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NURSING MANAGEMENT AND LEADERSHIP

Semester VI

As per the Revised INC Syllabus for BSc Nusring

Previously Known as Newer Trends in Management of Nursing Services and Education

Alamelu Venkataraman



Dr. Wise
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Foreword
Latha Venkatesan

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3 CHAPTER

Recent Trends and Issues of Nursing Service and Management

LEARNING OBJECTIVES

This chapter imparts learning about:
- Current Trends and Issues of Nursing Services
- Current Trends and Issues of Nursing Management

INTRODUCTION

Nursing service administration is more exciting and as well as more challenging than ever before. Effective nursing administration offers a wide range of opportunities to innovate, to grow personally, and to inspire patient care excellence. The task of managing, organizing, delivering, and improving safe and effective nursing care in this changing health care environment requires sound managerial skills. The main challenge in nursing management faced by nurses today is how to facilitate safe, reliable, cost-effective high quality patient care in today's challenging environment. Nursing service administration is a process of planning, organizing, leading, and controlling the efforts of the members of the organization. It is the effective utilization of available resources to achieve the pre-established goals of the organization that is to bring better quality patient care outcomes.

CURRENT TRENDS IN NURSING SERVICES

Patient safety is the most fundamental principle of any healthcare service. No one should be harmed in health care; however, there is compelling evidence of a huge burden of avoidable patient harm globally across the developed and developing healthcare systems. This has major human, moral, ethical and financial implications. Patient safety is most important in nursing care.

Common Issues that is Encountered While Caring Patients by Nurses

- Medication errors.
- Surgical errors.
- Health care-associated infections.
- Hospital acquired infection.
- Infection and sepsis.
- Diagnostic errors.
- Patient falls.
- Pressure ulcers.
- Unsafe transfusion complications.
- High rocketing health care cost.
- Overcrowding, early discharge, increasing re-admission.
- Ethical and legal issues.
- Communication errors.
- Disruptions in workflow and care coordination.
- Resource constraints.
- Inadequate staffing and competency development.
- Problems arising from health information systems, such as problems with electronic health records or medication administration systems, and misuse of technology.
- Communication breakdown among healthcare workers, within healthcare teams, and with patients and their families, ineffective teamwork, fatigue, burnout, and cognitive bias.
- Knowledge explosion, self-medication by patients and complications arising from self-medication.
- Absence of policies, inconsistent regulations, economic and financial pressures, and challenges related to the hospital environment.
- To solve the above issues effective nursing management is warranted, we can see there are lots of issues in nursing management also.

CURRENT TRENDS AND ISSUES IN NURSING MANAGEMENT

Current Trends in Nursing Management

- Emphasis on quality, patient safety, benchmark, and accreditation.
- Patients' average length of stay in the hospital need to be reduced.

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- Growth of outpatient care is increasing.
- High rocketing health care cost that is not affordable to a common man.
- Shifting trends in demographics—born earlier and living longer, living with chronic illness.
- Long-term care and assisted living is very important for nurses.
- Emphasis on prevention and quality of life in health care industry.
- Consumerism and E-Health, rapidly changing technology.
- Complementary and alternative therapy in nursing.
- Disparities in urban and rural health care.
- Globalization of health.
- Legal and ethical issues in nursing.
- Terrorism/bioterrorism, disaster nursing.
- Web-based nursing degrees.
- Generational diversity–work force differences in attitude, work habits and expectation.

Current Issues in Nursing Management

Global Shortage of Nurses

Why There is a Shortage of Nurses? Some of the major causes of shortage of nurses are steep rise in population growth, majority of nurses are retiring, job opportunities within the healthcare system is expanding and nurses report high level of job dissatisfaction. As of December 2020, the Indian Nursing Council reported 2.4 million registered nurses in India. Studies shows that Shortage of Nurses over 2 million in India, with a nurse-to-population ratio of 1.7:1000, falling short of the WHO recommended standard of 3:1000.

At present we have ANM – 996962, RN RM – 2546327, LHV – 57167 as on December, 2022. Assuming 80% availability of nursing personnel, the nurse-population ratio is 1:476. As per the recommendation of WHO three nurses for a population of 1000. In India, ratio stands at 1.9 per 1000 people. The nurse to doctor ratio is estimated to be 1.7:1 in India, on the basis of NSSO data, 6 Number of beds available per 1000 population. As per National Health Profile 2018, India had 1 bed per 1844 population or 0.54 beds per 1000 population. As per National Health Profile 2021, India has 8,25,235 beds or 0.6 beds per 1000 population.

Shifting Trends in Demographics

Due to the advancement in public health and clinical care, the life span of individuals is increasing rapidly. India is in a phase of demographic transition, has already acquired the label of 'aging nation'. The population of elderly people in India is 57 million and it is projected that India will have 324 millions of elderly by 2050. 75% of these will occupy the rural community. They live with chronic illness that needs greater attention. This is a challenge for both community and hospital nurse administrators. Greater the life expectancy, individuals with acute and chronic illness, psycho-social and other age related problems are increasing. Long-term care and assisted living are recent trends. Nurses have high scope to work in geriatric settings and chronic care clinics/setting. Nurse administrators need to plan and organize geriatric care settings, develop policies and facilities for elderly care. Further, they need to develop geriatric specialized nurses with nursing care competencies to care such population.

The strengthening of primary health care is essential in addressing the burden of chronic diseases as well as in reaching the most vulnerable population and nurse's play a key role in this area. To make best use of nurses in the health system, they should be encouraged and supported to perform at their highest potential.

Health Informatics System

Health information technology (HIT) is using computers to store, protect, retrieve and transfer information electronically within the healthcare system. Though, INC has introduced this subject in nursing curriculum recently, many senior nursing personnel may not be exposed to these trends.

Nurse managers at various levels need to know the benefits of using computers and its application in nursing practice, and administration such as patient informatics system, nursing informatics system, electronic documentation diagnosis and treatment packages. It poses a great challenge to nurse mangers to get updated knowledge on telehealth, video conferencing, telenursing among themselves and among all nurses.

Today, nurse administrators use computers for financial administration to monitor the cost of nursing services and to compare the expenses between the past and the present. Computers help in the calculating of salary and benefits and tax calculation for all nurses and health workers. At the same time, it helps to assess the bills of the hospitals paid. It ensures the administrator that the health care given to patients are cost-effective and efficient. Computers evaluate the quality assurance program of the hospitals and the utilization of available resources appropriately. Computers help to justify new roles and job description of nursing personnel, and estimation of staff and scheduling.

Globalization

Nursing services need to address health issues such as emerging and remerging infection that result from globalization.

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There is an epidemiological transition in the world. Apart from Noncommunicable diseases (NCD) such as diabetes, hypertension cerebrovascular accidents (CVA) cancers, and accidents, re-emerging infectious diseases like Swine flu, Leptospirosis, chicken guinea, malaria are highly prevalent. TB (tuberculosis) is back again due to drug resistance. HIV/AIDS is also posing issues.

Nurse managers of hospitals and community need to strengthen their primary role of a case manager, and they have varied caseloads of individuals and families whom they assist with illness oriented concerns.

Consumerism

We are living in the era of consumerism. Our consumers expect safety and quality care in clinical settings. When nursing care is inadequate, there is a greater overall incident of adverse events which are commonly patients' fall, pressure ulcers, urinary tract infections, developing ventilator associated pneumonia, etc., that needs a greater attention. Our consumers are more knowledgeable today. This poses a great challenge for nurses and nursing administrators. Nurses need to have significant leadership role in designing patient care delivery system. Care environment element must be optimized alongside nursing staffing and education to achieve high quality care. Nurse administrators need to develop clinical pathways to support implementation of practice standards, clinical guidelines, patient care protocol and clinical audit. Clinical supervision, continuity of staffing, more effective nurse-patient ratios and educational preparation of nurses are to be strengthened. Nurses must do nursing functions. Nurses need to exhibit exemplary professional nursing practices by providing safe and quality care, protecting patients and avoiding risk or legal liabilities, protecting reputation of the organization and preventing illegal and unlawful practice.

Lack of Empowerment and Autonomy

Within the clinical setting, nurses are not able to make decision that affects the design of facilities, process of management and delivery methods which in turn affects patient care. Even with higher education in nursing they are not empowered to make independent decision for patient care. Nurse administrators must exercise and promote transformational leadership role at all levels of their work and continue to encourage multidisciplinary collaboration in care. At postgraduate level, advanced practice nurses (APN) are prepared. The role of APN is clinical expert, educator, researcher, consultants and manager. APNs have competency in making clinical judgments, leadership skills, are an agent of change, and help in collaboration and communication. They must be fully utilized.

Nurses are not Involved in Policy Making at Various Level

The nursing management structure is majorly managed by senior policy makers from the medical fraternity, and provides very little scope for nursing professionals to participate in policy decision-making and to bring about any reforms. Lack of coordination between the senior nursing positions under the Department of Family Welfare/ Department of Medical Services (DMS) and Director Medical Education (DME) is seen as one of the issues.

The weak supervisory structure for nursing staff both in clinical and public health cadres may be partially explained by the absence of nursing leadership positions at the state directorates.

Nurses to be included in all level of policy making. Accountability, autonomy and empowerment are closely related. In shared governance model, the traditional controlling roles of management must be replaced by a system which recognizes the importance of supporting nurses and nurse administrator need to reflect on respect, justice and trust in work place.

Special task force committee of TNAI developed job description and suggested restructuring of nursing services at various level stressing involvement of nurses in policy making.

Cost of Health Care

It is a major issue. The high rocketing price in hospitals for outpatient as well as in-patient care is alarmingly increasing. A common man cannot afford the cost for health care today. To make patient care cost-effective, nurse managers implement the best practices evidence informed in clinical setting. They need to bring innovation in patient care to reduce the number of days in hospital stay and promote early discharge. They must utilize the services of postgraduate nurses with advanced nursing practice preparation in the clinical nursing care. The administrators should make aware of nurses regarding health insurance schemes available for individuals and they can help patients to utilize such benefits through health insurance agencies.

Role Conflict and Poor Interpersonal Relationship

Role conflict in nursing occurs when nurses are confronted with incompatible role expectations in nursing. When nurses disagree about what the expectations are for a particular role or when someone simply has difficulty in satisfying expectations because their duties are unclear, too difficult, or disagreeable. These roles are

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based on institutional expectation, expectation from top level administration, expectations from peer group/ subordinates and patient's expectation.

Conflict occurs in members of any occupation including nursing. Personality clashes are highly common among nurses, as nurses are confronted with many physical and psychosocial stressful circumstances that affects not only for nurses themselves (e.g., burnout syndrome) but also for patients and their families.

Some of the causes of role conflicts are long working hours, inadequate information about job responsibilities, varied job expectation, unable to make prioritization in patients care, lack of autonomy and unable to make patient care decision for care. There is a generational diversity among work force working in a unit causing role conflict among nurses.

When nursing conflicts are not resolved, they can trigger many pressing problems in the work environment. It can lead to dissatisfaction, indiscipline, grievances, and poor interpersonal relationship among nurses. Unresolved issues can make some nurses feel that they are not part of the nursing service department. This causes poor morale and decreased productivity in organization. This also creates a great challenge for nurse administrators. They should define the role and responsibilities to nurses, and practice effective communication to enhance clarity of role. Good appreciation and rewards booster the morale of nurses. The nurse administrator must have conflict resolution skills and develop collaborative relationship with the members of the health team.

Inadequate Budget

Budgeting is a planning function of financial administration. It is an essential managerial tool. Nurse administrator requires sufficient funds to support quality services. Budget is required for salary of nursing personnel, equipment and supplies for patient care, maintaining day-to-day electricity, water supply, telephones, health education program, organizing in-service education program for nurses. Inadequate allocation of budget, and lack of knowledge and skills among nurse administrator in preparation of budget are some of the barriers in budgeting and inadequate budget negatively affect quality care outcome. Preparation of adequate budget for nurses and nursing care is a great challenge for nurse administrators.

Other Issues

Lack of personnel policies, hospital policies, inadequate budget for nursing service department, lack of motivation among employees, inadequate equipment and supplies, poor working condition and work schedule are some of the other issues it is a great challenge for nurse administrators to redesign and restructure nursing care delivery system.

- The nurse administrator should consider to re-engineering nursing information technology in academic and clinical work settings and manage constant change.
- The nurse administrator makes evidence-based decisions in organizational, clinical and academic system.
- Prepares nurses and faculty for health system transition.
- Practices servant leadership to transform nurses and work environment. The role of nurse administrator has been discussed in previous respective chapters as per the theory.

ISSUES IN MANAGEMENT OF EDUCATIONAL INSTITUTION

Educational leadership is a term applied to school administration that attempts to create a positive change in educational policy and academic processes. Educational leaders are trained to advance and improve educational system or institutions. They are utilized as school principals or administrative head or an academic Dean. Impact of educational trends in academic leadership:

- **Entry to nursing practice is BSc nursing:** Many countries in the world has accepted a BSc nursing, as a required entry level qualification to nursing practice. In India still we have diploma in nursing program.
- **Educational mobility:** The outcome of educational mobility is the educational advancement of nurses prepared at levels on the educational continuum lower than the Baccalaureate degree. Educational mobility enables an individual to move from one educational level to another with acknowledgment of acquired competencies and minimal repetition of previous learning. The development and implementation of efficient and creative methods for identifying and evaluating prior learning; experience is the responsibility of nurse educators.
- **Education in a university without wall:** Online nursing degree programs is common now, and students can advance their careers in best universities. Students should be prepared to spend two or three years for earning their master's degree in nursing online, and graduates can then be certified with an advanced license as a nurse. The best online nursing degree programs, include faculty credentials, and academic credit courses after graduation.
- **Computerization in nursing:** It necessitates the faculty to be literate in computer use. Today apart from computer-assisted teaching, university has started

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with online theoretical examination and evaluation of nursing students.

- **Globalization in nursing:** Globalization has created a world market mobility for nurses. There should be a mechanism to compare nursing education and qualifications of nurses against global standards. Because all countries have specific requirements related to technology and disease prevalence, as well as cultural, social, and environmental differences. There is a possibility of nonuniformity in nursing education. The challenge is to develop appropriate procedures and systems to cover foreign university's program in order to maximize the benefits and limit the potential drawbacks of internationalization of higher education in nursing.
- **Increased community-based competencies:** Community-based competencies are required for nurses today as most of the patients are coming from different communities. The learner should be prepared with behavioral competencies relate to nursing performance and work setting, professional knowledge to improve work, integrated competencies and holistic competencies include professional attitude. Lifestyle modification to be taught to all patients along with discharge planning instruction.
- **Advance nursing practice (transition planning in hospital):** In order to become more advanced in nursing practice, nurses need to self-monitor, evaluate, and create opportunities for improvement that are required in their future position as an advanced nurse. She must possess clinical nursing competencies, research competencies, leadership competencies and consultation and collaborative competencies.
- **Clinical teaching models:** Nursing is a practice discipline. Excellent nursing teachers focus on individual students' learning growth, and clinical teaching enables them to do this by assessing, monitoring and evaluating their impact on learning and adapting the subject to meet the needs of each student–rather than expecting the student to keep up regardless of their circumstances. Various clinical teaching method are used to improve and translate the theory into practice.
- **Faculty nurse practitioners:** A newer concept where nursing teachers take over a patient unit or ward and take care of patients. They teach the student according to the curricular needs specific to their clinical posting. These faculty practice do interact with clients/patients, collaborate between the faculty member in academic setting, and clinical facility; transfer and integrate clinical role and evidence-based practice to nursing students; and conduct clinical research.
- **Community-based nursing**: It emphasizes client empowerment, health promotion and disease prevention services.
- **New pedagogy**: Learner-centered curriculum.
- Increasing specialization.
- Flexible curriculum design, student-teacher partnership.

SUMMARY

- Nursing service administration is a process of planning, organizing, leading and controlling the efforts of the members of the organization. It is the effective utilization of available resources to achieve the pre-established goals of the organization that is to bring better quality patient care outcomes.
- One of the major causes of shortage of nurses are steep population growth, majority of nurses are retiring. Job opportunities within the health care system is expanding and nurses report high level of job dissatisfaction.
- The population of elderly people in India is 57 millions and it is projected that India will have 324 millions of elderly by 2050. 75% of these will occupy the rural community. They live with chronic illness that needs greater attention. It has an implication for hospital and community health nursing practice.
- Today, nurse administrators use computers for financial administration to monitor the cost of nursing services and to compare the expenses between the past and the present. Computers help in the calculating of salary and benefits and tax calculation for all nurses and health workers. At the same time, it helps to assess the bills of the hospitals paid. It ensures the administrator that the health care given to patients are cost-effective and efficient. Computers evaluates the quality assurance program of the hospitals and the utilization of available resources appropriately.
- There is an epidemiological transition in the world. Apart from noncommunicable diseases (NCD) diabetes, hypertension, CVA cancers, and accidents, re-emerging infectious diseases like Swine flu, Leptospirosis, chicken guinea, malaria are highly prevalent. TB is back again due to drug resistance. HIV/AIDS is also posing issues.
- Within the clinical setting nurses are not able to make decision that affects the design of facilities, process of management and delivery methods which in turn affects patient care. Even with higher education in nursing they are not empowered to make independent decision for patient care.
- Nurses to be included in all level of policy making. Accountability, autonomy and empowerment are closely related. In shared governance model, the traditional controlling roles of management must be replaced by a system which recognizes the importance of supporting nurses and nurse administrator need to reflect on respect, justice and trust in workplace.

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- Some of the causes of role conflicts are long working hours, inadequate information about job responsibilities, varied job expectation, unable to make prioritization in patients care, lack of autonomy and unable to make patient care decision for care. There is a generational diversity in work force working in a unit also cause role conflict among nurses.
- Lack of personnel policies, hospital policies, inadequate budget for nursing service department, lack of motivation among employees, inadequate equipment and supplies, poor working condition and work schedule are some of the other issues.
- Educational leadership is a term applied to school administration that attempts to create a positive change in educational policy and academic processes. Educational leaders are trained to advance and improve educational system or institutions.
- Nursing leadership is the process of influencing nurses to accomplish goals of the hospital or nursing school. They innovate nursing practice and focus on nurses empowerment. Nurse leaders do influence fellow nurses to achieve long-term and short-term goals. Nurse leaders inspire nurses through personal trustworthiness and self-confidence. Nurse leaders communicate a vision that turns self-interest into commitment to nursing profession.
- The role of educational administration is a challenge for academicians. They need to have leadership skills, administrative skills and curriculum administration skill. This chapter also discussed current trends in nursing administration. Global shortage of nurses, cost of health care consumerism, globalization of health, inadequate budgeting, shift in demography, lack of personal and hospital policies, role conflict among nurses, poor interpersonal relationships lack of empowerment and autonomy have negative impact on quality of nursing care. The nurse administrator needs to address these issues with effective leadership and administrative skill.

REVIEW QUESTIONS

1. Discuss the trends and issues in nursing care services.
2. Describe the current trends in nursing management.
3. Explain current issues in nursing management.
4. What are the issues confronting academic administration in nursing in the country?
5. Write short notes on the following:
   a. Patient safety
   b. Globalization in nursing
   c. Nursing empowerment and autonomy
   d. Role conflict in nursing
   e. Implications of information technology in nursing education

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Alamelu Venkataraman PhD(N), Professor Emeritus (Life), is former Principal and Dean of Omayal Achi College of Nursing, Avadi, Chennai, Tamil Nadu, and former Director of Nursing Education and Research, Westfort College of Nursing, Westfort Academy for Higher Education, Thrissur, Kerala. She is an eminent leader, executive, academician, and researcher in the field of nursing. She held various positions in nursing such as staff nurse, head nurse, tutor, clinical instructor, lecturer, reader, and professor and was honored with Professor Emeritus in 2019. She held the post of Principal, Dean, and Director of nursing in the academic arena. She had been a visiting professor to the University of Saskatchewan, Canada, and Queen Margret University of Health Sciences, Edinburgh, Scotland. She has contributed to the revision of MSc (N) curriculum by the Indian Nursing Council in the field of obstetrics and gynecological nursing. As a clinical expert, she contributed to the standardization of documentation in the area of midwifery and obstetrics and gynecological nursing for undergraduate and postgraduate nursing programs organized by the Tamil Nadu Nurses and Midwives' Council, Chennai, Tamil Nadu. As a research guide and research supervisor for PhD nursing, the author guided 25 scholars who had already been conferred PhD award by various universities in India. As a national counterpart, she worked with Nurse Educator of the World Health Organization and developed curriculum for MCH (Nursing) for Government College of Nursing, Kanpur University, Uttar Pradesh. She has also worked on the Indo-Dutch project under Ganga Action Plan, to promote MCH care in the rural setting of Jajmau (Uttar Pradesh) and contributed to the decline of maternal and infant mortality rate. She was recognized and awarded by the government of India. She held the post of senate member for 12 years and continued as a member of board of studies in nursing in the Tamil Nadu Dr MGR Medical University, Chennai, Tamil Nadu, for 14 years. She has authored 11 golden nursing books. As a life member of the Trained Nurses' Association of India (TNAI), she contributed toward developing bylaws of TNAI and job description for nurse academicians in Indian colleges. She served as a member of the peer-review committee for Nursing Journal of India and Chief Editor of Journal of Nursing Administration (Indian version) published by Wolters Kluwer. Her contributions toward Indian women association (Kancheepuram Branch) are commendable. Dr Alamelu Venkataraman has been honored with many prestigious awards. To name few, University Gold Medal for academic excellence in BSc Nursing, Punjab University (1972), The President of India Gold Medal for highest academic excellence for Master of Nursing, Delhi University (1976), National Florence Nightingale award by the former President of India Smt Pratibha Devi Singh Patil for contributions to the community health (2008), TNAI Centenary Award by the former President of India Shri APJ Abdul Kalam to acknowledge her contribution toward the development of TNAI and her inspiring efforts toward the progress of nursing profession (2008), The Life Time Achievement award in recognition of her esteemed contributions toward nursing by the Tamil Nadu Dr MGR Medical University (2011), and International Nurses Day Award by Education Today, a leading publication in Chennai (2011), for outstanding nursing services. She is also a recipient of Lifetime Achievement Award from the TNAI, The Tamil Nadu Nurses and Midwives Council, Chennai, and the Infusion Nurses Society of (INS), India, (2019).

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