

## Looking Nursing Administration in Today's Perspective

**Esther S. Joseph**

Nursing Superintendent Grade I, Govt. Medical College and Hospital, Nagpur, India.

### Abstract

This article describes the roles and responsibilities of nurse administrators. It also highlights the constraints and the strategies a nurse administrator should adopt. The success of the patient care and the reputation of the hospital depend to a large extent on the efficiency and the tender loving care extended by the nursing staff. Ensuring high level of nursing care is therefore a big challenge for the hospital administrator. Nurses constitute a large portion of the total number of employees in any hospital. The sheer magnitude of the nursing department necessitates strict compliance with the conventional principles of organizational structure and function. Although the job of nurse managers is stressful, the question arises: are nurse managers working in our current healthcare settings, with their constant change and complexity, realistically able to attend to the dimension of the role that includes being employee oriented with a focus on relationships, building teamwork, and employee identification with the organization? The purpose of the article is to benefit the nursing service administration keeping in mind the current scenario in nursing administration.

**Keywords:** Nurse Manager; Nursing Administration; Nursing Administrator's role; Constraints; Strategies.

### Introduction

In today's fast-paced, complex and highly regulated health care environment, it is essential to achieve patients' recovery as rapidly as possible and so that ultimately with full satisfaction patients leave the hospital [5]. Studies have shown that satisfaction with nursing care is the best indicator of patients' satisfaction with healthcare facilities.

Nursing care is one of the significant components in the patient care administration.

1. It consists of helping the patients in monitoring personal hygiene, helping in nutrition, environmental sanitation, examination, maintaining body temperature, providing safety and comfort, helping in respiration, rest, sleep and exercise, helping in adaptability, providing

health education etc. Nursing has always been directed to keep people healthy and provide comfort, care and assurance to the patients. The nursing care therefore may involve any number of activities ranging from carrying out complicated technical procedures to something as simple as holding a hand of the patient. The central focus of nursing care is the person receiving care and included the physical, emotional, social and spiritual dimensions of that person. Nursing care therefore refers to care of others.

2. Evaluating to what extent patients are satisfied with nursing care, is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care.
3. Continue using health care services and stay within a health provider (where there are some choices).
4. In addition, nursing professionals may benefit from satisfaction surveys that identify potential areas for service improvement and health

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**Reprint Request:** E. S. Joseph, 647, Giripeth, Canal Road, Nagpur, Maharashtra- 440010.  
E-mail: [sudhirjoseph@gmail.com](mailto:sudhirjoseph@gmail.com)

expenditure may be optimized through patient guided planning and evaluation.

5. Patients' satisfaction with nursing care is an important component for all health care professionals. This is especially true when attempts are being made to measure or change the quality of health care services in a hospital. From a patient perspective, their satisfaction with care can be influenced by several factors such as their expectations, attitudes and prior experience with hospital care. Finally, satisfaction with care is an area of concern that has to be addressed when nursing care is being monitored because caring has been recognized as being central to nursing practice, but perhaps it has never been more important ever before than today.
6. Patients' satisfaction with nursing care has been a long standing concern of policy makers, administrators, teachers as well as researchers. None-the-less, its utility as a predictor of outcomes of hospital nursing care has not been conclusive, although some evidence supports relationship between satisfaction with nursing care and health care outcome.
7. Nursing profession has often used patients' outcome as a measure to evaluate the health care services provided to patients. In other words, patients' satisfaction assists in the evaluation of the nursing care efficiency. Moreover, it also assists in bringing improvements in the established nursing practices. Above all patients' satisfaction has become an outcome indicator of quality and efficiency of a composite health care system. Patients' satisfaction measurement can also be seen as a therapeutic intervention, an important criterion for making and evaluating organizational and administrative decisions, and a tool for patient client marketing or also as an ethical obligation which has the potential to humanize care. Patients' satisfaction with nursing services gained significant importance, owing to the nature of nursing.

#### *Nursing Administrators Role*

Nursing roles and administrative responsibilities have changed over the past 10 years [1]. Although nurses' choices in graduate educational programs have been documented by the American Association of Colleges of Nursing and the National League for Nursing, little empirical data exist related to specific role changes. The purpose of this study was to describe current responsibilities of nurse administrators and their perceptions regarding role

changes in their organizations. This study identified educational recommendations of nurse administrators for nurses pursuing graduate degrees with implications and recommendations for nurse leaders.

Such leadership includes the qualities of a transformational leader and, to a lesser extent, a transactional leader [2]. A study conducted among excellent nurse executives and members of their immediate staff showed that all executives were predominantly transformational leaders but also possessed transactional leadership skills.

Nurse Manager's behaviors and job satisfaction are commonly addressed in the literature; however, registered nurse perceptions of nurse manager behaviors provide a unique perspective that may inform future strategies designed to enhance RN job satisfaction [3]. The purpose of this study was to assess the perceptions of registered nurses that were explored through focus groups to learn the behaviors of nurse managers that most influence registered nurse's job satisfaction. Five focus groups were conducted through semi-structured interviews of a total of 28 RNs to provide data that were coded through qualitative content analysis for themes. The findings provide nurse managers with data related to the perceptions of RNs and the behaviors of managers that influence job satisfaction. In relation to the focus group's discussions, a disconnection was identified between the perceptions of the RNs regarding their actual work issues and the nurse manager's role on the hospital unit. There were five themes that emerged in the category of RNs perceived disconnect between work issues and the manager's role. The daily role, manager meeting time, visibility of nurse managers, no longer a nurse, and RN preferences for the nurse manager role.

Findings support past research in relation to the perceptions of RNs wanting to be respected, included in communication, and the need to feel cared for by nurse managers having higher levels of job satisfaction. This study provided findings important to staff nurses, nurse managers and administration. There is a need for administrator support for nurse manager's ability to spend more time on the unit with RNs to attend to direct care provider relationships and team building through communication with staff is a recommended approach for decreasing the disconnect between RNs and nurse managers.

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Nursing is perceived to be a subordinate occupation, both in relation to medicine, and to the world at large [4]. Whilst men may have greater power and prestige within the profession, I argue that they too are subordinate. This subordination demonstrates itself in different ways than the subordination of women, but it is there nonetheless. This essay will outline the various ways that male nurses are socially disadvantaged, and the ways they attempt to maintain their masculine identity.

Nursing is seen as a feminine occupation and is thus devalued in male dominated patriarchal society. It is stereotyped as having the traits of nurturing, caring, dependence and submission. This contrasts with the perceived male traits of strength, dominance and aggression. Male nurses separate themselves and the masculine sex role from their female colleagues.

Male nurses attempt to maintain their masculine role by distancing themselves from traditional bedside care, and going into specialties. This means that they will not appear to be a nurse, and will thus avoid the stigma associated with men who work in female dominated professions. Some work in anesthesiology, where they wear theatre greens and are indistinguishable from doctors. Others work in specialties such as psychiatry where traditional male attributes such as physical strength are used, and where again, nursing uniforms are not worn. Many more go into administration, which requires the attributes traditionally assigned to males; such as leadership and dedication to work.

Male nurses face role traps and sex typing daily. Several American hospitals have been permitted to ban men from their maternity wards, on the grounds of the patients possibly being uncomfortable with the idea of a man looking after them.

Thus, male nurses have a strong pressure on them to conform to society's norm at all times, and need a strong sense of self if they are to resist this, and continue to work in an occupation they wish to work in.

Patient satisfaction has become an important indicator to measure the quality of care rendered to the patients while in hospital [5]. Patient satisfaction surveys can help identify ways of improving nursing and health care services. The present study was planned to assess the patient satisfaction with nursing care in selected public and private hospitals. This descriptive study was conducted on 1200 in patients admitted in general medical, surgical, orthopedics and maternity wards of selected private

and public hospitals at Ludhiana, Punjab. It was found that mean patient satisfaction with nursing care score was significantly higher in private hospitals ( $80.83 \pm 15.88$ ) as compared to public hospitals ( $64.88 \pm 21.36$ ) ( $P < 0.001$ ). Patient satisfaction with nursing was not different in selected medical, surgical, orthopedics and maternity unit; while it was significantly in all the units in private hospitals as compared to public hospitals ( $p < 0.001$ ).

Patient satisfaction in all the selected eight dimensions of nursing care score was significantly higher in private hospitals as compared to public hospitals ( $P < 0.001$ ). However, communication and offering emotional support dimensions of nursing care had lowest score in both private and public hospitals. Therefore, it is recommended to plan and implement the training programs needed for nurses to improve their knowledge and skills of communication and use of emotional support-measures for the patients.

There are compelling reasons to empower nurses. Powerless nurses are ineffective nurses. Powerless nurses are less satisfied with their jobs and more susceptible to burnout and depersonalization. Empowerment for nurses may consist of three components: a workplace that has the requisite structures to promote empowerment; a psychological belief in one's ability to be empowered; and acknowledgement that there is power in the relationships and caring that nurses provide. A more thorough understanding of these three components may help nurses to become empowered and use their power for better patient care.

A workplace that has the requisite structures that promote empowerment; a psychological belief in one's ability to be empowered; and acknowledgement that there is power in the relationships and caring that nurses provide. Nursing research has been able to demonstrate the relationship between the first two components and empowerment; yet there remains a need for research to examine the power that exists in relationships. Nursing research from a relational theory perspective may help make nurses' power more explicit and more visible, moving our understanding of power in nursing further than has previously been possible. A more thorough understanding of these three components may help nurses to become empowered and use their power for their practice and for better patient care [6].

Administration is a body of knowledge, along with the practice nursing administration holds the enterprise together. It gives cohesiveness, coherence, and order to the great task of providing nursing services or encourages efficiency, comprehensiveness

and economy in carrying forward the purposes and goals of nursing services. The articles which are described above highlight as to how the nursing administration can be enhanced. Effective nurse executive leadership is paramount in today's health care environment [7].

Apart from the roles mentioned she also has the role of:

1. Organizing and administering the nursing service.
2. Planning the delivery of nursing care in accordance with the philosophy of the hospital and the medical staff requirement, and implementing the approved plans.
3. Developing and monitoring rules, policies, and procedures, relating to nursing services.
4. Coordinating the activities of various nursing units.
5. Delegating the assistant nursing superintendents and nursing officer's specific task and responsibilities.
6. Assisting in selection of qualified, competent and appropriate nursing personnel.
7. Staffing the nursing services adequately depending upon the workload, making periodical adjustments in staff development.
8. Supervising the nursing staff in general and senior nursing officer in particular.
9. Continuously evaluating the efficiency of nursing care provided to patients.
10. Ensuring high level of performance, discipline and work ethics by nursing staff.
11. Approving shift duty rosters and leave especially of senior nursing personnel's.
12. Establishing and maintaining harmonious and effective relationships with other departments in the hospital and college.
13. Monitoring upkeep of facilities and usage of supplies.
14. Preparing reports, plans and budgets of nursing service.
15. Participating in administrative, teaching, research and quality assurance activities of nursing department.
16. Participating in professional and hospital activities [7].

#### *Constraints/Barrier in rendering quality care*

The nursing administration has to face certain barriers/constraints in the achievement of the

purposes, namely: (1) Lack of resources: insufficient or improper infrastructure, equipment's, money for recurring expenditures, salary, and manpower. (2) Drugs and medical supplies: non availability of essential drugs and supplies, spurious, adulterated and substandard drugs and medical consumables, improperly sterilized or pyrogenic materials. (3) Improper maintenance of building and equipment's, inadequate after sale services, non-availability of spare parts, annual contracts. (4) Personnel's problems: Lack of trained, skilled, and motivated employees, staff indiscipline, irresponsible union activities etc. (5) Unreasonable patients and attendants: Illness, anxiety, absence of immediate response to treatment, ignorance about prognosis, late attendance etc. cause patients, their families and friends to adopt unreasonable and unco-operative attitude. (6) Hospital accreditation laws: Lack of regulatory bodies to appraise the quality of care rendered by employees, lack of quality assurance programs, emphasis not on monitoring for improvement rather than on fault finding approach. (7) Lack of political obligations. (8) Ignorance of medico legal aspects. (9) Lack of continuing nursing education. (10) Nursing budget which is not separately sanctioned. (11) Nursing post not sanctioned as per INC norms. (12) Inadequate supportive services in the hospitals. (13) Nurses involved in non-nursing activities. (14) Administrators not looking out for dissatisfaction areas involved in the workplace. (15) Lack of political commitment among employees. (16) Administrators being gender biased in placement of nurses [1, 2, 3, 4, 5, 6].

#### *What can the Administrators do?*

1. Training and education of nurses at the regional levels with independently financial support.
2. Establishing guidance and counseling centre so that all negotiations will be done in an amicable manner.
3. Regulatory bodies to work on the improvements on hospital nursing services, and to broaden their objectives on utilization of nursing administrators for nursing education.
4. The nursing administrators can equip themselves with a higher qualification.
5. Developing an attitude of research and development and updating themselves with their own research publications.
6. Policy makers giving equal importance with that of nursing education counterparts.

7. Should equip themselves with the knowledge of computer applications, and practicing in their workplace.
8. Policy makers should procure the nursing personnel's as per the INC norms for better patient care.
9. Local authorities should provide all the necessary equipment's and supplies for better patient care.
10. Nursing administrators should practice problem solving abilities and maintain highest standard.
11. HRD department should look after the records and reports required to maintain in her office so that she can concentrate in the patient care and education.
12. The policy makers should develop research and development department and try to decentralize her work load. Job description and job specification for each administrative post in Nursing should be reviewed.
13. Adequate numbers of supportive staffs should be provided by the local authorities for better patient care.
14. Nursing administrators should maintain a positive attitude and practicing transformational leadership style, for a positive ambience in her workplace and identify areas of dissatisfaction among nurses so as to minimize the dissatisfaction and enhance satisfaction among nurses.
15. Maintain a cordial relationship between nursing educators, interdepartmental with no political involvement, deterring with her organizational objectives.

Managers as leaders have two broad and independent functions, one dimension is production or task oriented, and the other is employee oriented with a focus on relationships, building teamwork, and employee identification with the organization [3]. Nurses may not understand the role of the nurse manager and therefore may have unrealistic expectations of their nurse manager. Second, enabling nursing management to carry out both the task and the leadership functions, that may assist them in fulfilling the perceived expectations of the

nurses. Are nurse managers working in our current healthcare settings, with their constant change and complexity, realistically able to attend to the dimension of the role that includes being employee oriented with a focus on relationships, building teamwork, and employee identification with the organization? Here is a need for nurse managers to discuss the roles and expectations or perceptions of the RNs with administration as they also affect the support a nurse manager can provide to the nursing staff. Nurse Managers describe their jobs being stressful due to the perceived demands of their roles by staff and administration, and not having the time or resources to meet those demands.

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