




# **CONCEPTUAL FRAMEWORK APPLICABLE TO NURSING ADMINISTRATION**

Asst Prof Irma I Almoneda, MAN, RN



**Objectives:** At the end of the session, the students will be able to:

1. Gain insights on the key concepts and principles in nursing administration.
2. Familiarize on the roles, functions, and responsibilities of a nurse administrator.
3. Differentiate the functions of a nurse executive and the nurse manager.
4. Appreciate the conceptual framework applicable to nursing administration.

# INTRODUCTION

- ❑ Society of Healthcare Strategy and Market Development (**SHSMD**) *changes in the landscape of healthcare continues* such as advancing science of medicine, technology, big data, uncertainty in payment models, and policy, new competition, partners and collaborators, holistic view of population health, engagement and behavior change, among others, improving health outcomes is receiving more attention requiring a “whole person” model of care that integrates all facets of a patient’s physical, mental, and emotional health.

- ❑ increased diversity in the workplace, (demographics, cultural affiliations) requires greater accountability for practice and new spiritual focus on the mind and body connection - a framework for nursing administration requires redesigning on various functions, roles, and responsibilities of a nurse administrator.
- ❑ Although productivity and cost concerns remain important, still it requires creativity, innovative leadership and management models.
- ❑ there should be an equal if not greater focus on safety, quality relationships and healing environments.
- ❑ a nursing administrator must possess knowledge on sound nursing and management theories along with evidence-based practice.
- ❑ a nursing administrator should be equipped with tools that foster a culture of collaborative decision making and positive patient and staff outcomes.

According to the Institute of Medicine (IOM), in order for the health system in the 21<sup>st</sup> century achieve real improvement in health care delivery, the whole system has to change and has identified **six (6) aspects for improvement as follows:**

1. Healthcare must be safe - do no harm
2. Healthcare must be effective - care is match with science (no underuse /overuse)
3. Healthcare should be patient-centered -- respect of patient
4. Healthcare should be timely - prompt attention to patient & caregiver
5. Health care system should be efficient - constantly seeking to reduce the waste (resources, time & opportunities)
6. Health Care should be equitable - does not prevent anyone from receiving high quality care

The core competencies required to educate the healthcare professionals underscore on the following:

1. Provide patient-centered care
2. Work in interdisciplinary teams
3. Use evidence-based practice
4. Apply quality improvement
5. Utilize informatics

**Nursing Administration Education** (joint position statement of the American Association of Colleges of Nursing (AACN) and the American Nurses Association (ANA)-- The core abilities necessary for nurses in administrative roles are as follows:

- ❑ The abilities to use management skills that enhance collaborative relationships
- ❑ Team-based learning to advocate for patients and community partners
- ❑ Embrace change and innovations
- ❑ Manage resources effectively
- ❑ negotiate and resolve conflict
- ❑ communicate effectively using information technology



- ❑ Content for specialty education in nursing administration includes such concepts and constructs as strategic management, policy development, financial management/ cost analysis, leadership, organizational development and business planning and interdisciplinary relationships.
- ❑ Being mentored by expert executive nurses engaging in research and enacting evidence-based management (e.g. Tracking of effectiveness of care, cost of care and patient outcomes).
- ❑ The scope and standards for Nurse Administrators provides a conceptual model for educating and developing nurses in the **professional practice** of administrative nursing **and health care**.





**Administration** n.(Cambridge English Dictionary)

- the arrangements and tasks needed to control the operation of a plan or organization

(Merriam-Webster) n. the activities that relate to running a company; school; or other organization

- a group of people who manage the way a company; school; or other organization functions

- a government or part of a government that is identified with its leader

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

- Google.com (n.) the process or activity of running a business, organization, etc.; the day-to-day administration of the company; the people responsible for this, regarded collectively.

**Synonyms:** management, direction, control, command, charge, conduct, operation, running, leadership, government, supervision, regulation, overseeing

**A nurse administrator** is responsible for management of the nursing staff in a health care facility. Nurse administrators are licensed registered nurses who often have advanced education and experience in the nursing field.

**Management** – (defined by Dictionary.com) as “the act or manner of guiding or taking charge” or “handling, direction, or control.”

Both definitions imply that management is the process of leading and directing all or part of the organization, often a business, through deployment and manipulation of resources. Managers then typically:

- ❑ Have an assigned position within the formal organization.
- ❑ Have a legitimate source of power due to the delegated authority that accompanied their position.
- ❑ Are expected to carry out specific functions, duties and responsibilities.
- ❑ Emphasize control, decision making, decision analysis, and results.

- ❑ Manipulate people, the environment, money, time and other resources to achieve organizational goals.
- ❑ Have a greater formal responsibility and accountability for rationality and control than leaders.
- ❑ Direct willing and unwilling subordinates.

(Source: Marquis and Huston, 2015)

**Leadership** has many meanings and there is no single definition broad enough to encompass the leadership process. Examining the word leader, leaders lead.

Leaders are individuals who are out front taking the risks, attempting to achieve shared goals, and inspiring others to action. Those individuals who choose to follow a leader do so by choice, not because they

have to . Kaiser et al. (2012) agree, suggesting that the essence of leadership is a social influence process where leaders use interpersonal behaviors to motivate followers to commit and give their best effort to contribute to group goals.

It is important to remember though that the job title alone does not make a person a leader but on the behavior.

The manager is the person who brings things about, the one who accomplishes, has the responsibility and conducts.

The leader is the person who influences and guide direction, opinion and course of actions. (Source: Marquis and Huston, 2015)

## Other characteristics of Leaders:

- ❑ Leaders often do not have delegated authority but obtain their power through other means, such as influence.
- ❑ Leaders have a wider variety of roles than managers
- ❑ Leaders may or may not be part of the formal organization
- ❑ Leaders focus on group process, information gathering, feedback and empowering others
- ❑ Leaders emphasize interpersonal relationships
- ❑ Leaders direct willing followers
- ❑ Leaders have goals that may or may not reflect those of the organization. (Source: Marquis and Huston, 2015)

# Two Levels of Nursing Administrative Practice (ANA)

1. Nurse Executive
2. Nurse Manager

Nurse Executive – top level position (the organization's executives/top administrators) – responsible for establishing goals and strategic plans for the organization. Some titles: CNE –chief nurse executive; CEO-chief executive officer; COO-chief operating officer

Nurse managers - accomplish the work of the organization regardless of type. Responsible for functions of the unit, e.g. staffing, safety and quality practice; customer satisfaction; budgeting; employee satisfaction, etc.




## Management Levels (Linda Roussel, 2013):

Nurse managers perform at several level in the healthcare organization but can be categorized as:

1. First-line patient care management (unit-level)
2. Middle management (department level)
3. Top management (executive level)

In some organization decentralization has displaced the middle management level and re-distributed department level functions to staff functions under a matrix of another organizational structure.

The middle management role is often reconsidered in work redesign effort particularly as leadership moves further from the clinical care.



The role of managers are developmental, building on knowledge and skills as the scope of the nurse manager's role increases in breadth and depth.

The middle management role is often reconsidered in work redesign effort particularly as leadership moves further from the clinical care. Middle nurse manager role are frequently eliminated, and clinical nurses become empowered through management education.

# COMPARISON BETWEEN MANAGERS AND LEADERS :

MANAGER / MANAGEMENT	LEADER / LEADERSHIP
<input type="checkbox"/> gains authority from a position in an organization	<input type="checkbox"/> gains authority from the ability to influence others to get work done
<input type="checkbox"/> articulates a clear vision for the organization	<input type="checkbox"/> a strategist
<input type="checkbox"/> focus on managing and maintaining equilibrium	<input type="checkbox"/> focus more on change
<input type="checkbox"/> a particular position in an organization	<input type="checkbox"/> does not require specific position
<input type="checkbox"/> nursing requires management	<input type="checkbox"/> nursing likewise requires leaders
<input type="checkbox"/> focus on managing and maintaining equilibrium	<input type="checkbox"/> focus more on change
<input type="checkbox"/> develop leadership	<input type="checkbox"/> inspires staff communicates

## COMPARISON BETWEEN MANAGERS AND LEADERS :

MANAGER	LEADER
<input type="checkbox"/> administers	<input type="checkbox"/> innovates
<input type="checkbox"/> is a copy	<input type="checkbox"/> is an original
<input type="checkbox"/> maintains	<input type="checkbox"/> develops
<input type="checkbox"/> accepts reality	<input type="checkbox"/> investigates it
<input type="checkbox"/> focus on systems and structures	<input type="checkbox"/> focus on people
<input type="checkbox"/> relies on control	<input type="checkbox"/> inspires trust
<input type="checkbox"/> has a short range view	<input type="checkbox"/> has a long range perspective
<input type="checkbox"/> asks how and when	<input type="checkbox"/> ask what and why
<input type="checkbox"/> has an eye always at the bottom line	<input type="checkbox"/> has an eye on the horizon
<input type="checkbox"/> imitates	<input type="checkbox"/> originates

## COMPARISON BETWEEN MANAGERS AND LEADERS :

MANAGER	LEADER
<input type="checkbox"/> accepts the status quo and are typically less able to handle unstable or non-routine situations	<input type="checkbox"/> persuasive and able to convince others. They ask questions, take risks and challenge by change
<input type="checkbox"/> a classic good soldier	<input type="checkbox"/> his/her own person (Bennis & Goldsmith 1997)
<input type="checkbox"/> a good manager does things right	<input type="checkbox"/> a leader does the right thing (Bennis & Goldsmith 1997)

☐ managers therefore are different from leaders not only in what they do but also how they do their work, staff roles and authority.

☐ successful leaders need to commit to lifelong learning & improvement and likewise encourage staff members to pursue lifelong learning goals and serve as coaches and mentors.

Drucker(2004) suggested that to be effective executives need not be a leader however, every effective executive follow simple practices divided into three categories:

**I. Practices that Give Executives the Knowledge They Need:**

1. They asked: “What needs to be done?”
2. They asked: “What is right for the enterprise?”

**II. Practices that Help Executives Convert Knowledge Into Action:**

1. They develop action plans.
2. They took responsibility for decisions.
3. They took responsibility for communicating.
4. They were focused on opportunities, not problems.

### III. Practices that that the Whole Organization Feels Responsible and Accountable

1. They ran productive meetings.
2. They thought and said. “we” not “I”

Effective management appears to be a result of artful balancing. Managers need to function at the point at which reflective thinking combines with practical doing (Gosling & Mintzberg, 2003).

**Gosling & Mintzberg (2003)** also described the managerial mind-sets within the bounds of management, managers interpret and deal with their world from the following five (5) perspectives:

1. Reflective mind-set: Managing self
2. Analytic mind-set: Managing organizations



## Gosling & Mintzberg (2003) (5) perspectives (cont):

3. Worldly mind-set: Managing context
4. Collaborative mind-set: Managing relationships
5. Action mind-set: Managing change

# Mintzberg's 10 Managerial Role

## CATEGORY 1 – Informational

ROLE	ACTIVITY	EXAMPLES
1. <i>Monitor</i>	Seek and acquire work-related information	Scan/read trade press, periodicals, reports; attend seminars and training; maintain personal contacts
2. <i>Disseminator</i>	Communicate/ disseminate information to others within the organization	Send memos and reports; inform staffers and subordinates of decisions
3. <i>Spokesperson</i>	Communicate/trans mit information to outsiders	Pass on memos, reports and informational materials; participate in

# Mintzberg's 10 Managerial Role (cont.)

## CATEGORY 2 – Interpersonal



ROLE	ACTIVITY	EXAMPLES
1. <i>Figure-head</i>	Perform social and legal duties, act as symbolic leader	Greet visitors, sign legal documents, attend ribbon cutting ceremonies, host receptions, etc.
2. <i>Leader</i>	Direct and motivate subordinates, select and train employees	Includes almost all interactions with subordinates
3. <i>Liaison</i>	Establish and maintain contacts within and outside the organization	Business correspondence, participation in meetings with representatives of other divisions or

# Mintzberg's 10 Managerial Role (cont.)

## CATEGORY 3 – Decisional

ROLE	ACTIVITY	EXAMPLES
1. <i>Entrepreneur</i>	Identify new ideas and initiate improvement projects	Implement innovations; Plan for the future
2. <i>Disturbance Handler</i>	Deals with disputes or problems and takes corrective action	Settle conflicts between subordinates; Choose strategic alternatives; Overcome crisis situations
3. <i>Liaison</i>	Establish and maintain contacts within and outside	Business correspondence, participation in

# Mintzberg's 10 Managerial Role (cont.)

## CATEGORY 3 – Decisional



ROLE	ACTIVITY	EXAMPLES
4. <i>Resource Allocator</i>	Decide where to apply resources	Draft and approve of plans, schedules, budgets; Set priorities
5. <i>Negotiator</i>	Defends business interests	Participates in and directs negotiations within team, department, and organization

## Role Characteristics of the Nurse with unit-Based or Service-Based Authority (Anita Finkelman, 2012):

1. Promoting care delivery with respect for individuals' rights and preferences;
2. Participating in nursing and organizational policy formulation and decision-making involving staff, such as shared governance;
3. Accepting organizational accountability for services provided to recipients;
4. Evaluating the quality and appropriateness of health care;
5. Coordinating nursing care with other healthcare disciplines and assisting integrating services across the continuum of health care;

6. Participating in the recruitment, selection, retention of personnel including staff representative of the population diversity;

7. Assessing impact of plans and strategies to address such issues as:

- ✓ Ethnic, cultural and diversity changes in the population
- ✓ Political and social influences
- ✓ financial and economic issues
- ✓ the aging of society and demographic trends
- ✓ Ethical issues related to health care

8. Assuming oversight for staffing, and scheduling personnel considering scope of practice, competencies, patient needs, and complexity of care;



9. Providing appropriate orientation to new staff, and providing individual feedback on staff development and progress;
10. Encouraging staff members to attain education, credentialing and continuing professional development;
11. Evaluating performance of personnel in a fair and transparent manner;
12. Developing, implementing, and monitoring the budget for their defined area(s) for responsibility;
13. Participating in and involving the nursing staff in evaluative research activities to promote evidence-based practice;
14. Facilitating educational experience for nursing and other students;

15. Encouraging shared accountability for professional practice;

16. Advocating for a work environment that minimizes work-related illness and injury;

17. Reporting any injuries or safety hazards, and taking corrective action as quickly as possible;

18. Providing an open forum for communication with staff, allowing them ample opportunities to discuss issues and seek guidance; and

19. Understanding and complying with state and federal laws concerning the healthcare services and practice they manage, and complying with the all facility regulations and policies. (Source: ANA (2009) Nursing Administration: Scope and Standard of Practice Silver Springs MD.pp 16-18) .

-The image of nursing demonstrates that it is an exciting career, not a profession that does not change.

### Characteristics of a rapidly changing environment:

- ☐ New medical knowledge and technology;
- ☐ Managed care and complex reimbursement system;
- ☐ Greater use of a variety of setting where care is provided outside of acute care hospitals;
- ☐ Increase in the uninsured and underinsured;
- ☐ Greater diversity in patients and healthcare workers;
- ☐ Need to increase use of evidence-based practice;
- ☐ Role changes ( increasing use of unlicensed assistive personnel and others) and implications for nursing roles and functions;

- ❑ Use of advanced practice nurses, clinical nurse, clinical nurse specialists, physician assistants and hospitalists/intensivists;
- ❑ Need for greater collaboration and interprofessional education and practice to prepare nurses and other healthcare professional to work on interprofessional teams;
- ❑ Greater importance on the consumer, the patient and the patient's family;
- ❑ Lack of healthcare policy or limited policy development in many areas such as mental health, the uninsured, prescriptions for the elderly, chronic illness and changing population demographics

# NURSING ADMINISTRATION:



**NM – Nurse Manager**  
**NE – Nurse Executive**



## References:

Finkelman, Anita (2012). Leadership and Management for Nurses Core Competencies Pefor Quality Care. Second Edition. Pearson: USA.

SHMD <https://www.shsmd.org/resources/bridging-worlds2.0/evolving-healthcare-landscape>

Merriam & Webster <http://www.merriam-webster.com>

Mintzberg, Henry. Ten managerial Roles. <http://management.atwork-network.com/2008/04/15/mintzberg%E2%80%99s-10-managerial-roles>

Nursing Admin at Mosul pdf. <http://nursing.uomosul.edu>

Marquis Bessie L. and Huston, Carol J. (2015).  
Leadership Roles and management Functions in Nursing,  
Theory and Application. 8<sup>th</sup> Philadelphia: Wolters Kluwer  
Health/Lippincott Williams and Wilkins (Printed in China)

Rowland, Howard S. and Rowland, Beatrice L. (1997).  
Nursing Administration Handbook 4<sup>th</sup> Edition. Maryland  
USA: Aspen Publication