that 12hrs duty more effective to the system, and they adopted to that. (**refreezing**).

Lewin also proposed a force-field analysis framework for change

- He described **driving and restraining forces**.
- **Driving forces** move people in the direction desired by the change agent.
- In contrast, **restraining** hamper the change cycle.

Change occur when one force out weight other In making change, it is important to identify the driving and restraining forces, which may be people (who oppose or support), time, financial constraints, knowledge, habits, or traditions.

Managing change

- Before change can take place , members of organization must become dissatisfied (unfreezing)with how things are going .
- The person managing the change must have a vision of where the process needs to go and the best options for getting there .
- People must be engaged in the change process and commit to both the process and the direction in which the change is going .
- coalitions (union) must be formed to support change .

Steps for managing organizational change

- **Step 1** : define the change goals .
- **Step 2** : make sure change goals are congruent with the organization's strategic plan .
- **Step 3** : decide who will lead the change.
- **Step 4** : obtain commitment from key stakeholders who come from all levels of the organization .
- **Step 5** : identify specific measurable objectives that provide a ready description of the effects of the change
- **Step 6** : establish work groups to address objectives
- **Step 7** : use a patient care focus to involve individuals from all levels of the organization .
- **Step 8** : build on past efforts to avoid “ reinventing the wheel” draw upon the past work of group members .
- **Step 9** : educate work groups to the “ interactive planning” process .
- **Step 10** : develop a comprehensive, ongoing communication plan

Principles of change

- ✓ Dissatisfaction with existing situation
- ✓ Change must be useful
- ✓ Change must be planned
- ✓ Change must be supported from top management
- ✓ Change must be communicated

- ✓ Affected persons must be involved in goal setting
- ✓ Benefits of change must be stressed
- ✓ Change must be gradually
- ✓ Change in accord with the value and deal of organizational members
- ✓ Timing of change is important
- ✓ Resistance to change must be anticipated
- ✓ Participants' security and authority are not too threatened
- ✓ Plan of change is kept open for revision
- ✓ Plan is adopted by consensus

Resistance to change

Why the people resist change ?

1-Threatened self- interest:

- An employee when feels her job security, status, or paycheck is at risk, strong resistance can be expected. When the organization members fear some type of personal loose, they actively take measures to prevent the change from occurring.

2- Inaccurate perceptions:

- When an individual does not understand the implications of the change or when these inaccurate perceptions are shared with others who hold inaccurate ideas, resistance to change can grow.
- N.B. When ensure that everyone has a clear understanding about change, it can be beneficial.

3- Objective disagreement:

- Some people will offer resistance to change because they truly believe the change will not benefit the organization.
- Objective disagreement occurs when change agents and resisters have different information available to them. When the resister judgment is based on more complete and accurate information, such resistance can beneficial to the organization.

4- Psychological resistance:

- When individual feels threatening, he become motivational aroused and begin to use psychological defense mechanism in order to explain or defend his view points.
- Frequently, when people unable to explain the reasoning behind their view points, they are psychological resisting.

- Psychological resistance also occur when individual have low tolerance to change.
- Emotional responses to changes can be categorized as anxiety, mistrust or loose

Do you think all resistance is bad ??????

certainly not all resistance is bad

Why ??????

It may in fact be a warning to assess the idea carefully before implementing it further .

Different techniques for dealing with change

1-Participation

- It is a fundamental way to build support for change.
- It decreases resistance to change because employee feels secure in changing situation.
- Their need being considered and they protected from surprises.
- Employees need to participates in change before it occurs not after and through out the change process.

These points if considered well, the manager success in winning support from the majority of his subordinates toward change:

- 1- Encourages employees to discuss, communicate.
- 2- Helps them to make suggestions.
- 3- Helps employees to become interested in change.
- 4- Encourages commitment rather than more complaints

2- Coercion

- It involves threatening individuals in order to force them to accept change through the use of power, particularly when time is critical to implementation.
- It based on the application of power by formal authority, economic sanctions or political clout of change agent.
- Resistance is handled by authority measures; the individual must accept it or leave.

3- Manipulation

- It is frequently involves distorting information or using it in a selective fashion causing that individual view the change as less costly or more beneficial than it actually is, this approach can be used by change agent to increase the likelihood of change to be accepted.
- This approach tends to be time and cost efficient and generally quicker than participation.
- The major difficulty associated with the use of manipulation is that it may be detected by the individuals being manipulated and if this occurs or recognized after change process is complete, the individuals are likely to respond negatively, create distrust which generally added to the difficulty of future change effort

■ 4-Education

As a change technique, education is the process of providing individuals with information needed to help them see the needs for the change. It is particularly valuable in situations where resistance is due to incomplete or inaccurate information about change

5- External agent (normative educative strategy)

- By giving them an example of the same external change process as a positive result was obtained and explains how each person benefits as a result of the change.
- Use the group to socialize others and influence individuals.
- Or by use an external person , with high specialty, who is able to explain, educate and give employees a complete view with all information about the change process

6-Incentives

- Another technique for dealing with change is to be sure that there are enough rewards for employees in the change situation especially when resistance resulting from threatened in self-interest.
- Both economic and psychic rewards are useful, a pay increase or promotion with security during change is essential.

7-Supportive behavior

- If resistance is expected from individual due to their low tolerance for change. Offering them support during the change process may help.
- Support may include; special counseling, in-services training.

8-Gradual introduction:

- Introducing change gradually will reduce resistance this may involve:
- Making a series of minor changes.
- Demonstrating the feasibility of change in one segment of the organization before introducing it to the whole organization

How to deal with unplanned change??

The following steps will enable managers to respond constructively to unexpected or unplanned change:

1- Do not panic:

- Remain calm no matter what happens
- Deal realistically with your own feelings and attitudes
- Remember that decisions made during periods of high stress are more likely to be ineffective
- Keep your reactions under control by staying in the “thinking” arena.

2- Analyze the situation:

- Define the problems brought about by the change
- Discover why the change is occurring
- Assess the potential effects of the change
- Consider the Restraining and the driving forces, as well as the effects on employees
- Work with the best information you have available at the time.
- Analysis can take place over a period of a few minutes or many hours

3- Reprioritize:

- Determining what needs to be done will help you to cope with the unexpected change
- Add these tasks to the “Priority list” and order it according to importance
- Share your plans or analysis of the situation with all staff members
- Solicit feedback
- N.B. Remember: you lead by example. When staff members see you coping with unexpected changes calmly and effectively, they will do the same

4- Match resources with priorities:

- The most important rule to remember here is “Do the best you can with what you’ve got”
- Resources, both human and material, are always limited
- The successful manager meets as many priorities as possible with the resources available

5- Evaluate continuously

- The evaluation step is even more important when the change is unplanned. Evaluations at frequent intervals allow the manager to identify and support groups and individuals as they progress through the change process
- Frequent evaluations also help the manager to monitor the situation’s dynamics and anticipate other possible changes.

Major Concepts and Definitions

<i>Definitions</i>	<i>Major concepts</i>
ORGANIZATION	A formally constituted group of people who have identified tasks and who works together to achieve a specific purpose defined by the organization.
ORGANIZING	is the process of determining the activities to be performed, arranging these activities to administrative units, as well as assigning managerial authority and responsibilities to people employed in the organization
ORGANIZATIONAL CHART	A diagram shows positions, departments and relationship between them.
CENTRALIZATION	Is a system of management in which all decisions are made by top level manager.
DECENTRALIZATION	Is a system of management in which a great deal of decision- making authority rest at lowers level manager, where the work is performed
DELEGATION	Is the process of assigning work from a top organizational level to a lower one or from superior to subordinate.
AUTHORITY	Is the right to take final decisions, to act or to command action of others. It moves in downward direction
RESPONSIBILITY	Refers to the obligation involved when one accepts an assignment.
ACCOUNTABILITY	The subordinates must be held answerable to properly carry out their duties.
SPAN OF CONTROL (SUPERVISION)	The number of subordinates that can be adequately supervised by one supervision.
DEPARTMENTATION	Is the process of grouping activities into administrative units, it is also setting up departments in an organization.
JOB ANALYSIS	It is the process of getting information about job, investigates exactly what the worker does in a particular job, how he/she does it, why he/she does it, how much skill is required to do it and physical demands, and environmental conditions associated with this specific job.
JOB DESCRIPTION	It is a written statement of the duties, responsibilities and organizational relationship that are required in a given job.
JOB SPECIFICATION	It is the personal qualifications, skills, physical and mental demands required for effective performance.
JOB EVALUATION	A systematic method of appraising the worth or value of each job in relation to all other jobs in the same organization. .
ASSIGNMENT	A written delegation of duties in the care of a group of patients by trained employers assigned to the unit, based on their knowledge, skills, job description and patient's nursing needs.
CASE METHOD OF ASSIGNMENT	One professional nurse assumes total responsibility of providing complete care for one or more patient (1-6) while she is on duty.
FUNCTIONAL METHOD	the nursing care is divided into tasks and assigning each staff member to perform one or two tasks for all patients in the unit according to the level of skill required for performance
TEAM METHOD	It is a method of nursing assignment that binds professional, technical nurses and nurses into small teams, thereby combining the superior knowledge and skills of the professional workers with the lower

	personnel costs of technical or nursing aides.
PRIMARY NURSING	“A comprehensive, continuous and coordinated nursing process for meeting the total needs of each patient.”
CASE MANAGEMENT	Is a process of monitoring an individual patient’s health care for the purpose of maximizing positive outcomes and containing costs.
CHANGE	It is a phenomenon that occurs continuously in all living systems, it means alteration in the status Quo
PLANNED CHANGE	is intentional, thought out, deliberate process and include mutual goal setting with equal power distribution among participants.
UNPLANNED CHANGE	Depends on chance
CHANGE AGENT	<p>Is the catalyst who initiates the change process and sees it through to completion</p> <hr/> <p>Internal change agent:<i>Is one who comes from the organization</i></p> <hr/> <p>External change agent:<i>Is called "consultant" which comes from outside the organization in order to assist the group during the change process</i></p>
DRIVING FORCES	Move people in the direction desired by the change agent.
RESTRAINING FORCES	Hamper the change cycle.

MODULE IV

LECTURE 9

ROLE AND FUNCTIONS IN STAFFING

Module Objectives

By the end of this module , the student will be able to:

- Recognize different types of resources in nursing department
- Discuss staffing process
- Discuss Scheduling Systems, principles, ways of developing it
- Describe steps of employment procedure

Nursing care is a major component of the production of health care. Nurses are the critical input to the process of producing nursing care. Whether in hospitals, community nursing organizations, long-term facilities or other settings, the delivery of nursing services to clients is founded on having the right skill-mix of providers in the right number at the right place and properly prepared to render care

The goal of staffing:

To provide adequate numbers of the right mixture of nursing personnel to give proper care to patients housed in the unit at that particular time.

Staffing is most often the responsibility of the nursing office. The planning of the number and type of personnel for each unit on each shift is done centrally by the director of nursing service or her assistant with consultation with the first-line managers.

a. Staff and Patient Classification.

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Both patients and staff may be classified for various purposes: staffing, scheduling, assigning, financing and costing, rewarding advanced clinical practices and collecting data on changes in the health care delivery system. Classification systems are useful if they are reliable, valid and easy to administer.

Remember:

Patient and staff classification systems are used to make a better match of patient needs and staff delivery of care.

a) Staff classification Systems:

Staff classification includes:

1. Determining jobs.
2. Converting jobs into job descriptions.
3. Establishing progression ladders.

Two classification concepts for nursing staff are commonly used; the clinical ladder, and the administrative ladder.

b) Patient Classification Systems:

Like staff, patients may be classified along **FOUR** dimensions according to;

- **Placement** on a given patient unit,
- **Acuity** and **Patient Classification**.
- **Total Task Quantification** systems.
- **The Diagnosis-Related Group (DRG) System**.

1) Classification by Placement on a Patient Unit:

- Unit placement usually is a result of past administrative decisions. There is no single principle on which units should be organized, however,
- **Some possibilities include distribution according to:**
 1. Similar patient age (pediatrics, adults or geriatrics).
 2. Similar nursing treatments needed (burn unit, kidney dialysis).
 3. Similar patient needs (recovery rooms, nursery).
 4. Similar medical treatments (surgical unit, medical unit, or same-day).
 5. Similar specialty (gynecologic units).
 6. Similar patient behaviors (psychiatry).

2) Classification of units According to Acuity (table 2):

Patients are grouped according to the acuity of their illness and the degree of their dependency on nursing time (i.e. time required to care for them) according to one of several **groups/categories**.

Table (2): Patients Categories according to nursing care needs:

Category	Medical surgical (adult & child) patient
V-Intensive care	<ol style="list-style-type: none">1. Acutely ill; requires constant or frequent observation; not necessarily terminal.2. Activity must be rigidly controlled.3. Requires continuous or very frequent treatment.
IV Modified intensive care	<ol style="list-style-type: none">1. Acutely ill; requires frequent observation; may or may not be a terminal case.2. Limited activity; is dependent on others for basic needs.3. Requires frequent treatments.
Intermediate care	<ol style="list-style-type: none">1. Extreme symptoms have subsided or have not yet appeared; usually moderately ill.2. Behavior pattern devised moderately yet does not require close observation.3. Activity must be partially controlled; or requires periodic treatment.
Minimal care	<ol style="list-style-type: none">1. Mildly ill or convalescent.2. Activity is controlled requiring little treatment or observation.3. Needs very little help with personal hygiene.
I self-care	<ol style="list-style-type: none">1. Usually ambulatory; activities are not limited; requires a minimum of observation.2. On hospital for x-rays and/or treatment or physical therapy.

Table (3): Example of patient classification categories and the time consumption:

Category	Definition	Approximate nursing hours required per day(hr/day)
Category 1	Self care	1-2 hr/day
Category 2	Minimal care	3-4 hr/day
Category 3	Intermediate care	5-6 hr/day
Category 4	Modified intensive care	7-8 hr/day
Category 5	Intensive care	10-14 hr/day

3) Task Quantification Systems:

Task quantification system: It focuses on **measuring nursing tasks** rather than patient needs. All required tasks are summarized on average performance time norms.

- To calculate total nursing hours required, factors are added to build in indirect nursing time.
- This system gives an excellent rough average of the amount of work to be performed for a given patient on a given unit.
- This time norm may be used in:
 - a. Calculating staffing needs,
 - b. Revising scheduling,
 - c. Setting patient fees,
 - d. Determining supply and equipment needs.

Remark :

Classification systems are useful if they are reliable, valid, and easy to administer

4) The Diagnosis-Related Group (DRG) System:

The diagnosis-related group (DRG) system is used to determine prospective reimbursement/costs and is based on case rather than time as a unit for analysis, e.g. (stroke patient).

- **Advantages of DRG system:**
 - a. This system allows greater efficiency in the use of resources.
 - b. It provides a cost-containment incentive.
 - c. It identifies nursing costs specifically.

b. Staffing Process

Staffing and assignment systems interact to deliver on the goals and functions of the nursing division. When any of these elements are changed, the impact on the others must be reviewed. Some assignment systems tend to use more or less staff than others; other variables in the environment affect the relationship between staffing and assigning.

Definitions:

- **Staffing:** Refers to the plan for how many nursing personnel, of what classifications will be needed to work for each unit on each shift.
- **Staffing components:**
Staffing has two main components, staffing pattern and staffing plan.

A. Staffing pattern:

Definition: Staffing pattern indicating how many persons of what jobclassification should be on duty per each unit, per shift, per day.

Table 4: Example of staffing pattern for a single patient care unit.

	Days	Evenings	Nights
Surgery(male-1)	1 HN	-	-
	4 RN	2 RN	1 RN
	2 LPN	1 LPN	-
	2 NA	2 NA	2 NA
	9	5	3
Note: HN, head nurse; LPN, licensed practical nurse; NA, nurse assistant; RN, registered nurse.			

Causes of failure of staffing pattern:

The efficacy of the staffing pattern can be overturned by any change that causes a deviation in the estimated nursing hours per patient day, for example, alterations (or changes) in one or more from the following variables:

1. Patient acuity levels.
2. Actual patient days.
3. Nursing or medical technologies (when those changes cause a difference in nursing time required).

4. Assignment systems (patient care delivery systems).
 5. Nursing care goals.
 6. Interface with other departments and divisions (when those altered interfaces cause more or less “work” for the nursing unit).
 7. Physical plant or equipment.
 8. Nursing delivery or management systems.
- When trends in these variables can be forecasted, staffing patterns can be adjusted accordingly.
 - The staffing pattern of a nursing division usually is reviewed at least **yearly** for modifications required by changes in patient numbers, care trends, or contextual variables.

Determining (calculating) the Staffing Pattern:

The staffing pattern is a **quantitative statement** of patient care delivery. It reveals how many hours per day per shift per unit will be worked by each level of personnel.

This critical conversion to a finite number of hours of work as compared with patient needs can be derived in two distinct ways.

1. **Patient acuity/classification systems:** focus on patient needs: Patients are sorted in various categories, related to acuity and number of nursing hours required per patient in that category per shift.(refer to patient classification& tables 3& 4 in the previous section).
2. **Task-quantifying systems:** focus on nursing activities: Common nursing tasks are related directly or indirectly to a time per-task measure. This measure may be derived through past experience or time and motion studies. These systems are also called task analysis methodologies.

Variables Affecting Staffing Pattern Determinations

Many variables may affect staffing determinations. These include:

A) Nursing Organization Factors

1. Patient care objectives
2. Determined levels of patient care
3. Nursing division / department/unit functions
4. Assignment systems
5. Services to staff (e.g., in service hours allowed).

B) Patient Factors

1. Variety of patient conditions
2. Acuity

3. Length of stay
4. Patient numbers
5. Age groups
6. General health status and health goals
7. Care expectations
8. Fluctuations in numbers, acuity, variety, etc.

C) Staff factors

1. Job descriptions of the division / organization
2. Educational level of staff
3. Experiential level of staff
4. Work ethic of groups of staff members
5. Expectations of staff from the organization

D) Health care organization Factors,

1. Financial resources available
2. Personnel policies, especially regarding work time
3. Support services within the organization
4. Number and nature of interfaces within the total institution
5. Numbers of beds per unit or module
6. Architecture and functional space layouts.

E) Extra-Organizational Factors

1. Staff mixes available in the community
2. Staff number available
3. Coordinating patterns with community health agencies.

Methods for use of supplementary staff:

▪ **Borrowing method**

This is a common method of borrowing staff from units that have the most to help those who have too little.

The problem with this method is that the staff often resents being transferred from unit to unit and the H.N. never admits that she has more nurses.

▪ **Floating staff (Floating pool)**

This is a better method for managing the increased staffing needs. A pool of nurses who are permanent workers but do not belong to any special unit are used to fill while the patient care activities or absence among the unit staff increase. This method helps to

manage the day to day variations in work volume. Some nurses like this method since it gives her a chance to work with different types of patients.

- **On-call staff**

Usually on-call staff is filled with fixed staff who receives extra pay for being on-call whether or not they are called. This method is useful in OR, ICU and other special care units.

Lecture 10

Cont. Staffing process

B. Staffing Plan:

Recall that staffing system has two components, the staffing pattern, which decides how many staff of what sort are needed on each unit per shift per day, and the staffing plan, the determination of how many people must be hired to deliver on that staffing pattern.

Definition: Staffing plan is a scheme mathematically derived to indicate how many people of what job classifications must be hired to deliver on the staffing pattern.

- Calculating the staffing plan means to determine in advance how many nurses needed to be hired to fill a **single positional slot** on a day shift on a given patient care unit.

Methods for calculating the staffing plan:

One of two methods can be used to calculate the staffing plan, either by using the calendar days, or by using the care hours.

a. Using calendar days:

To derive the number of staff required to fill one position for the year:

1. Divide the number of days in a year (364 or 365 days) by the number of days actually worked by a nurse per year.
2. Then calculate the total number of staff needed to fill the different positions for each category for the whole hospital.

Example: calculating the number of nurses needed to be hired to fill a single professional nurse position (or job) on a day shift on a given patient care unit:

1. Calculate the actual number of days worked by a professional nurse/year (52 weeks).

- | | |
|--------------------------------------|------------------|
| a. Number of days off (2/w) | = 104 days |
| b. Number of (vacation) days | = 20 days |
| c. Number of days ill (hosp. policy) | = 10 days |
| d. Number of days (holiday) | = <u>10 days</u> |

Total = 144 days

**Actual working days/prof. nurse/year = 364-144
= 220 days**

2. Number of nurses needed to fill one position of professional nurse = $364/220 = 1.65$ workers, i.e. you will need 1.65 professional nurses to fill **one** position / job.

3. Calculate the total number needed/year for hospital to fill in the professional nurse's position = total number of professional nurses needed for staffing patterns for all units x 1.65.

b. Using the care hours:

It is possible, when an institution has a good mechanism for estimating patient care hours, to move in the opposite direction – to go through the following steps:

1. Calculate patient care hours/ unit/ shift.
2. Calculate the total number of nursing hours required per year.
3. Calculate the number of staff required to deliver those hours.
4. Calculate the number of positions required to deliver that staff.
 - The final staffing plan should present all personnel who work consistently each week of the year.
 - The main difficulty is in coordinating the rotation of employees among the various units and shifts.
 - Some hospitals, however, use **part-time workers** to fill in the number of staff needed to cover the days-off and holidays. Other hospitals employ permanent evening and night staff to overcome the problem of rotating staff through the various shifts of duty.

c. Scheduling Systems

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Scheduling: Is the ongoing filling (or approximating) of that staffing pattern by designating individual personnel to work specific hours and days.

- Scheduling represents the enactment of the staffing plan adjusted for intervening factors.

Goals for scheduling:

The chief goal of scheduling is conducting a balanced distribution of workers evenly throughout the given scheduling period. The universal goals of scheduling include:

1. Achievement of divisional/departmental goals and objectives especially those related to patient care.
2. Accurate matching of unit needs with staff abilities and numbers.
3. Maximum use of manpower.
4. Equity of treatment of all employees (i.e. equal treatment of all members within a similar job classification).
5. Optimization on use of professional expertise.
6. Maintenance of job-satisfaction of personnel.
7. Maintenance of flexibility to meet care needs while still giving employees maximum ability to know work hours ahead.
8. Consideration of unique needs of staff as well as patients.

Principles of Scheduling:

There are a number of principles that should be considered by the schedule developer in order to achieve the goal of time scheduling. These principles are:

1. "On-duty" time should be planned so that there is an equitable distribution of staff from day to day, consistent with the needs of the unit (e.g. days of high workload as days of operation).
2. "Off-duty" time should be planned for consecutive days so that each staff member is assured adequate rest and relaxation.
3. There should be a professional nurse on-duty at all times during the 24 hours period.
4. The charge nurse should attempt to apply long term planning so that staff members can plan their time-off to the best advantage.
5. Special requests should be granted if they are reasonable and conform to the policies.
6. The charge nurse should try to keep changes in the time schedule at a minimum.
7. If the time for students is planned by the H.N., there are certain points to bear in mind, such as:
 - a. Time for students should be planned cooperatively with the clinical instructor for hours when experience is available to them.
 - b. Since students are in the learning process, keep students well supported with graduate staff.
8. There should be a slight overlapping of each shift in order to assure sufficient time for end-of-shift reports.
9. As much as possible, all staff members should be assigned similar hours on duty.

Scheduling Formats:

There are **three** basic types of scheduling, block, cyclical and computer scheduling, each represents an improvement on the preceding form.

1) Block Scheduling:

- In this type, the working time schedule for a unit is planned in a **block of weeks** i.e. the days to be worked often are blocked together forming a pattern.
- Blocks are done for **4 to 8 weeks a time**.
- It can be calculated without great difficulty, and it has flexibility in that the next block of time not necessarily follows the pattern of the preceding block.

Table 5: Example of a block schedule for four weeks period.

Day Nurses	S	S	M	T	W	T h	F	S	S	M	T	W	T h	F	S	S	M	T	W	T h	F	S	S	M	T	W	T h	F
A	x	x	o	o	x	x	x	x	x	x	o	o	x	x	o	o	x	x	x	x	x	o	o	x	x	x	x	x
B	x	x	x	x	o	o	x	x	x	x	x	x	o	o	x	x	x	o	o	x	x	x	x	o	o	x	x	x
C	o	o	x	x	x	x	x	o	o	x	x	x	x	x	o	o	x	x	x	x	x	o	o	x	x	x	x	x

Note: x is a working day, o is off-duty day.

2) Cyclical Scheduling:

- It is an improvement of block scheduling in that:
 1. It has repetitive work pattern assigned to personnel.
 2. Since each employee has a permanent pattern, he can plan days (and even months) in advance when he will be on duty.
 3. A cyclical schedule has a repeated pattern of interweaving schedules. These interlinking parts are **a permanent plan, a fixed cycle of, usually four to six weeks**.
 4. The employee may have a different schedule for each of the weeks contained in the cycle, but the pattern repeats without change.
- The cyclical schedule has several advantages with respect to coverage, yet there are certain factors which dominate this type of schedule:
 1. Each employee has at least one full weekend off per four-week cycle.

2. Nurse never works more than five consecutive days.
3. Employee can plan ahead because the pattern keeps repeating.
4. A schedule needs to be developed only once per staffing pattern

Table 6: Example of a cyclical schedule for eight weeks period.

Week	(1)							(2)							(3)							(4)						
Day/ Nurse	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F
Charge	D	D	D	D	D	D	-	D	D	D	D	D	D	-	D	D	D	D	D	D	-	D	D	D	D	D	D	-
1	N	N	N	N	-	-	-	E	E	E	-	-	D	D	N	N	N	N	-	-	-	E	E	E	-	-	D	D
2	D	D	-	-	N	N	N	-	-	-	E	E	E	E	D	D	-	-	N	N	N	-	-	-	E	E	E	E
3	E	E	E	-	-	D	D	N	N	N	N	-	-	-	E	E	E	-	-	D	D	N	N	N	N	-	-	-
4	-	-	-	E	E	E	E	D	D	-	-	N	N	N	-	-	-	E	E	E	E	D	D	-	-	N	N	N
Week	(5)							(6)							(7)							(8)						
Day/ Nurse	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F
Charge	D	D	D	D	D	D	-	D	D	D	D	D	D	-	D	D	D	D	D	D	-	D	D	D	D	D	D	-
1	N	N	N	N	-	-	-	E	E	E	-	-	D	D	N	N	N	N	-	-	-	E	E	E	-	-	D	D
2	D	D	-	-	N	N	N	-	-	-	E	E	E	E	D	D	-	-	N	N	N	-	-	-	E	E	E	E
3	E	E	E	-	-	D	D	N	N	N	N	-	-	-	E	E	E	-	-	D	D	N	N	N	N	-	-	-
4	-	-	-	E	E	E	E	D	D	-	-	N	N	N	-	-	-	E	E	E	E	D	D	-	-	N	N	N

N.B., D (Day shift), E (Evening shift), N(Night shift)

3) Computerized Scheduling:

- This type enables the user to devise a plan, which considers more variables than schedules done by individuals.
- Computerized scheduling allows for maintaining the patterns to be used and the choice of employee and the planning of holidays, days off and vacations.
- All data necessary for time planning are fed to the computer and a program for scheduling is designed based on these fed data.
- The computerized scheduling is more effective than the other types.

Advantages of computerized scheduling:

- 1.It saves the nurse's time spent working out schedules.
- 2.It reduces interpersonal conflicts between staff and supervisor created by changes made in scheduling.
- 3.Consistent scheduling and equitable application of agency policy.
- 4.Unbiased (i.e., distribute equally the work days and the off days among the nursing staff).

5. Cost effectiveness through reduction of clerical staff and better utilization of professional nurses by decreasing the time spent in non-patient care activities.

4) Approaches of developing time scheduling (Centralized Versus Decentralized Scheduling):

a. Centralized scheduling:

In this form, one person in the nursing administration office plans for the coverage of all nursing units.

Advantages:

1. Provides a central control of staff, (i.e. personnel can be distributed in a more balanced manner among the nursing units, as well as the under-staffing or over-staffing is eliminated to some degree).
2. Fairness to employees through consistent, objective and impartial application of policies.
3. Provides an overall picture of the staffing situation.
4. Helps in making adjustments in cases of illness, emergencies or changes in patient care needs among nursing units.
5. Eliminates the personal contact that develops between a charge nurse and her personnel as it relates to employee work schedules.
6. Relieves the charge nurses from time-consuming duties freeing them for their other activities.
7. Computers can be used for centralized scheduling.

b. Decentralized scheduling:

In this form, the schedule is planned at the unit level, usually by the charge nurse.

Advantages:

1. Allows the charge nurse to base her scheduling plan on her knowledge of the personnel assigned to her unit.
2. Personnel feel that they get more personalized attention.
3. It is easier and less complicated when done for a small area instead of the whole agency.

Disadvantages:

1. Each charge nurse under decentralized staffing tends to develop and utilize her own staffing pattern, and as a result, nurses on various units compare schedules and dissatisfaction may arise.

2. Sometimes makes staff members feel that the charge nurse is not objective.

Working hours scheduling options:

1. Straight shift:

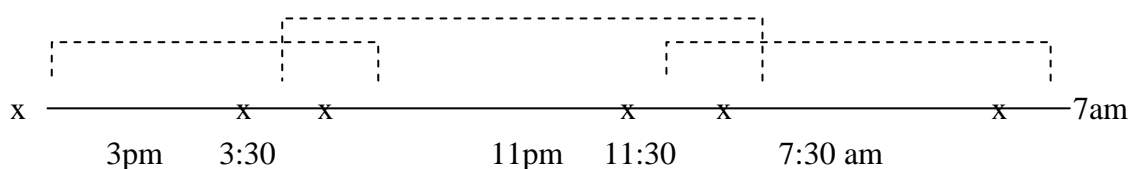
This is a traditional pattern that uses 8-hour shifts for time planning for the 24-hour period.

The pattern may be as such:

7 a.m. to 3:30 p.m.

3 p.m. to 11:30 p.m.

11 p.m. to 7:30 a.m.



- This pattern allows each employee to work 8 hours a day, five days a week.
- This is mostly a block-hour system and thus allows for under utilization (poor) of staff on weekends.
- It cannot meet patient care needs seven days a week.

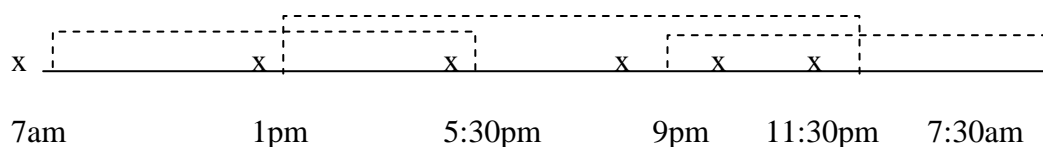
2. The 10-hour shift:

This pattern allows staff to work 10 hours a day for 4 days a week and three days off. This is a 6-week cyclical pattern that has advantages over the 8 hours/day. Shifts developed for the 10 hours per day are:

7 a.m. to 5:30 p.m.

1 p.m. to 11:30 p.m.

9 p.m. to 7:30 a.m.



- The 10-hour shift has the disadvantage of not falling evenly into a 24 hours day, but it can be planned so that the overlaps occur in peak (heavy) work hours.

- This pattern is very effective in staffing ICU. Nurses are satisfied; they can give comprehensive continuous care and can get a longer weekend and an extra day off.

3. The 12-hour shift:

- This pattern consists of working 12 hours a day with 2 days off prior to a change of shift.
- The shift hours are usually 7 a.m. to 7:30 p.m. and 7 p.m. to 7:30 a.m.
- This pattern was introduced due to inadequate staffing, but it proved to be appropriate in ICU and modified ICU.
- It strengthens the relationship between the nurses, the doctors and the patients and time is saved in personnel shift change over.

4. Irregular hours scheduling pattern:

- Nurses work a number of hours each week and the hours of work may vary depending on patient care requirements or service demands.
- The nurse may work 10 hours, 12 hours or other irregular length shift.
- This system is implemented for the services of highly trained clinical nurse specialist or for nurse in in-service training or supervision programs.
- It can be useful in increasing productivity but it is often costly because it ends up increasing the number of required staff.

Employment procedure

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Health care agencies give more attention to achieve organizational excellence through their employment procedures. These procedures include many personnel functions, such as recruitment, selection, placement, induction, transfer, promotion and retirement.

1. Recruitment:

It is the process of finding potential candidates and stimulating them to apply for jobs in the organization.

Sources of recruitment:

Recruitment sources can be divided into two groups; internal and external sources.

a. Internal sources: composed of promoting the present employees - following the policy of promotion - within the organization from one position to a higher one as being practiced by a large number of organizations.

b. External sources: composed of public and private agencies, advertising, educational institutions like colleges, universities and business scholars.

2. Selection:

After getting a list of potential recruits, the next step is to determine the best candidates. The manager must obtain comparable information about all applicants and compare the strengths and weaknesses of all. Job description and job specification are the basis for sound selection.

Steps of selection process:

1. Application form (blank).
2. Screening interview.
3. Reference checks (letters of reference, previous work record).
4. Employment or placement interview.
5. Pre-employment test.
6. Physical examination.
7. Placement.

1. Application form: It is a written formal application submitted by a person wanting the job. Its primary objective is that of comparing the applicant's qualifications with the required qualifications for the available job.

2. Screening interview: Is an opportunity to determine in a general way whether the candidate is qualified and suitable for the job.

3. Reference check: Many institutions request the information to attempt to affect the honesty of the applicant's responses since it is felt that seeing reference check will improve the quality of response as to its accuracy.

4. Placement interview: The purpose of this interview is to determine specifically and in depth whether the candidate meets the detailed requirements of the job and whether his work habits, attitudes and personality are compatible for work in the organization.

5. Pre-employment tests: Measure certain abilities and skills which provide objective information on how well the applicant can be expected to perform on the job.

6. Physical (medical) examination: It is used in determining the employability of an applicant, as well as helps the organization to find out weaknesses. A physical examination should be general and thorough. Information should be kept confidential.

3. PLACEMENT:

Is placing employees in positions best suited for their abilities and career objectives.

4. ORIENTATION (INDUCTION) :

Inform the new employee with the working environment of the new job including the organizational goal, policies, rules, and regulations, the job description, and the working condition... etc.

5. TRANSFER :

Is the movement of an employee from one job to another on the same occupational level and at about the same level of salary.

6. PROMOTION :

Is a movement of an employee to work at a higher job classification with increase in salary.

7. RETIREMENT :

Is the withdrawal from one's occupation or position within an organization, usually with some form of payment.

Staffing Major Concepts and Definitions	
ASSEMBLING RESOURCES	Is the process of anticipating and providing the good distribution of manpower, financial, time, material resources and physical facilities within and outside organization to get the job done and achieve organizational objectives
STAFFING	The number and composition of personnel assigned to work on a division at a given time
STAFFING PATTERN:	Staffing pattern indicating how many persons of what job Classification should be on duty per each unit, per shift, per day.
STAFFING PLAN	Is a scheme mathematically derived to indicate how many people of what job classifications must be hired to deliver on the staffing pattern.
SCHEDULING	Is the ongoing filling (or approximating) of that staffing pattern by designating individual personnel to work specific hours and days
BLOCK SCHEDULING:	In this type, the working time schedule for a unit is planned in a block of weeks i.e. the days to be worked often are blocked together forming a pattern.
CYCLIC TIME SCHEDULING	It is a technique for assigning days and time off in a pattern that repeats itself regularly while taking in consideration the need for the proper number and mixes of personnel, continuity of care. Cyclic time scheduling is done for “four to eight weeks.”
CENTRALIZED SCHEDULING	One person in the nursing administration office plans for the coverage of all nursing units.
DECENTRALIZED SCHEDULING	The schedule is planned at the unit level, usually by the charge nurse.
RECRUITMENT	It is the process of finding potential candidates and stimulating them to apply for jobs in the organization
APPLICATION FORM	It is a written formal application submitted by a person wanting the job.
PLACEMENT	Is placing employees in positions best suited for their abilities and career objectives.
TRANSFER	Is the movement of an employee from one job to another on the same occupational level and at about the same level of salary.
PROMOTION	Is a movement of an employee to work at a higher job classification with increase in salary.
RETIREMENT	Is the withdrawal from one’s occupation or position within an organization, usually with some form of payment

Lecture 11

ROLE & FUNCTIONS IN DIRECTING

Module objectives

By the end of this module, student will be able to:

1. Analyses different styles of **leadership**
2. Discuss different forces affecting leadership styles.
3. State qualities of an effective leader
4. Recognize the different forms and directions of **communication** within organization
5. Identify purpose of good **supervision** .
6. Enumerate the principles of supervision.
7. Discuss steps of supervision process
8. Describe the importance of **motivation**.
9. Differentiate between intrinsic versus extrinsic motivation .
10. Identify the basic elements of motivation.
11. List the factors that influence motivation
12. Explain the Maslow hierarchy of motivation theory.
13. Discuss the strategies to create a motivating climate.
14. Discuss how to manage **conflict** constructively

Definition of directing:

Directing is the fourth element of the management process. It refers to a continuous task of making contacts with subordinates, training them, giving them orders, leading and motivating them .

LEADERSHIP

Introduction:

Leadership occurs any time a person attempts to influence the beliefs, opinions, and/or behaviors of a person or a group. It's a combination of personality traits, learned leadership skills, and characteristics of the situation.

In nursing, leadership is needed in every nursing activity. Every nurse, whether staff nurse, team leader, head nurse, supervisor or nursing director can function as a leader to guide the others toward accomplishing a common goal .

it is important to note that leaders may not have formal authority granted by the organization as managers, but are still able to influence others.

Leadership definitions:

- Leadership is "the process of interpersonal influence in which one individual “the leader” directs and stimulates positive response in a group member(s) “follower(s)” to achieve a desired objective."
- Is the ability to influence the behavior of others in order to accomplish the task of a group or to achieve the goal of a group, while at the same time maintaining the integrity and morale of the group
- The leader is "a person who interprets and suggests the goal for which a group is working, and who guide, directs and encourages the participation of others toward effective achievement of this goal."

Leadership Styles:

- Leadership style "is the manner by which the leader influences the group members' behaviors in various situations".
- Leadership style is directly related to the amount of control or freedom allowed to the group.
- Different styles are effective in different situations, i.e., there is NO best style to be used by the leader

Forces affecting leadership styles:

The style of leadership used by the leader is dependent on three forces. These forces determine the amount of control a leader will utilize in relation to the group members. These forces are:

1. Forces within the leader:

- a. His/her values.
- b. Extent of power.
- c. Degree of confidence about group members.

2. Forces within the group members:

- a. Size of the group.
- b. Readiness for responsibility.
- c. Degree of maturity.
- d. Readiness to share in decision-making.

3. Forces within the situation:

- a. Traditions and values of the organization.(culture(
- b. Size of the organization and its structure.

c. Pressure of time.

- The best style for any particular situation is the one that promotes a high level of work performance in wide variety of circumstances as efficiently as possible, and with the least amount of disruption “.
- Styles of leadership range from very authoritarian to very permissive and change according to the situation. An effective leadership style is one that best complements the organizational environment, the tasks to be accomplished, and the personal characteristics of people involved .

Traditional Leadership styles

a. Autocratic leadership style:

(Directive, authoritarian or restrictive).

Maximum control for the leader with minimum freedom for the group members.

In this style the leader:

1. They view workers as naturally lazy, lacking ambition, disliking responsibility, and preferring to be led.
2. Makes all work-related decisions and orders subordinates to carry them out (centralized decision-making i.e. Make decisions alone)
3. Uses minimal group participation. May listen to his subordinate's directions but is not influenced by them.
4. Puts high concern for task accomplishment and low concern for the people who perform the task (task-oriented).
5. They consider themselves to be in positions of authority and expect their followers to respect them and obey their directions
6. Emphasizes negative reinforcement, top down (one way) communication.
7. Feels little trust or confidence in workers.
8. Exercises power, firm personality, insistent, self-assured, highly directive and dominating. (Exercises power with coercion.)
9. Gives feedback to members in the form of personal praise or criticism.

Advantages:

1. Less time consuming for decision-making in emergency or crisis.
2. Useful when group members are inexperienced and the leader is the one who has information and skills.

3. Improves productivity.

Disadvantages:

1. Does not encourage individual initiative or cooperation between members of the group, so frustration and conflict may arise in the group.
2. Lack of growth for group members.
3. Less job satisfaction.
4. Less commitment to organization goals.

b. Democratic leadership style:

(Participative, consultative)

The degree of freedom for the group members and leader control is varied, i.e. the range between the two is the democratic style.

In this style, the leader:

1. Values the individual characteristics and abilities of each subordinate.
2. Uses personal and positional power and cooperative decision methods to draw out ideas from employees and motivates them to put their own goals, develop their own plans and control their own practice.
3. Is (people-oriented) focus attention on the human aspect and build effective work group.
4. Interacts openly and friendly with persons.
5. Uses two way communication (up and down communication).
6. Works through people not by domination but by suggestions.
7. Encouraging their professional and personal growth.

Advantages:

1. Permits and encourages all employees to participate in decision-making.
2. Greater commitment of the employees to their work, so it increases job satisfaction and productivity.
3. Decision made by the group are more effective.
4. Encourages workers' ideas, suggestions and creations, their professional and personal growth.
5. Good relationship between employee and leader.

Disadvantages:

1. Lack of efficiency when group members lack maturity and skills.
2. Time consuming for taking decisions.

c. Laissez-faire leadership style:

(Permissive, free reign, let alone).

Maximum freedom for the group members with minimum leader control.

In this style, the leader:

1. Assume workers are ambitious, responsible, flexible, creative and accepting of organizational goals.
2. Leaves group members free to set their own goals, take decision and determine their own activities without his/her participation.
3. Exhibits lack of control, direction, supervision and coordination.
4. Gives the group total responsibilities without any standard behaviour available or his/her participation.

Advantages:

In a limited situation, creativity may be encouraged (highly qualified people plan a new approach to problem).

Disadvantages:

1. Leads to instability, disorganization and inefficiency.
2. No unity of action leading to decreased productivity.
3. Group members will lose all sense of initiative and desire for achievement.
4. No sense of group unity leading to decreased productivity and satisfaction.

Contemporary leadership styles

Transactional	Transformational
Also known as managerial leadership, focuses on the role of supervision, organization, and group performance; transactional leadership is a style of leadership in which the leader promotes compliance of his followers through both rewards and punishments	A transformational leader is a person who stimulates and inspires (transform) followers to achieve extraordinary outcomes. He/she pay attention to the concern and developmental needs of individual followers
1. Leadership is responsive	1.Leadership is proactive
2.Works within the organizational culture	2.Works to change the organizational culture by implementing new ideas

3. Employees achieve objectives through rewards and punishments set by leader	3. Employees achieve objectives through higher ideals and moral values
4. Motivates followers by appealing to their own self interest	4. Motivates followers by encouraging them to put group interests first
5. Management-by-exception: maintain the status quo; stress correct actions to improve performance.	5. Individualised consideration: - Each behaviour is directed to each individual to express consideration and support. Intellectual stimulation: - Promote creative and innovative ideas to solve problems.

How managers influence the people whom he/she works with?

In order to answer this question one needs to examine leadership elements

Elements of Leadership:

Power, Influence and Authority

Definitions of Power, Influence and Authority

- **Power** is "the ability to influence others". It is the means (A is likely to get B to do or think something).
- **Influence** is the process of (A tries to get B to do something, or think something, which B would not otherwise do.)
- **Authority** is "the right to use power over the behavior of others". It is the permitted or legitimate power that goes with official roles or positions.

Types and Sources of Power:

1. **Positional Power:** In work organizations, people who have power hold that power legitimately by virtue of their appointment. They are in authority. Example: appointment a manager confers certain legitimate power by position.
2. **Resource Power:** Is the use of resources or other promises to motivate individuals. The motivator may be negative as well as positive .
 - Power over allocation of resources gives direct power over the activities and developments that can take place.
3. **Expert Power:** is the acceptance by subordinates as an expert in a particular field in which a person is working which gives the power to influence .
 - Expert power is very common in health care - especially in the case of Doctors. Consider how a Doctor's expert power can influence nursing care or how nursing care is provided.

- 4 **Personal Power:** It means what is personally brought to the job. If the colleagues admire a person and like the way he/she manages, they will accept him/her as a leader and granted him/her real power.

Which is the most effective style? Social Science experiments to answer this question showed :

The most productive style - **Autocratic**, but only when the leader was present. Work stopped when the leader was absent.

The most popular style - **Democratic**. This was also the most consistent in terms of both quality and productivity.

The most poorly rated style - **laissez faire** which was rated poorly in all aspects .

There is no single most effective style. Effective leaders need to be able to draw on a range to styles and to choose a style most appropriate for the particular situation. However, individuals tend to prefer a particular style and to use it more consistently than others.

Characteristics of a good leader:

1. A good leader must be:
2. A professional nurse and must have capability as a leader.
3. Willing to assume the responsibilities associated with his/her profession.
4. Interested in people and be able to communicate with them effectively.
5. Not too quick to judge others.
6. Consistent and fair in all of his/her dealings.
7. Able to criticize him/herself objectively.
8. Able not to lose his/her self-control and his/her self satisfaction.
9. Able to make decisions based on his/her analysis of all available facts.
10. Also, he/she must have: Good health and emotional stability which are very necessary, as well as a sense of humour.

Lecture 12

Organizational Communication

Perhaps the most important component of leadership/management process in any organization is communication. It is an exchange of information that takes place on several levels and is constantly occurring

1. Forms of Organizational Communication:

There are two basic forms of communication within Organization

a. Formal communication “the official:“

-This type is established by management and formally pictured in the charts of the organization.

-It is a line of communication for the transmission of official message and information within or outside the organization.

b. Informal communication “the grapevine:“

- This type of communication is built around the social relationship of the members of the organization, i.e. arises on account of the nature desire of the people to communicate with each other.

- Grapevine does not follow formally delegated lines of authorities and responsibilities but it is a powerful and purposeful, effective tool of good administrative practice, that it is considered as a mean of understanding of the public's opinion and morale in the organization, and as a safety valve.

- An intelligent manager can make use of grapevine for spreading information informally and preventing false rumors by providing correct facts, this will be possible when the manager maintains an attitude of friendliness and cooperation with the members of informal organization.

Channels of communication in the organization :

There are four channels of managerial communication

- a. Downward communication.
- b. Upward communication.
- c. Horizontal communication.
- d. Diagonal communication



Various directions in which communication flows

1. Downward communication:

It flows from people at higher level to those at lower level, i.e. from the superior to subordinate or from manager to assistant manager in the organizational hierarchy.

- The types of downward oral communication include : instructions, speeches, meetings, use of telephone.
- *Examples of written downward communication* are:- letters, handbooks, pamphlets, policy statements and procedures.

2. Upward communication:

It passes from subordinates to superior, i.e. “continues up the organizational hierarchy.”

-Upward communication provides a means for motivating and satisfying personnel by allowing employee input.

-Common means of upward communication include:

Face-to-face discussion Open-door policies
 Staff meetings written reports.
 Performance appraisal Suggestion boxes.
 Counselling Democratic management

3. Horizontal flow communication:

Is one that occurs between people on the same or similar organizational level. It is most frequently used to coordinate activities.

4. Diagonal flow communication:

It occurs with persons at different levels who have no direct reporting relationship. Frequently used between staff, groups, organizations and line function as in project type.

This type of communication is used to speed information flow, to improve understanding and to coordinate efforts for the achievement of organizational objectives.

SUPERVISION

Supervision: Active process of directing, guiding, and influencing the outcome of an individual's performance of an activity or task.

It is a day-to-day relationship between manager and his subordinates and it is commonly used to cover the training, direction, motivation, coordination and maintenance of discipline

Definition of supervisor:

Someone who is responsible for directing performance of one or more workers, so that organizational goals are achieved or accomplished.

Purposes of effective supervision:

1. To provide suitable working conditions.
2. To promote a spirit of cooperation between employees.
3. To maintain maximum standard and ensure optimum professional efficiency in relation to achievement of organization goal.
4. To detect what is right and what is wrong but emphasis not on catch mistakes
5. To provide high quality of care for each patient.
6. To develop each staff member to his/her highest potential

Principles of supervision

1. It focuses on improvement rather on punishment
2. It should consider the experience, ability and intelligence of the staff member and the existing situation.
3. It should stimulate the staff to continuous self-improvement.
4. It should respect the individuality of the staff member .

Process of supervision

- ☐ Assessment of needs of individual staff members for improvement in the light of the objectives of patient care.
- ☐ Planning methods for meeting the objectives and for achieving personnel improvement
- ☐ Carrying out the plan through direction, guidance, teaching and correction
- ☐ Evaluation of results and making new plans
- ☐ Continuous evaluation of the effects on the quality of patient care

Types of supervision and supervisors:

A. Close supervision (autocratic supervisor): In which

- Supervisor not gives, nor allowed, freedom to her subordinates to do their work by their own way and not encourage their initiation or self-judgment.
- Supervisor has no time for training and developing her staff member because she is usually busy by supervising tasks that could have been delegated to members if achieved as she wants or not.
- Supervisor do not trust her subordinates to do good job
- Supervisor assumes that average human beings are dislike work, so they must be threatened and punished to work properly .
- Subordinates tend to be dishonest to cover up their mistakes to avoid punishment.
- In this type of supervision the objective could be achieved faster as well as decision making.

B. General supervision (democratic supervisor): In which

- Supervisor develops atmosphere in which staff members feel free in doing their work.
- Supervisor concentrates on results of objectives more than details.
- Supervisor spends more time in training her staff that makes her staff out of need for details instructions.
- Supervisor has the concept that "working with people and not on them harvest the best results."
- In this type of supervision, supervisor acts as team leader that the staff seek her guidance, suggestions and help.
- In this type of supervision, staff moral increased due to sharing information, ideas and cooperative decision making.
- In this type of supervision, the objective could be achieved slower as well as decision making

Methods of supervision:

A- Observation: Example of Areas should be observed

- ☐ Safety measures for critically ill patients
- ☐ Physical condition of patients and their progress
- ☐ Carrying out of doctor order
- ☐ Result of treatment
- ☐ Availability of emergency equipments
- ☐ Method of providing care

- ☐ Problems faced nursing personnel in providing care.
- ☐ Time required for providing and meeting patient needs
- ☐ Working conditions under which the personnel function

B. Techniques of observation

- ☐ The nurse supervisor should learn to see what to look at.
- ☐ She should have some ideas about what to look for before beginning her observation
- ☐ She should consider each person as an individual.
- ☐ She should be objective about what she seen
- ☐ The nurse supervisor should learn to listen.
- ☐ She should listen to what others are saying and what is not said.

When you observe?:

Observe continuously:

- As you care for her patients.
- As you work with her staff.
- During your round to visit patients.
- As you do her own work.
- During the reports.
- After all care has been given.

Lecture 12

MOTIVATION

One of the most critical skills for effective leadership and management is the ability to motivate others. A *motive* is a need, desire, or other impulse that brings about an action.

Motivation → refers to those wishes, desires, drives that stimulate or activate a man to do things.

→ is something that moves a person to action. It is largely based on individual needs and perception.

→ is an inner impulse or an internal force that initiates and directs the individual to act in a certain manner to satisfy a need.

The mechanism of motivation process:

The mechanism of motivation begins with need and ends with need satisfaction.

A need → is lack or deficit of something within a system or a man. When a need is felt by an individual, it leads to a chain of *activities*. These activities and/or behaviors are always directed towards the goal to satisfy the need (goal-oriented behavior).

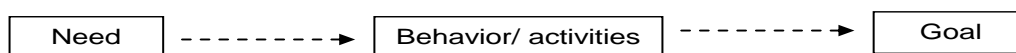


Figure 1. The motivation process

Factors affecting motivation:

A. Personal factors:

1. Health status:

Continues motivation requires physical and psychomotor energy. Thus, ill persons do not have this energy.

2. Self-concepts:

A person's perception of his/her capabilities influences that person's motivational capacity.

3. Relationships:

The quality and quantity of meaningful relationships can influence an individual's motivation.

4. Financial status:

Money is a powerful motivator. When a person's income is insufficient to meet physiologic needs for food and shelter, performance generally declines.

5. Opportunities available:

When the opportunity to learn and grow in the work situation is lacking, motivation is stifled. When people are presented with achievable challenge in their work, they are motivated to rise to the occasion.

B. Work factors

1. Leadership style:

Using leadership style appropriate to specific situations and staff members' experience levels is a positive motivation

2. Peer relationships:

Dissatisfying peer relationships can result in job dissatisfaction and resignations.

3. Organization:

Departmental organization is another work setting that influence motivational level. Adequate staff members, sufficient equipment and available supplies affect motivation.

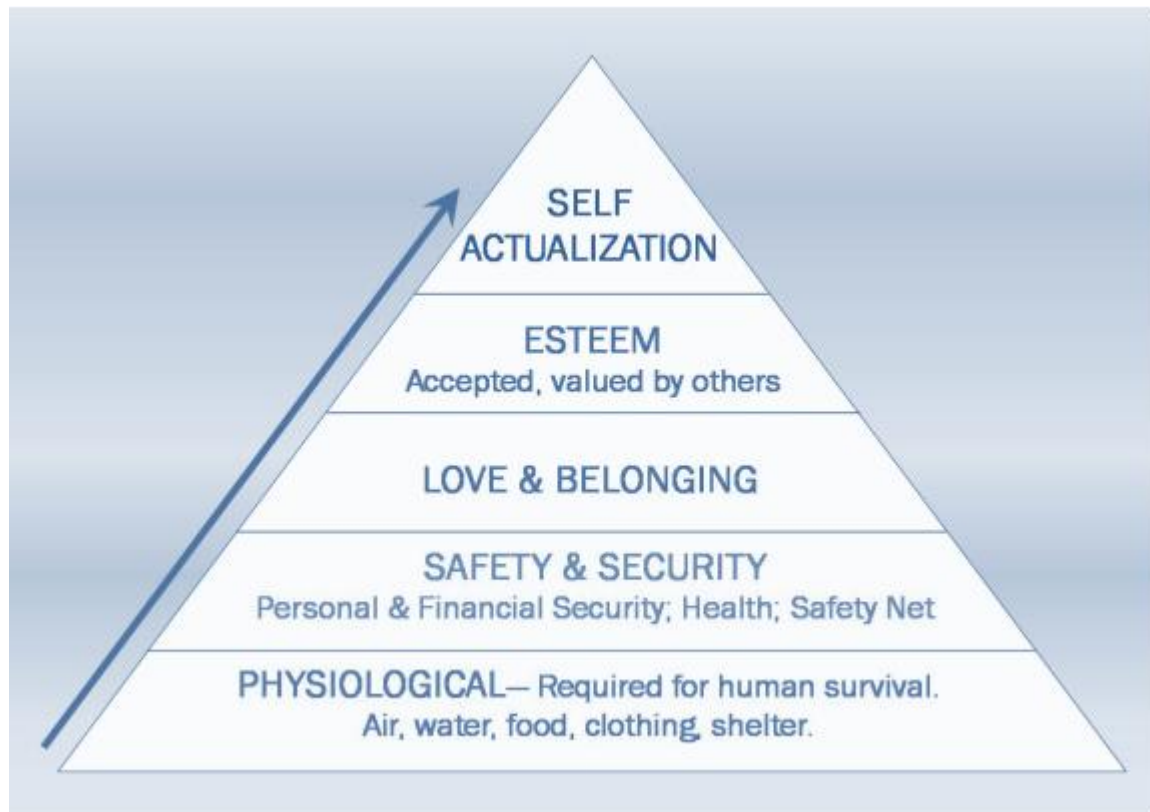
Agency organizational structures can also affect the motivational level of staff members, i.e. when the staff's ideas and suggestions are never invited or always ignored, input diminishes.

Worker motivation:

As mechanism of motivation begins with needs and ends with need satisfaction, it would be desirable if the type and nature of the needs are understood. There are various ways to classify needs, but one classification widely accepted is that advanced by Abraham Maslow who classifies human needs into five categories.

Maslow suggests that all people begin in the lowest level of physiological needs, and until these are satisfied, the person is not interested in other needs. In turn, as each level of human needs is met, the person turns his/her attention towards achieving his/her needs on the next higher level and so on up through the hierarchy of needs.

Inherent in Maslow's hierarchy is the idea that needs on a lower level must be met before a person exhibits much interest on needs of a higher level. Thus, motivation for human action must be approached on the level where that person currently exists. Therefore, nurses must be adequately compensated to that, they can meet their needs on level one and two before anyone can expect them to feel themselves as part of the health care team (level 3). Motivation then must be provided from the next highest level in the hierarchy. So, it is important to know where a worker stands in the hierarchy in order to motivate him/her correctly.



Maslow's Need Hierarchy

It should be noted, however, that Maslow's theory should not be considered as all or nothing. It is not necessary to satisfy a person's physiological needs completely in order for him/her to become interested in and motivated by needs on the safety and security level. Rather, the satisfaction of the needs should be seen as existing in a decreasing percentage of unmet needs as the hierarchy is ascended .

Example:

A director of nursing service might have her unmet needs existing as follows:

Level (5)	95 %unmet
Level (4)	60 %unmet
Level (3)	40 %unmet
Level (2)	25 %unmet
Level (1)	5 %unmet

This means that attention to meeting her needs and reducing her frustration as well as motivating her towards desired organizational goals must be focused on the greatest areas of her unmet needs.

Offering increased salary (level 1) to remain in her post will not motivate her enough as allowing her greater authority and enabling her to make greater contributions (level 5).

Types of organizational motivators:

The nurse manager can motivate the subordinates using one or more from the following organizational motivators :

1. **Incentives:** Which include all financial items rather than the employee's salary. E.g.: overtime, bonuses, grants.....etc.
2. **Job rotation:** Which means the movement of the employee to different jobs, usually for a temporary period, in order to inform, train, and/or stimulate the cooperation and understanding among the employees.
3. **Job enlargement:** Which means increasing the number of tasks or the quantity of output required from the employee in his job.
4. **Job enrichment:** Which is concerned with designing jobs with greater variety of work content; a higher level of knowledge and skills, as well as providing the employee more autonomy and responsibility in this job.
5. **Delegation of authority:** the accomplishment of goals is most effective when workers are given authority to make decisions .
6. **Competition:** a manager can create an atmosphere of healthy competition among the subordinates through gaining status or social prestige .
7. **Participation:** participation of employees in decision making and policy formulation has been widely recognized as an important organizational motivator .

Conflict management

Conflict is now a normal part of working in health care. Effective nurse manager must recognize the benefits of conflict and learn ways to manage it effectively so that conflict can result in organization and personal growth.

Definition of conflict:

- **Conflict** may be defined as a struggle or challenge between people with opposing needs, ideas, beliefs, values or goals.
- **Conflict Dimensions:**

Conflict may be viewed as occurring along cognitive (perception), emotional (feeling), and behavioral (action) dimensions. This three-dimensional perspective can help us understand the complexities of conflict and why a conflict sometimes seems to proceed in contradictory directions.

1. Conflict as Perception

Conflict is a belief or understanding that one's own needs, interests, wants, or values are incompatible with someone else's.

2. Conflict as Feeling

Conflict also involves an emotional reaction to a situation or interaction. These emotions might be felt of fear, sadness, bitterness, anger, or hopelessness, or some mix of these. If we experience these feelings in regard to another person or situation, we feel that we are in conflict-and therefore we are actually in a conflict.

3. Conflict as Action:

Conflict also consists of the actions that we take to express our feelings, and our perceptions, and get our needs met in a way that has the potential for interfering with someone else's ability to get his or her needs met. It may be an exercise of power. It may be violent. It may be destructive

Characteristics of Conflict:

- Tension
- Mistrust
- Poor Communication.
- Intense Emotions.
- Unclear Goals.
- Confusion over Roles.
- Normal – expected process.
- Not harmful nor destructive (instead, our reaction to conflict that can be harmful or destructive).

Conflict Structure:

Structurally based, conflict is either vertical or horizontal

- Vertical conflict
- Horizontal conflict

Vertical conflict

- Differences between managers and staff associates, related to inadequate communication, opposing interest, lack of shared perceptions and attitudes.
- In this type of conflict, manager starts to control staff behaviors and resistance, often use power through bureaucratic roles.

Horizontal conflict

- It is line-staff conflict, commonly a struggle among domains related activity, expertise, and authority, or strife.
- This type of conflict affects trust, cooperation, communication and interaction structures.

Types of conflict

There are three broad categories of conflict:

- Intrapersonal
- Interpersonal
- Organizational

Intrapersonal conflict

- ***Occurs within the individual***

Example:

Nurse leader can experience internal conflict about to stay in current position or move to higher level which is more stress and less flexible hours.

Interpersonal conflict

Occurs between people, groups, or work team.

May involve disagreement about values or philosophy.

Often due to differing or incompatible personalities or work styles.

Example:

Conflict between two staff about needs to updating computer system, one prefer to update and other one refuse to change.

Organizational conflict

Occurs within organization

Result of scarce resources, cultural differences, or change in infrastructure.

Often reflect departmental differences in values and philosophies.

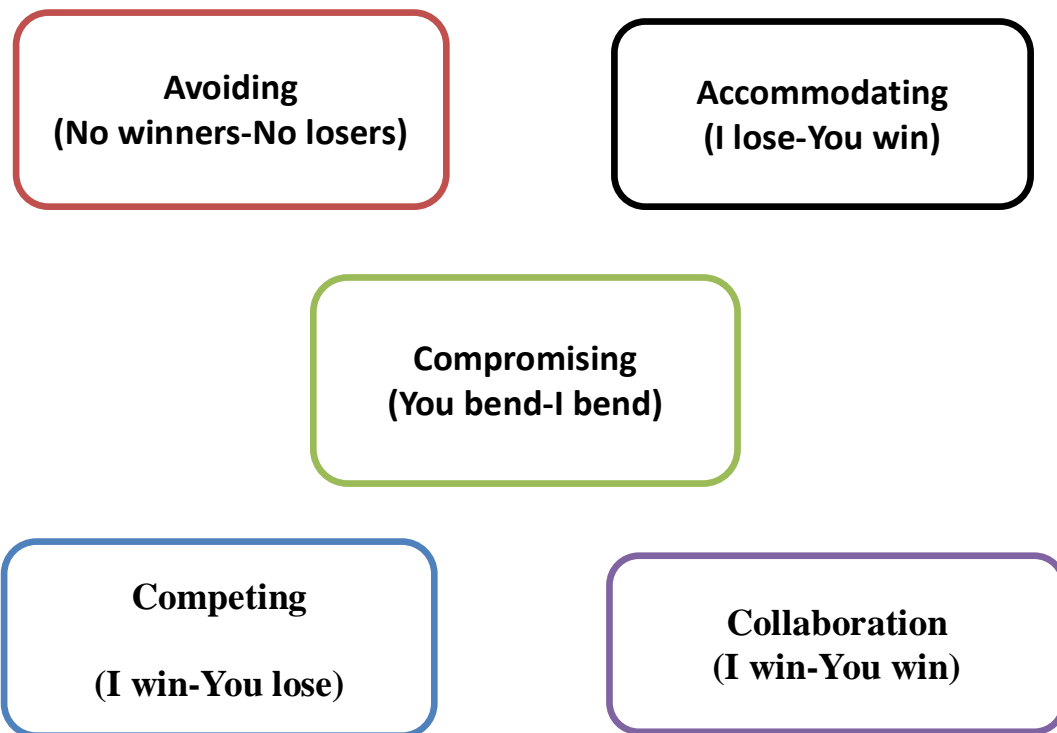
Example:

Nursing staff are not motivated, no reward, no bonus, less salary, no extra time payment.

Effects of conflict

- Distrust
- Increased stress
- Abusive behavior
- Reduced collaboration
- Loss of Morale
- Missing of Deadlines
- Reduced Productivity
- High Employee Turnover

Conflict management strategies



- *Avoiding*

Not paying attention to the conflict and not taking any action to resolve it.

- When people avoid conflict, they ignore it.
- It avoid large conflicts
- Prevent overreact to situation

But it prevent change and innovation

- *Accommodating*

It used when a person ignores his or her own feelings about an issue to agree (accommodate) the other side.

But this person may become less willing to cooperate in future due to ignoring feelings

- *Competing*

One side wins the conflict and other side loses. Because the winner forces loser to accept his or her perspective on the conflict. Or using formal authority or other power that he/she possess to satisfy he/she concerns without regard to the concerns of the party that you are in conflict with .

But it increase anger on the side of loser

- *Compromising*

Attempting to resolve a conflict by identifying a solution that is partially satisfactory to both parties, but completely satisfactory to neither. Effective for interpersonal conflict
Everybody win something

- **But** Losing and winning is unfair

- *Collaborating*

Both side in conflict work to develop the outcome that best for both sides, emphasis on problem solving, to meet both goal.

But it may require significant resource like time, need committed to success

- Require problem solving, critical thinking and creating skills.

Rules for effective conflict resolution

1. Protect each part's self-respect
2. Do not blame the problem on the participants
3. Allow all parties in the conflict to completely discuss their perspective of the problem.
4. Set ground rules before discussion started
5. Encourage full expression
6. Encourage active listening
7. Encourage frequent feedback
8. Help participants develop alternative solutions
9. Follow up the agreed action and provide feedback.

Major Concepts and Definitions

<i>Concepts</i>	<i>Definitions</i>
DIRECTING	Is a continuous task of making contacts with subordinates, training them, giving them orders, leading & motivating them.
LEADERSHIP	Leadership is "the process of interpersonal influence in which one individual "the leader" directs and stimulates positive response in a group member(s) "follower(s)" to achieve a desired objective".
LEADERSHIP STYLE	"is the manner by which the leader influences the group members' behaviors in various situations".
POWER	is "the ability to influence others". It is the means (A is likely to get B to do or think something).
INFLUENCE	is the process of(A tries to get B to do something, or think something, which B would not otherwise do.)
ORGANIZATIONAL COMMUNICATION.	It is an exchange of information that takes place on several levels and is constantly occurring
DOWNWARD COMMUNICATION	It flows from people at higher level to those at lower level
UPWARD COMMUNICATION	It passes from subordinates to superior
HORIZONTAL FLOW COMMUNICATION	Is one that occurs between people on the same or similar organizational level
DIAGONAL FLOW COMMUNICATION	It occurs with persons at different levels who have no direct reporting relationship
SUPERVISION	Active process of directing, guiding, and influencing the outcome of an individual's performance of an activity or task
SUPERVISOR	Someone who is responsible for directing performance of one or more workers, so that organizational goals are achieved or accomplished.
MOTIVATION	refers to those wishes, desires, drives that stimulate or activate a person to do things.

CONFLICT	a struggle or challenge between people with opposing needs, ideas, beliefs, values or goals.
INTRAPERSONAL CONFLICT	Occurs within the individual
INTERPERSONAL CONFLICT	Occurs between people, groups, or work team
ORGANIZATIONAL CONFLICT	Occurs within organization
AVOIDING	Not paying attention to the conflict and not taking any action to resolve it
ACCOMMODATING	It used when a person ignores his or her own feelings about an issue to agree (accommodate) the other side.
COMPETING	One side wins the conflict and other side loses. Because the winner forces loser to accept his or her perspective on the conflict.
COMPROMISING	Attempting to resolve a conflict by identifying a solution that is partially satisfactory to both parties,
COLLABORATING	Both side in conflict work to develop the outcome that best for both sides, emphasis on problem solving, to meet both goal.

ROLES AND FUNCTIONSIN CONTROLLING

ModuleObjectives

By the end of this module, the student will be able to:

1. Define controlling.
2. Differentiates between the concepts of quality of health care and variousquality programs.(e.g. quality control, quality assurance.....etc)
3. Identify the different approaches of quality (structure, process and outcome .
4. Examine the process and mechanisms used in evaluating quality of Patient care
5. Explain Purposes of performance appraisal, different methods of appraising the performance of nursing personnel.
6. Examine the needs for, the objective and the scope of staff development program.
7. State steps involved in planning and implementation of in-service training program

Controlling

It is the process by which managers assure that resources (human and physical) are obtained and used effectively and efficiently in the accomplishment of the organizational objectives

Types of Controlling:

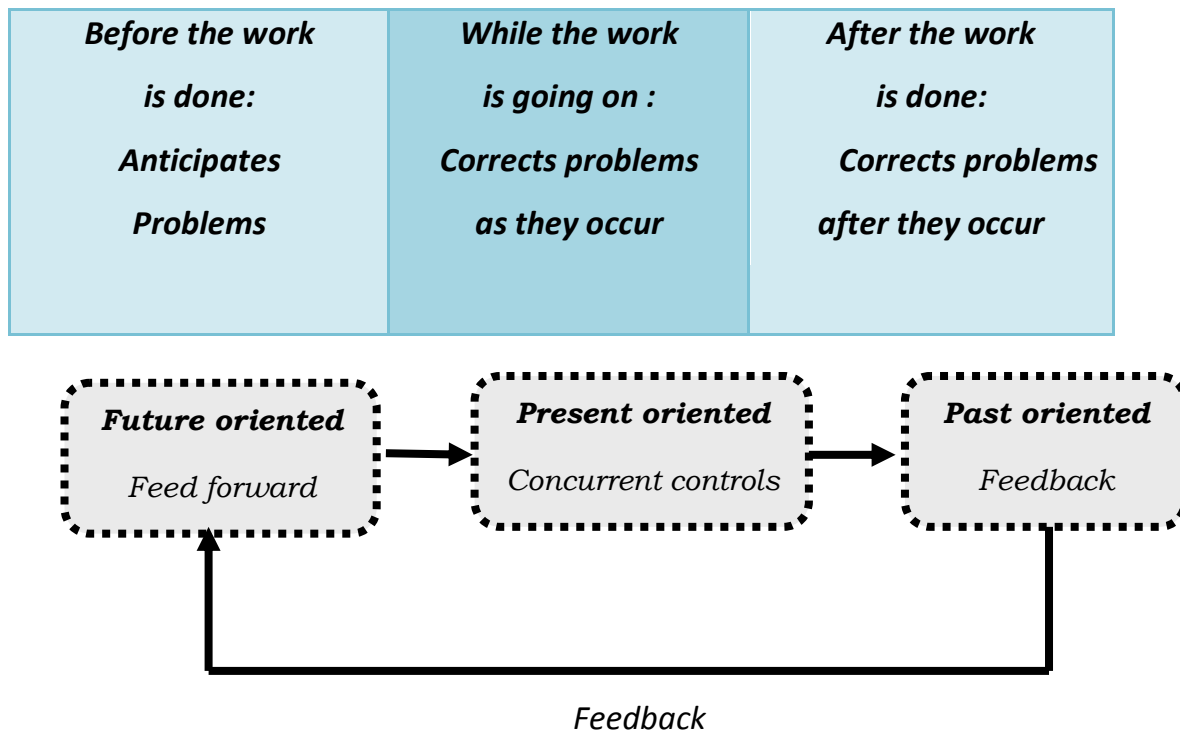
There are three types of control manager's use, which vary according to timing. These are: (fig 2)

- 1- Feed forward control,
- 2- Concurrent control, and
- 3- Feedback control.

1. Feed forward control known as (future-oriented), for the future takes place before operations begin and is intended to prevent anticipated problems.

2. Concurrent control known as (present-oriented), for the present takes place while operations are going on and is intended to minimize problems as they occur.

3. Feedback control known as (past-oriented), for the past takes place after operations are finished and is intended to correct the problems that have already occurred.



Three types of control: future, present, and past

Levels of Controlling:

There are three levels of control, which correspond to the three principal managerial levels:

1. Strategic control,
 2. Tactical control, and
 3. Operational control.
1. **Strategic control** : by top managers, by which monitoring performance to ensure that strategic plans are being implemented and taking corrective action as needed. Reports issued every 3, 6, 12, or more months.
 2. **Tactical control**: by Middle managers, tactical control is monitoring performance to ensure that tactical plans those at the divisional or departmental levels are being implemented and taking corrective action as needed. Reporting is done on a weekly or monthly basis.
 3. **Operational control**: by first level managers is monitoring performance to ensure that operational plans day-to-day goals are being implemented and taking corrective action as needed. Operational control is done mainly by first-level managers, those with titles such as "department head," team leader," or "supervisor. Reporting is done on a daily basis.

Considerable interaction occurs among the three levels, with lower-level managers providing information upward and upper-level managers checking on some of the more critical aspects of plan implementation below them.

Areas of controlling:

Human resources, physical resources.& financial resources.

- 1- **Human Resources** used to monitor employees include personality tests and drug testing for hiring, performance tests during training and performance evaluations to measure work productivity, and employee surveys to assess job satisfaction and leadership.
- 2- **Physical resources** include buildings, equipment, and tangible products.
- 3- **Financial resources** are bills being paid on time? Money is owed by customers? Money is owed to suppliers? Is there enough cash on hand to meet payroll obligations?

Measuring Quality of Patient's Care

Quality of health care is receiving increased attention from health care providers and consumers. Concern about maintaining quality while minimizing costs has great efforts in order to improve the methods of evaluating healthcare.

Nurses at all levels are playing an active role in evaluating the quality of health care. Their involvement in quality surveillance, monitoring and evaluation leads to opportunities to improve the patient outcomes as well as provided nursing care services.

Definitions of terms:

- **Quality:** Refers to the characteristics of excellence.
- **Quality of care:** health care services that are free from deficiencies and meet consumer needs, based on expectations of prices or cost.
- **Quality control:** is the process which involves determining the extent to which a service matches some specified quality standards.
- **Quality assurance:** is the process of measuring the actual level of the service provided against the degree and defined standards and take positive action to modify services when necessary.
- **Continuous Quality Improvement** (C.Q.I): is the process of monitoring structure, process and outcome indicators in order to identify signal events that will guide health care professionals in preventing patient care problems and improving already satisfactory patient services.

- **Standard**: is a descriptive professional statement of desired or agreed level of performance against which the quality of care (structure, process and outcome) can be judged. It must be observable, achievable and measurable.
- **A criterion (criteria)**: pre-determined measurable elements that will indicate if the standard is met and to what degree it is met.
- **A clinical indicator**: is a quantitative measure that can be used as a guide to monitor and evaluate the quality of important patient care activities.

Benefits of Quality Assurance (QA)/ Quality Improvement (QI) Program in Nursing

1. Identifies weak areas in the structure, process and outcomes of nursing that must be changed.
2. Provides quantitative measures that will indicate the level of care provided.
3. Justifies staffing requirements or staffing change.
4. Provides effective indicators for staff education needs.
5. Provides feedback about deficiency in the care that needs corrective action.
6. Provides data base for corrective action.
7. Promotes cost containment.

The evaluation process:

To conduct an evaluation of patient care, the nurse leader uses a four-step evaluation process:

1. Establishing standards and criteria:

In order for quality to be measured within health care, standards and criteria of achievement need to be established.

Structure, process and outcome or any combination of these is the common approach to evaluation.

Structure approach	Process approach	Outcome approach
Focuses on the delivery system by which nursing care is implemented.	Focuses on the nursing activities performed by nursing personnel particularly nursing tasks.	Focuses on the results of care (outcome) administered to the patient (patient welfare).
<p>It includes evaluation of:</p> <p>Physical environment & building.</p> <p>Policies, procedures, roles & regulations.</p> <p>Job description.</p> <p>-Staff number and mix, - Orientation and in-service schedules.</p> <p>-Equipment. Ancillary & paramedical services</p>	<p>It includes evaluation of:</p> <p>-Assessment techniques & procedures.</p> <p>-Methods of delivering nursing care.</p> <p>-Methods of patient education.</p> <p>-Methods of documenting.</p> <p>-The competence of staff carrying out nursing care.</p>	<p>It includes:</p> <p>Recovery rate.</p> <p>Mortality rate.</p> <p>Patient's satisfaction.</p> <p>Patient's behavior.</p> <p>Patient's knowledge.</p> <p>Patient's self-care.</p>
<p>Structure</p> <p>↓</p> <p>Resources</p> <p>↓</p> <p>What you need</p>	<p>Process</p> <p>↓</p> <p>Action</p> <p>↓</p> <p>What has to be done</p>	<p>Outcome</p> <p>↓</p> <p>Results</p> <p>↓</p> <p>Outcomes</p>

Example for evaluating patient care:

A problem concerning staff safety. Staff, both nursing and non nursing have received an injury from disposed, used sharps.

Standard statement:

All sharps will be disposed of without injury to members of staff.

In order to meet this standard, there are some essential structure, process and outcome **criteria:**

Structure criteria:

Policy for sharps disposal.

Staff has knowledge of this policy.

Sharps safe box, polythene bag and label.

Process criteria:

The nurse places all used sharps in the sharps safe box immediately.

The container is closed when it is three-quarters full.

The container is placed in a polythene bag and labeled for incineration.

Outcome criteria:

All sharps are successfully incinerated.

No injuries to staff from sharps reported.

2. Collecting data:

The collecting instrument may be:

- Rating scale.
- Checklist.
- Anecdotal record.

Sources of data:

1. Direct data that can be collected by observing the actual performance being evaluated.
2. Indirect data that can be collected by assessing the product or the outcome of the event from written records that document the event.

Compare and make judgement:

Comparing the data collected with the established criteria and making a value judgement about it, to determine if the criteria are met and the extent to which each criteria is met.

Corrective action and follow-up:

Is based on the results of the previous step to ensure good quality of patient care services.

Mechanism for Evaluation of Patient Care**The nursing audit:**

It is a method for evaluating the quality of nursing care through appraisal of the nursing process or outcome of care as it is reflected in the patient care records.

Nursing audit is a comparison of care given (as shown on the record) with the standard of care (as set up acceptable by the individual institution).

O.R.

Nursing audit is the examination of a patient's records to determine the degree to which nursing care was satisfactory according to the prescribed standards and to collect data as a base for corrective action.

The purpose of a nursing audit:

1. To examine nursing care that has been given to clients and verify that acceptable standards are being met.
2. Auditing a patient's chart not only indicates what ought to be included, but also that the care given is documented.
3. To improve the quality of care and the need to prove that quality care was delivered.
4. For demonstrating the value and benefits of nursing services.

Nursing audits can be either concurrent or retrospective.

Concurrent audit:

Ongoing at the time of the patient's hospitalization. The concurrent quality audit would be conducted while the patient is in the care process.

Retrospective audit:

An audit is done after discharge. The retrospective audit typically uses a random sample of charts of patients' previously served.

Comparison between the concurrent and retrospective audits.

Concurrent Audit	Retrospective Audit
Purpose: To assess the patient's care (or service) in the presence of the patient	 To assess the care that already being received by the patient after his discharge (or finished care).
Techniques: 1. Open chart auditing 2. Patient interview / or observation 3. Staff interview / or observation 4. Group conferences (which involves the patient, family & Staff)	 1. Closed chart auditing 2. Post-care patient interview 3. Post-care patient questionnaire 4. Post-care staff conference.
Advantages: 1.Provides information for care-givers that helps to modify the patient's care plan 2.Immediate corrective actions can be implemented.	 1. Easy to conduct and less time consuming 2. Useful to modify and improve the quality of care provided for the patients served after the audit conducted. 3. Useful to reflect the overall picture of the organization's service.
Disadvantages: Costing and time consuming	 1.Not useful for the affected patient. 2.Difficult to be conducted if the charts are incomplete, unclear or not available.

Importance of the audit to nurses:

1. Increases nurses' awareness of the importance and value of nursing care.
2. Provides nurses with guidelines for developing discharge plans.
3. Increases learning about patient care problems.
4. Stimulates nurses' interest in clinical nursing research.
5. Performance appraisal

Lecture 15

Performance appraisal

It is a periodic formal evaluation that attempts to evaluate the individual employee and the extent to which he/she succeeds in his/her present job and shows promise for the future. It is one of the main control systems of the nursing division, regulating individual employee behaviors by measuring them against and modifying them according to specified job standards.

Purposes of performance appraisal:

Judgment purposes (Administrative decision):

When performance appraisals are accomplished for the purpose of:

1. Determining salary standard and salary increases and/or awarding merit increases.
2. Selecting qualified individuals for promotion and/or transfers.
3. Demoting or terminating employment due to unsatisfactory performance.

Developmental purposes:

Are predominantly educative and involve:

1. Providing career development by identifying career aspirations and setting realistic career objectives.
2. Motivating personnel toward higher achievement by providing feedback of job-related strengths and weaknesses and by encouraging the need to meet organizational standards.
3. Aiding manager's coaching and counseling to help the overcome employees' performance deficiencies.
4. Determining training and development needs of nurses.

Characteristics of an evaluation tool:

A good evaluation tool meets the following requirements:

1. **Utility:** The tool is actually useful in promoting change in employee behaviour.
2. **Simplicity:** it is easy to use, not requiring complicated procedure.
3. **Validity:** is the degree to which a tool measures what it intends to measure, i.e. it reflects the key job requirement; so as to measure the performance of tasks included in employee job description.
4. **Discrimination:** the tool should be capable of discriminating among individuals according to their performance.

5. **Event-oriented:** real behaviour not employee traits comprise the items.
6. **Appropriate weighting:** the tool balances categories on the basis of their importance.
7. **Reliability:** concerns stability and consistency of results when used for a series of measurements or used by different evaluators.
8. **Objectivity:** is the ability to remove emotionally from a situation so as to consider the facts without distortion by personal feelings.

Common problems in performance appraisal:

1. **Halo effect:** is the result of allowing one trait to influence the evaluation of other traits, or of rating all traits based on a general impression, i.e. overemphasize a positive event, overrates total performance.
2. **Horns effect:** opposite to the halo effect, overemphasize a negative event, underrates total performance.
3. **Central tendency error:** performance is not observed or medium rating given for all tasks.
4. **Leniency/ strictness error:** Rater tends to assign extreme ratings of either excellent or poor.
5. **Similarity error:** Rater uses him/herself as a standard and gives the highest rating to those who seem to be most like him/her.

Evaluation principles:

Certain principles must be followed to evaluate a subordinate's job performance accurately and fairly:

1. The employee's evaluation should be based on behaviourally stated performance standards for the position occupied.
2. Observe a representative sample of employee's total work activities.
3. Cite specific examples of satisfactory and unsatisfactory performance.
4. Indicate which job areas(s) have highest priority for improvement.
5. Purpose of evaluation is to improve work performance and job satisfaction, rather than to threaten or punish the employee for performance inadequacy.
6. Compare supervisor's evaluation with employee's self-evaluation.

The evaluation conference should be scheduled at a time convenient for nurse and manager, held in pleasant surroundings. It should allow adequate time for discussion.

Lecture 15

Cont.staffPerformance appraisal

Performance appraisal methods

A number of methods are commonly used in performance appraisal, the principal methods are divided into two general categories: comparative methods and absolute methods. It is possible to combine two methods or even one in one appraisal system.

A- Comparative methods

Ranking

Paired comparison

Forced distribution

B- Absolute methods

1. Graphic rating scale
2. Numerical rating scale.
3. Checklist.
4. Forced choice.
5. Critical incident diary
6. Behaviorally anchored rating scale.
7. Management by objective approach.

C- Management by objectives approach:

In this method, the employee and supervisor meet and agree on the principle duties and responsibilities of employee's job (the job description serves as a guide only after beginning employment).

Both of them specify performance goals or objectives and target dates.

Then they agree on the criteria that will be used for measuring and evaluating the accomplishment of goals.

The employee, with the help of supervisor, develop a plan for accomplishment of objectives.

Regularly, but more than once a year, the employee and the supervisor meet to discuss progress, also, the resources and support needed from others are identified.

When to evaluate?

- Formal evaluation should be conducted according to hospital policy. It may be:
 - a. Annually (every year).
 - b. Semi annually (every 6 months)
 - c. Quarterly (every 3 months)
- Informal evaluation in form of giving frequent feedback to facilitate employees' coaching and development.

Staff development

The concept of staff development:

The ever increasing rate of technological discovery leads to the vast amount of knowledge to be learned, it has become necessary that various education institutions, professional and voluntary organizations and health care agencies be more actively involved in providing continued learning opportunities, "staff development."

Staff development: is a planned learning experience within and outside the agency in order to help a person perform more effectively as a person and as a worker.

Purpose of staff development:

The purpose of staff development is to promote quality of patient care by providing educational opportunities that are directed towards meeting learning needs of all nursing personnel.

Needs for staff development:

1. The rapidity of change fosters recognition of staff development.
2. The impact of new technology and the increase of sophistication of nursing science emphasized the need for continued learning.
3. The complexity of human relationships in a society with changing values and life styles requires development of leadership styles.
4. Introduction of new concepts in the nursing field as quality improvement, cost containment, changing methods of delivering nursing care has brought about a need for frequent interaction with staff development.

5. The changes that add to the complexity of management function give motive to the need for continuous development.

Organizational arrangements of staff development programs:

Nursing staff development may be provided through various organizational arrangements from:

- (1) Decentralization, i.e. with each patient care unit providing its own education and orientation.
- (2) Centralization in a separate nursing education department.
- (3) Centralization in an institution-wide department of education and orientation.

Recent trends lead towards the latter conformation, especially as accreditation outcome criteria blend professions more frequently. In this case, the education department may be located in nursing, under personnel management or elsewhere in the organization.

Components of staff development (Scope of Program Areas):

Staff development includes both formal and informal learning activities that relate to the employee's role either within or outside the agency. This means that any effort to improve an employee's knowledge, skills and attitudes should be considered staff development.

For many years, the National League of Nursing (NLN) designated the components of the in-service education program based on four program areas of personnel needs; these are:

1. Orientation.
2. Skill training.
3. Leadership and management development.
4. Continuing education

1. Orientation Program:

After needed personnel have been appointed to vacant positions in nursing departments, the new employees should be readied for work through a planned orientation program.

Orientation: is the process of acquiring a new worker with work environment so that he/she can relate quickly and effectively to new surroundings.

Objectives:

Orientation programs are usually designed to meet these objectives:

1. Make new employees feel wanted and needed by coworkers and supervisors.
2. Convince to achievement of agency goals.

Orientation for new employees consists of two parts:

1. Induction training: instructions given to an employee to acquaint him/her with agency's overall purpose and function
2. Job orientation: instructions concerning specific job tasks that the employee must perform.

Skill Training Program:

- Is often a continuation of the orientation program, but should not be limited to new employees only, that when new techniques and procedures are to be introduced, the need for extensive skills training program is obvious for new and older employees as well.
- This program is directed towards providing employees with basic skills and attitudes required for the job or for revision.
- Such programs are also the best means for overcoming resistance to change.

Objectives:

Skills training programs are usually designed to meet these objectives:

1. Provide the hospital and patients with staff who know and are able to perform correct method.
2. Enable employees to meet standards established for quantity and quality of performance.
3. Promote job satisfaction and reduce friction.
 4. Develop employee's skills required for the efficient performance of his/her function.
 5. Help employee to be familiar with changes in methods and techniques.
6. A skill does not refer only to manual or technical skills, but includes skills in dealing and working with people, patients, as well as peers.

Content:

The program covers:

- Technical and manual skills.
- Communication skills, which are vital to good nursing care and to teaching.

Leadership and Management Development Program:

This program is directed towards equipping a selected group of employees for growing responsibilities and new positions in nursing.

Leadership and management development program may be **offered to:**

1. Personnel in any supervisory capacity who have had insufficient preparation in the necessary skills
2. Potentially capable personnel before they are assigned to management positions.

Objectives:

Leadership and management development programs are designed to meet these objectives:

1. Spread leadership and management competency among personnel (decentralized leadership).
2. Increased delegation of authority, developing professional accountability.
3. Promote good morale among administrative personnel, which in turn influence staff morale.
4. Reduce costly turnover in top position.
5. Assist the individual to project his/her own personality into the job using desirable concept of leadership and management.
6. Broaden selection possibility for promotion.
7. Meet the employee's needs for preparation for advancement when unable to obtain this through formal education.

Continuing Education:

It is a formal education, which can be offered in the form of workshops, seminars, conferences or courses.

Objectives:

Continuing education programs are designed to meet these objectives:

1. To assist nursing personnel to gain new knowledge and skills associated with new technologies.
2. To investigate new approaches in nursing.
3. To enhance and promote nursing leadership competencies.
4. To offer innovative and creative approaches to the nursing care of patients for the purpose of achieving improved competence in nursing care.

Program Planning

Basic elements for designing and implementing the program:

1. Identifying learning needs.
2. Establishing priorities.
3. Formulating objectives.
4. Selecting and organizing learning materials.
5. Designing plans for learning experiences.
6. Selecting teaching strategies.
7. Implementation.
8. Evaluation.

Controlling Major Concepts and Definitions

<i>Major concepts</i>	<i>Definitions</i>
CONTROLLING	Is defined as monitoring performance, comparing it with goals, and taking corrective action as needed.
QUALITY	is the process of determining the degree to which patient care services increase the probability of desired outcomes and reduce the probability of undesired outcome.
QUALITY OF CARE	is the process of determining the degree to which patient care services increase the probability of desired outcomes and reduce the probability of undesired outcome
QUALITY CONTROL	is the process which involves determining the extent to which a service matches some specified quality standards
QUALITY ASSURANCE	is the process of measuring the actual level of the service provided against the degree and defined standards and take positive action to modify services when necessary.
CONTINUOUS QUALITY IMPROVEMENT (C.Q.I)	is the process of monitoring structure, process and outcome indicators in order to identify signal events that will guide health care professionals in preventing patient care problems and improving already satisfactory patient services
STANDARD	is a descriptive professional statement of desired or agreed level of performance against which the quality of care (structure, process and outcome) can be judged. it must be observable, achievable and measurable.
(CRITERIA)	pre-determined measurable elements that will indicate if the standard is met and to what degree it is met
CLINICAL INDICATOR	Is a quantitative measure that can be used as a guide to monitor and evaluate the quality of important patient care activities.
NURSING AUDIT	Nursing audit is the examination of a patient's records to determine the degree to which nursing care was satisfactory according to the prescribed standards and to collect data as a base for corrective action.
PERFORMANCE APPRAISAL	It is a periodic formal evaluation that attempts to evaluate the individual employee and the extent to which he/she succeeds in his/her present job and shows promise for the future.
UTILITY	The tool is actually useful in promoting change in employee behaviour.
SIMPLICITY	It is easy to use, not requiring complicated procedure.
VALIDITY	is the degree to which a tool measures what it intends to measure, i.e. it reflects the key job requirement; so as to measure the performance of tasks included in employee job description
DISCRIMINATION	The tool should be capable of discriminating among individuals according to their performance.
EVENT-ORIENTED	Real behavior not employee traits comprise the items.

APPROPRIATE WEIGHTING	The tool balances categories on the basis of their importance
RELIABILITY	Concerns stability and consistency of results when used for a series of measurements or used by different evaluators.
OBJECTIVITY	Is the ability to remove emotionality from a situation so as to consider the facts without distortion by personal feelings.
HALO EFFECT	Is the result of allowing one trait to influence the evaluation of other traits, or of rating all traits based on a general impression, i.e. overemphasize a positive event, overrates total performance.
HORNS EFFECT	Opposite to the halo effect, overemphasize a negative event, underrates total performance.
CENTRAL TENDENCY ERROR	performance is not observed or medium rating given for all tasks
LENIENCY/ STRICTNESS ERROR	Rater tends to assign extreme ratings of either excellent or poor
SIMILARITY ERROR	The rater uses him/herself as a standard and gives the highest rating to those who seem to be most like him/her.
STAFF DEVELOPMENT	is a planned learning experience within and outside the agency in order to help a person perform more effectively as a person and as a worker.
CENTRALIZED APPROACH OF STAFF DEVELOPMENT PROGRAM	In the centralized approach, the education department sets the pace and assumes the leadership position.
DECENTRALIZED APPROACH OF STAFF DEVELOPMENT PROGRAM	In this approach, the responsibility, authority and accountability rests at the level most affected by the action.(unit level
ORIENTATION	is the process of acquiring a new worker with work environment so that he/she can relate quickly and effectively to new surroundings
SKILL TRAINING PROGRAM	Is directed towards providing employees with basic skills and attitudes required for the job or for revision.
LEADERSHIP AND MANAGEMENT DEVELOPMENT PROGRAM:	This program is directed towards equipping a selected group of employees for growing responsibilities and new positions in nursing
CONTINUING EDUCATION PROGRAM	It is a formal education, which can be offered in the form of workshops, seminars, conferences or courses.