Federal Democratic Republic Of Ethiopia

Ministry Of Health

Leadership and Management Manual for Nurses and Midwives at Health Facilities in Ethiopia

May 2014

Addis Ababa, Ethiopia

Table of Content

Foreword

The Federal Ministry of Health has given special attention in building the management capacities of hospitals for the effective implementation of sector wide reforms. As the largest health workforce in Ethiopia, Nurses and Midwives play significant role at different levels in the health facilities management. The development of Leadership & Management for Nursing & Midwifery Care Practice in Ethiopia is an important milestone in the improvement of quality care in the health facilities in this country. Those nurses and midwives must use their leadership behavior to positively influence organizational outcomes and need to appreciate the inter-relationship between developing nursing and midwifery practice, improving quality of care and optimizing patient/client outcomes. Healthcare organizations need nurse and midwives leaders who can develop nursing and midwifery care, are an advocate for the nursing and midwifery profession and have a positive effect on healthcare through leadership.

Therefore, the contribution of this manual has highlighted the essential leadership role that nurses and midwives have in developing skilled and competent staff. Leadership behavior has a great impact on staff. Nurses and midwives must acknowledge the importance of their role, recognizing that junior staff relies on their leadership in developing their own professional skills capability and guiding the work decisions of nurse and midwife leaders for the fulfillment of organizational objectives.

Dr. Abraham Endeshaw

Director, Medical Services Directorate

Federal Ministry of Health

Acknowledgment

The Federal Ministry of Health expresses its deep appreciation to the National Nursing and Midwifery Technical Advisory Technical Working Group (NNMATWG) members for Initiating and providing technical support in the development of this Manual. We also wish to extend our sincere thanks to ICAP-Columbia University in Ethiopia for its financial and technical assistance as well I-TECH Ethiopia, Clinton Health Access Initiatives, Ethiopian Nurse Association (ENA), Ethiopian Midwives Association (EMA), Addis Ababa University Department of Nursing/ Midwifery for their technical support.

Participants of National Nursing &Midwifery Advisory Technical Working Group (NNATWG) Members:

Gezashign Denekew	Federal Ministry of Health
Abebaw Derso	Clinton health accesses
Yegomawork Gossay	I-CAP Ethiopia
Berhane G/kidan	Addis Ababa University
Tsehay shemelis	Ethiopian Nurse Association
Yalewlayker yelma	Ethiopian Midwife Association
Zegey wolde	Federal Ministry of health
Yakob seman	Federal Ministry of health
Hailmichel Getachew	I-TECH Ethiopia

Acronyms

BSC	Balanced Score Card
FMOH	Federal Ministry of Health
HIV	Human Immune Deficiency Virus
HDA	Health Developmental Army
LMG	Leadership Management and Governance
MBO	Management by Objective
MDSR	Maternal Death Surveillance Response
MSD	Medical Service Directorate
NS	Nursing Standard
TB	Tuberculosis

Section one: - Introduction

1.1. Background

The Federal Ministry of Health (FMOH) has long acknowledged the critical contribution of Nurses and Midwives in improving health outcomes of individuals, families and communities. In acting as individuals, members and coordinators of inter professional teams, nurses and midwives bring people–centered care close to the communities where they are needed most, thereby contributing greatly in improving the health outcomes of those under their care as well as improving the overall cost effectiveness of health care services.

Similarly, patient safety and quality health outcomes will be highly compromised if services delivered by other healthcare professionals are not duly supported and complemented by a competent nursing workforce. In recognition of this important role of the nursing profession, the Federal Ministry of Health (FMOH) has incorporated Nursing Standards (NS) as one chapter in the Ethiopian Hospital Reform Implementation Guideline.

The MOH has also given due attention to building the management capacities of health facilities for effective implementation of reforms. The National baseline study on Nursing and Midwifery in Ethiopia conducted in 2011 showed that the overall health care and services were related to structural arrangements which were compromised. Based on the results of this study, The Federal Ministry of Health (FMOH) revitalized the structure to foster quality nursing and midwifery services. As related to the on-going initiative of the FMOH, this reference manual will immensely contribute in guiding the work and decisions taken by nurse and midwives' leaders in fulfilling organizational objectives.

1.2. Rationale of the Manual

The comprehensive baseline assessment of nursing and midwifery service conducted in 2011 showed that the nursing service provided across the country was generally of reduced. This was largely due to lack of nursing and midwifery management structure, and nursing and midwifery processes in care delivery, lack of representation of nurses and midwives on senior management teams, and lack of continuous professional development (CPD) on leadership and management, Nurses and midwives should be supported and expected to meaningfully engage in a range of leadership activities in their daily routine professional work. Effective leadership is critical in delivering high-quality care, ensuring patient safety and facilitating positive staff development. Therefore, creating the structure, building the capacity of nurse and midwife leaders, and involving nurses and midwives in the leadership and Management of health facilities is crucial to improve the quality of health service delivery at all levels. In order to fill the gaps, FMOH developed the Nurses and Midwives Leadership and Management Manual for nurses and midwives to use in practical management and

Leadership Skills.

1.3. Objectives of the Manual

General:-

To improve the quality of health services by building the capacity of nurses and midwives in leadership and management skills.

Specific

- To emphasize the roles and responsibilities of nurses and midwives in management and leadership of health facilities
- To improve the knowledge and skills of nurse and midwife leaders in leadership and management
- To enable nurses and midwives leaders to apply leadership and management functions in nursing services
- To support nurse and midwife leaders and program managers to develop positive attitude towards improving quality of nursing and midwifery services

Section Two: - Management and Leadership

2.1. Management Concepts, Principles and Functions

Definition of Management

Management is the art of getting things done through people. It is the process of reaching organizational goals by working with and through people and other organizational resources.

Principles of Managers

Managers are people who are appointed to positions of authority which inspire others to perform their work effectively, who have responsibility for resource utilization and who are accountable for work results, and can be proud of their organizations and what they do.

Managers are classified by level in the organizational hierarchy; such as Top level, Middle level and First level.

Top-level managers such as nursing and midwifery administrators have authority over and responsibility for the entire organization. Middle level managers such as department heads have authority over and responsibility for a specific segment, in contrast to the organization as a whole and act as a liaison between top level managers and first level managers.

First level managers, who generally report to middle level managers, have authority over and are responsible for overseeing specific work for a particular group of individuals.

2.2 Management Functions

Success of management depends on learning and using the management functions.

Such as:

- Planning
- Organizing
- Staffing
- Directing
- Supporting
- Encouraging

These functions represent activities expected of managers in all fields. Managers develop skills in the implementation of these functions as they gain experience in their role of managers. Nurse and midwife managers also use the same functions as they fulfill their responsibilities in the organization.

Application of Management Function in Nursing &midwifery

Planning

Nurse and midwife leaders are responsible to develop annual, biannual and quarterly activity plans based on Balanced Score Card (BSC) planning tool. Planning is the basic function of management and it is a critical undertaking that helps nurse and midwife leaders in:

- Planning future course of action & deciding in advance the most appropriate course of actions for achievement of pre-determined goals
- Making advanced decisions - what, when & how to do something and to bridge the gap between where we are & where we want to be"
- defining a future course of action, exercising problem solving skill and decision making to achieve a desired goal; thinking systematically about methods for the accomplishment of pre-determined goalsensuring proper utilization of human & non-human resources, and
- Avoiding confusion, uncertainties, risks and wastages through an intellectual exercise.

Basic components of BSC planning tool that nurse and midwife leaders may use involves:

- Organizational analysis
- Bottleneck analysis
- Customer service provision
- Setting strategic objectives
- Setting performance measure
- Setting strategic initiatives

- Automating the activities and
- Performance appraisal.

Organizing

Organizing is the process of bringing together physical, psychological financial and human resources and developing collaborative relationship amongst them for achievement of organizational goals. It involves determining & providing human and non-human resources to the organizational structure.

Organizing nursing and midwifery activities as a process involves:

- Identification of activities
- Classification of grouping of activities
- Assignment of duties
- Delegation of authority and creation of responsibility; and Coordinating authority and responsible relationships.

Directing

Directing is that part of managerial function that actualizes organizational methods to work efficiently for achievement of organizational purposes. It is considered life-spark of the nursing and midwifery service which sets in motion the action of people as planning, organizing (including staffing) are mere preparations for the work performed.

Directing is the inert-personnel aspect of management which deals directly with influencing, guiding, supervising, motivating sub-ordinate(s) for the achievement of organizational goals.

Directing nursing activities has following elements:

- Leadership
- Communication
- Supervision
- Motivation

Leadership may be defined as a process by which a manager guides and influences the work of subordinates in a desired direction

Communications is the process of passing information, experience, opinion etc from one person to another. It is a bridge of understanding

Motivation means inspiring, stimulating or encouraging the sub-ordinates with zeal to work effectives. Positive, negative, monetary, non-monetary incentives may be used for this purpose.

Supervision implies overseeing the work of subordinates by their superiors. It is the act of watching & directing work & workers.

Controlling

Controlling is the process of checking whether or not proper progress is being made towards set objectives and goals and acting if necessary, to correct any deviation. It involves measurement of accomplishment against set standards and correction of deviation if any to ensure achievement of organizational goals. It also involves measurement & correction of performance activities of subordinates in order to make sure that set objectives and desired have been plans accomplished.

The purpose of controlling is to ensure that everything occurs in conformities with set standards. An efficient system of controlling helps to predict potential deviations before they actually occur.

Controlling Nursing and Midwifery activities has the following steps:

- Establishment of a set of performance standards.
- Measurement of actual performance.
- Comparison of actual performance with the standards and finding out deviation if any.
- Positive, supportive, Corrective action.

Case Study on Controlling

Supervisor nurse Tullu is making rounds with nurses as a routine work in the surgical ward. He observes staff nurses and students giving nursing care and advising patients throughout the day. On the mean time he finds many malpractices and procedures done Haphazardly. It is his routine activity to stop and control the care given by the staffs and students quietly, friendly and politely and give remedial measures using the following Steps.

Controlling

Controlling can be defined as the regulation of activities in accordance with the requirements of plans.

Steps of control: Nurse managers should be able to control their staffs through :

1. Establishments of standards- Ex Nursing process standards or any nursing procedure Standards.

2. Measuring performance- Observing or evaluating on actual work on patients using established standardized tool such as performance appraisal tool.

3. Comparing the actual results with the standards – These could be checking the work done or using nursing process framework.

4. Correcting deviations from standard- Based on the need and gap of the employee

this could be an immediate feedback or remedial training and use of follow up.

Staffing

Staffing is the function of manning the organization structure and keeping it adequately staffed. Staffing has assumed greater importance in the recent years due to the advancement of technology, increase in size of business, complexity of human behavior and clinical conditions.

The main purpose of staffing is to put the right person for the right job i.e. square pegs in square holes and round pegs in round holes. Staffing should include:

- Recruitment, selection & placement
- Training & development
- Remuneration
- Performance appraisal Promotions & transfer
- Retention strategies

2.3. Leadership Concepts and Principles

Leadership is "organizing a group of individuals to achieve a common goal". The leader may or may not have any formal authority and a leader is a person who positively influences a group of people towards a specific goal. It is not dependent on title or formal authority. Leaders are recognized by their capacity for caring for others, clear communication, and a commitment to achieving results.

Leadership Principles

The principles 0f leadership as related to the nursing and midwifery profession involves:

- Knowing it; the contribution of nursing & midwifery to the overall goals & aspirations of the health sector
- Strong philosophical belief in the profession & its potential to provide quality comprehensive health care services
- Striving for professional excellence – regulated professional services
- Belief in lifelong learning
- Managing the boardroom & the inherent politics,
- Keeping feet, eyes & ears on the ground and do not lose focus
- Developing partnerships with other stakeholders ,
- Documenting ,knowledge sharing capacity, building & teaming up
- Supportive nursing & midwifery leadership by showing effective results
- Ongoing ,continues, learning, … beyond nursing & midwifery
- Modeling professional behavior for colleagues and junior staff.

Leadership Style

A leadership style involves providing direction, implementing plans, and positively motivating people. It is the result of the philosophy, personality, and experience of the leader. Different situations call for different leadership styles.

The style adopted should be the one that most effectively achieves the objectives of the group while balancing the interests of its individual members.

Common Leadership Styles

Autocratic or authoritarian style: Under the autocratic leadership style, all decisionmaking powers are centralized in the leader, as with dictators.

Participatory or Democratic Style:

The democratic leadership style consists of the leader sharing the decision-making abilities with group members by promoting the interests of the group members and by practicing social equality. This has also been called shared leadership.

Laissez-Faire or Free-Rein Style

The laissez faire leader is generally inactive, passive, and non-directive. The laissez- faire leader leaves virtually all of the control and decision making to the group and provides little or no direction, guidance, or encouragement. Laissez faire leaders offer very little to the group: few commands, questions, suggestions, or criticism. They are very permissive, set almost no limits, and allow almost any behavioral organization.

Qualities of Good Leaders

While no two leaders are exactly alike, in general, good leaders are:

- Positive - they believe in themselves and others, and the contributions all can make
- Enthusiastic - they're willing to tackle tasks that others may dismiss impossible
- Committed to excellence - they're always looking for new and better ways to do things
- Self-confident - they're willing to make decisions even when the decision may be unpopular
- Sincere - when they make a commitment, they do all they can to keep it; and Open to new ideas - they realize they do not have all the answers.

2.4. Team building, Decision making and Conflict resolution

Team building and Hospital Development Army

A team is a group of individuals working in a coordinated and interdependent manner to accomplish an agreed upon task. Building a team is a continual process by which a group of people who work together are assisted in becoming more united as they strive to achieve common goals.

Case teams are examples of team organization according to new health facility reform concept to effectively plan and implement activities in the health care facilities. The number of case teams in a facility depends on the size and the type of services offered by the facility.

One of a tool used to organize an effective team is developing Hospital Development Army

The five elements of an effective team:

- Trust
- Attention to results
- Accountability
- Commitment
- Conflict resolution

Hospital Development Army is an initiative to expand best practices on at large scale within a short period of time by fostering networking among individuals to reach at the intended standards.

The assumption of Health Development Army at the hospital level is to enable the hospital staff to learn from each other to provide quality health service and to identify and fill health service delivery gaps.

Building Health Development Army in the hospital needs high level commitment from the hospital senior management, matrons, nursing leaders and head nurses.

1 to 5 networking is the main goal for the Health Development Army at the hospital level to discuss best practices and potential gaps in health service delivery .Nurses are expected to have ongoing discussions regarding service delivery in order to identify gaps as well to appropriate strategy with1to5 networking to support and sustain best practices.

1to5 leaders will be selected by the hospital management forum based on their performance and commitment. 1 to 5 network leaders will be trained on basic concepts and principles of hospital Health Development Army and hospital reform implementation guideline.

1to5 network leaders will train the other 5 network members for a few days on Hospital Health Development army building and hospital reform implementation guidelines.

For successful implementation of Health Development Army, regular monitoring and evaluation at all level is important. The three M&E elements: Report, Inspection/Supervision and Feedback need to be implemented in order to evaluate efficacy.

Decision Making

Decision making is choosing between two or more alternatives. It is choosing the best alternative to reach a predetermined objective. Thus decision making is a process of identifying and selecting a course of action that will solve a specific problem.

Ways of Decision Making

- ***Relying on Tradition***: making the same decisions that had been undertaken when similar problem arouse in the past
- ***Consultation:*** decision making based on suggestions from an expert or higher level management
- ***Priori Reasoning***: based on assumptions
- ***Logical Decision Making***: is a rational, intelligent and systematic approach to decision making

Steps of Logical Decision Making

- Investigating the situation and extent of the problem (environmental scanning)
- Define the problem
- Identify the problem objective
- Diagnose the cause
- Develop alternatives
- Implement and follow up
- Evaluate alternatives

Factors Influencing Decision Making

- Decision makers attribute
- Knowledge and experience

- Perception, personality and judgment
- Values, and philosophy

The Situation

- Urgency of problems, time pressures
- Magnitude, importance
- Structure, uncertainty, risk
- Cost benefit

Environmental Constraints

- Internal
- External

Conflict Resolution

Conflict: - conflicts are a natural phenomenon of the human condition particularly in high stress environment when moral or ethical situation may occur such as experienced by nurses and midwives. Stress symptoms such as difficulty concentrating, anxiety, sleep disorders, and withdrawal or other interpersonal relationship problems can lead to increased conflict impacting the wellness of nurses and midwives. it can also affect nursing "burn out" retention and patient safety.

Sources of Conflict

- Power plays and competition between groups
- Increased workload
- Multiple role demands
- Threats to safety and security
- Scarce resources
- Work culture differences; and Invasion of personal space.

Conflict Resolution Strategies

In conflict situations, individuals can either suppress conflict or engage in activity which will lead to its resolution. Behavior directed toward the resolution of conflict can be characterized by three different communication strategies: Win –Win, Win- Lose or Lose-Lose

Conflict Resolution:

Case Study1.

Nurse Tsehay is on 12 hour night shift. She arrives at work already late and tired; she did **not sleep well because her neighbors' children were playing loudly in the yard next**

door and had some argument with her husband related to empty fuel of his car that takes time to fill . He always forgets it and is not his first time.

Her colleagues look upset and murmur as she arrives and even worse, Amelework the

Nurse Manager is glaring at her as she rushes into the nursing station. Nurse Tsehay has been warned before about her "time issues" and been threatened with discipline if things don't get better. Tsehay has attempted to talk to the nurse manager but all she gets are threats and challenges.

The ED is crowded as usual with the waiting room overflowing. It is going to be another busy night no doubt. As she waits for her colleague to give report on the patients she will be taking over, an angry man approached the nursing station and starts yelling. "We have been waiting for 2 hours and nothing is being done and all of you nurses are just sitting around chatting about your social lives, this is ridiculous."

Tsehay starts to try to explain but the man waves her off. As he storms away he says with a rude voice, "we are out of here and I am going to report all of you." A few minutes later as Tsehay is assessing and giving care to her patient, Dr. Yonas approached her, demanding she come with him to examine a patient. Even though Tsehay has not finished what she is doing and has not assessed and give care her patient, she does not want to upset Dr. Yonas who has been known to get very angry when he does not get what he wants. Tsehay goes along with him, even though she worries that she has not really got a good handle on what her patient is up to.

Discussion:

What are the sources of the conflict on the case study?

How do you manage it when such conflict occurs?

Which conflict resolution strategies can be used to manage Conflict?

Use the following Strategies -avoidance, competition, accommodation, compromise or collaboration for resolution.

1. **Avoidance**

Tsehay works shifts. When she works nights, she sleeps in the day time. Her neighbor has young children who often play outside and make noise while Tsehay is trying to sleep. Tsehay is afraid to talk to her neighbor because she assumes that the neighbor will respond negatively and she fears the confrontation that she expects would result. In fact it is quite possible that the neighbor would be very compassionate to Tsehay's situation.

Most people will respond in a reasonable and positive way if approached in a respectful Manner. Tsehay could invite her neighbor over for coffee on her next day off and talk to the neighbor about the situation. Since Tsehay works only a few nights a month, she and the neighbor should be able to work on a schedule that incorporates indoor play time on the days that Tsehay is sleeping.

2. **Competitive**

Tsehay and her husband have one car which they both drive. Tsehay believes that her husband deliberately leaves the fuel tank almost empty in order to make her life difficult. She has yelled at him numerous times for this and is determined that she will one day win this argument and that he will change. It is more likely that Tsehay's husband is forgetful rather than deliberately mean. Tsehay and her husband need to work together to solve this problem rather than looking at it as a fight that must be won.

3. **Aggressive/Assertive**

Tsehay's colleagues and her supervisor are acting in an aggressive manner towards Tsehay.

Her supervisor uses threats and intimidation and her colleagues talk about her in a negative way. This kind of response serves only to escalate the situation rather than to improve it.

Tsehay needs to approach her colleagues and try to get their support by explaining what is going on in her life and asking for their understanding. Tsehay has tried to deal with Aster in a positive way but has been rejected. Tsehay needs to go to Aster and apologize for her lateness and commit to doing better in the future. She should tell Aster that she understands the expectations and that she will live up to them. Tsehay can be assertive in the face of Aster's aggression and remind Aster that threats are not an acceptable way to treat staff. If this attempt to negotiate with Aster is unsuccessful, Tsehay may want to suggest using a third person that they both trust to help them discuss the situation and work on a resolution. Mediation in this instance might be a positive way to resolve the situations and help Aster and Tsehay improve their working relationship.

The angry family member is also acting in an aggressive manner. After the outburst, someone should have caught up with the man and attempted to listen to his concerns. Nurses do not have to allow themselves to be verbally abused; however often demonstrating a willingness to listen to an angry patient or family member will help them to calm down. Even though it may take time, try to get the man to tell you his concerns.

As you listen patiently, it is likely that the man will start to calm down. Often showing people that you care is all that is required to get them to begin to let go of their anger. Apologize for the fact that he has had to wait, acknowledge how difficult the situation is and tell him that you will find out how much longer it will be. Being calm, caring and yet assertive in highly charged situations will help to deescalate the conflict.

4. Accommodating

Tsehay goes along with what Dr. Yonas wants in spite of the fact that she is in the middle of something else, has not assessed and gives care to her patient and knows that she should not be doing what he asks. She is afraid to disagree with Dr. Yonas because he often gets angry if he does not get what he wants. Tsehay should have told Dr. Yonas in an assertive tone that she would be willing to help him once she has finished what she was doing. If he becomes angry and/or abusive, Tsehay must continue to be calm and assertive and indicate that she will help when she can. In addition Tsehay must tell Dr. Yonas that his manner of speaking to her is unacceptable and that she will not tolerate being treated in that way. If this is an ongoing problem with other physicians as well, Tsehay and her colleagues should try to have a meeting with the medical staff to discuss how to improve the working environment.

The approaches described above are ones that most use at various times in various situations. And there are times when each of those responses may be appropriate. It is perfectly reasonable to avoid conflict when you are dealing with a violent or unstable situation. You do not want to try to talk sense to a thief who is holding a gun on you.

In a true emergency situation it is necessary for someone to take the lead and give the orders. It is not the time for collaborating when there is a crisis. Winning arguments is necessary if you are a lawyer in front of a jury, but does little to improve your relationship with your significant other. Aggression is undoubtedly required if you are a prize fighter.

When your grandmother ask you to take her to favourite restaurant that you really don't like it is clear that you should accommodate her wishes. In an emergency situation it is necessary for someone to take the lead and give the orders. It is not the time for collaborating when there is a crisis.

CASE STUDY 2. : Conflict Management

The Case

Meskerem is the head nurse of a 20-bed medical-surgical unit in a large university hospital. Her nursing staffs are diverse in experience and educational background. Working in a teaching hospital, MesKerem believes that nurses should be open to new methods and work processes, with an emphasis on evidence-based practice.

Kuma A, RN, has worked for 2 years on the unit and is in his final semester of a master's program focusing on adult care. Elizabeth H, RN, has worked on the same unit for the past 22 years and was a graduate of the hospital's former diploma program. Kuma recently completed a clinical rotation in dermatology and has worked with the skin care team at the hospital to develop new protocols for preventing skin breakdown (bed sore). During a recent staff meeting, Kuma presents the new protocols to the staff. Elizabeth makes several comments during the presentation that simply getting patients out of bed and making sure they have adequate nutrition is easier and less time consuming than the new protocol. Elizabeth says "all these new protocols are just a way to justify all those credentials behind a name." Kuma glares in an angry manner at Elizabeth and responds, "As nurses become educated we need to reflect a professional practice." Meskerem notices that several staff

members are uncomfortable as the meeting ends.

Kuma and Elizabeth continue to exchange sarcastic comments and glares over the next two shifts. The obvious disagreement is affecting their co-workers and gossiping is decreasing productivity on the unit. Meskerem schedules individual meetings with Kuma and Elizabeth to discuss their perspective. After reviewing the situation and determining that the issue is simply one of personality conflict, Meskerem brings Kuma and Elizabeth together for a meeting in her office. Meskerem reviews the facts of the situation with them and shares her opinion that both have acted inappropriately and that their actions have affected not only their work, but that of the unit as a whole. She informs Kuma and Elizabeth that they must act in a professional and respectful manner with each other or disciplinary action will be taken. She encourages to them to work out any future problems in a cooperative manner.

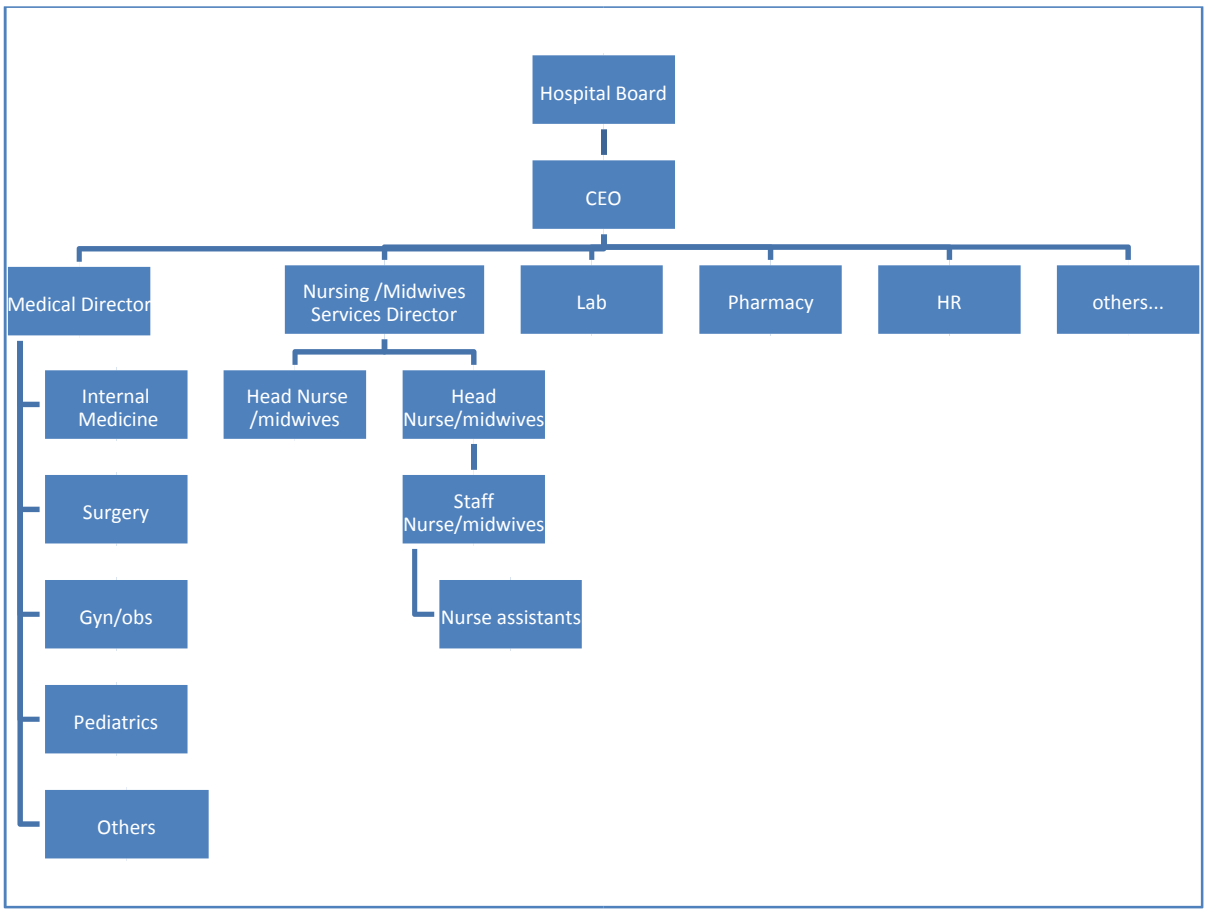
Manager's Checklist

The Nurse Manager is responsible for

- Understanding how to manage conflict among staff members in a timely manner
- Understanding generational perceptions and how they impact group dynamics,
- understanding when disciplinary action is necessary,
- Informing the human resource department of a potential personnel problem and the proposed solution,
- Meeting with staff to assist them in resolving conflict,
- Determining whether all staff should be educated on respect in the workplace, and
- Documenting interventions and outcomes as appropriate.

Section three: - Organizational structure of Nursing and Midwifery service

Chart I: Organizational structure for nursing and midwifery service



3.1. Role and responsibilities of nurse and midwife leaders

Matron:-

CASE STUDY: A Day in the Life of a Matron

The Case: Almaz T, is a chief nurse executive (Matron) in charge of nursing at a 400-bed-hospital. As such, she is intimately involved with the administration of the hospital. Almaz completed a graduate program in nursing service administration.

On any given day she may meet with other administrators or executives. She also may meet

with community or professional leaders. Almaz spends much of her time gathering and sharing information.

Almaz has ultimate responsibility for the quality and cost effectiveness of the nursing care provided in the organization. As a Matron, she is mutually responsible for establishing and maintaining a safe, caring environment for nursing practice and patient care. This involves an assessment of the internal and external environment. Internal factors include patient mix; nursing staff mix, skills, and knowledge; research and education activities; available resources; and established health care outcomes. External factors include the nursing ethical standards, legislation, and regulations, public and health policy, community needs and expectations, economic climate and technology.

Almaz also needs to be able to forecast trends, participate in strategic planning, and interpret the role of nursing to other disciplines. She then develops and implements policies and programs based on available resources that support nursing practice and the mission of the organization. These policies and procedures address not only patient care issues but also the development of education and research programs. She also is responsible for evaluating nursing policies, programs, and services for effectiveness and consistency with the organization's mission, goals, and objectives. Another important role is the mentoring and career development of other nurse mangers (head nurses).

Through role modeling, meetings, and education, Almaz provides examples of leadership and professionalism.

Role of Matron

- Participates in senior level decision making
- Be a role model to all nurses and midwives
- Conducts regular meeting with head nurses and other appropriate staff
- ensure quality of patient care
- Ensures staffing is appropriate to meet patient needs
- encourage nurses to continue with ongoing education and advancing clinical competences
- Ensures patient's nutritional needs are met
- Coordinate conflict resolution strategies
- Participate in the process of implementation of hospital initiatives
- Participates in hospital-acquired infection prevention and patient safety activities
- Couches, mentoring and supervising head nurses
- Evaluates the nursing and midwifery service with head nurse and midwife
- Ensures all nursing and midwifery staff meet hospital uniform standards
- Ensures that nursing and midwifery staff receive education: supports nursing students, organizes orientation for new nurses and midwives holds education for current staff; and
- Undertakes performance appraisal of head nurses and midwives Perform other additional activities as deemed necessary

Head Nurse:

CASE STUDY: A Day in the Life of a Head Nurse

The Case

As the head nurse for surgical intensive care unit (SICU), Jamal M is routinely responsible for supervising patient care, trouble shooting, maintaining compliance with standards, and giving guidance and direction as needed. In addition, he has fiscal and committee responsibilities and is accountable to the organization for maintaining its mission, goals and objectives. The following exemplifies a typical day in Jamal's work life.

As Jamal came on duty, he learned that there had been a multiple car accident and that three of the victims were currently in surgery and destined for the unit. The assistant head nurse for nights had secured more staff for days: two SICU nurses and a staff nurse from the surgical unit. However, she had not had time to arrange for two more patients to be moved out of the unit. From their assigned nurses, Jamal obtained an update on the patients who were candidates for transfer and, in consultation with his assistant, made the appropriate arrangements for the transfers.

Other staffing problems were at hand: In addition to the nurse who had been pulled from the surgical unit, there were two orientees, and the staff that needed to attend a quality and safety in-service training. As soon as the charge nurse came in, Jamal apprised her of the situation.

Together, they reviewed the operating room schedule and identified staffing arrangements. Fortunately, Jamal had only one meeting today and would be available for backup staffing. In the meantime, he would work on evaluations.

After his discussions with the charge nurse, Jamal met with each of the night nurses to get an update on the status of the other patients. Then he went to his office to review his messages and plan his day. Jamal learned that his budget hearing had been scheduled for the following Monday at 10 A.M. A pharmaceutical representative wanted to provide an in-service for the unit. Fortunately, there were no immediate crises.

Jamal called his supervisor (the Matron) to inform her of the status of affairs on the unit and learned that two other individuals in the accident had been transported to another hospital; one had since died. They discussed the ethical and legal ramifications.

As the first patient returned from surgery, Jamal went to help admit the patient and receive a report. Learning that the patient was stable, he discussed with the charge nurse how the staff were doing. They also discussed some equipment problem in the SICU; the charge nurse had had temporarily placed the patient on transport monitor and was waiting for a biomedical technology staff member to check the monitor. Could Jamal follow up? Jamal agreed and commended the charge nurse for her problem solving.

As Jamal returned to his office, he noted that the monitor alarms were turned off on one of

the patients. He pulled aside the nurse assigned to the patient and reminded her of the necessity to keep the alarms on at all times. Finally, back in his office he called biomedical technology to ascertain their plans to check the monitor and made notes regarding the charge nurse's problem solving abilities and the staff nurse's negligence.

He reviewed staffing for the next 24 hours and noted that an extra nurse was needed because of the increased workload. After finding staff, he was able to finish one evaluation before covering for the in-services and then attending the policy and procedure team meeting.

Role of head nurse and midwife

- Establishes systems/processes that ensure effective unit operations
- Acts as a liaison between staff and the Matron
- Ensures that duties and responsibilities of staff nurses and nurse assistants are carried out efficiently and effectively
- Regularly meets with staff nurses to evaluate nursing care practice sds tandar
- Improves cleanliness in the clinical setting
- Participates in infection prevention and patient safety activities
- Improves standards of clinical care and ensures that all patients are treated with dignity and respect
- Offers support and acting as a role model to the staff,
- Involves teamwork to ensure that the best interests of the patients are prioritized
- Works closely with all health care professionals

- Examines and highlights risk in the clinical area, and monitors and deals with any identified risks
- Conducts and participates in clinical rounds; and
- Resolves problems for patients and their families by building closer relationships
- Advocate for resource related to nursing and midwifery care practice

Section four: - Managing Resources

4.1 Managing human power

Human power is the process of acquiring and retaining the organization's human resource. Nurses and midwives are expected to participate in overall activities of hiring new employees in the health facility such as recruitment, selection and deployment.

Nurse and midwife leader's activities in human resource management

i. **Orientation/induction of new employees:** Orientation programmes include information about the organization, organizational structure, philosophy and objectives of the organization, rules and regulations and universal precautions all new employees should be enrolled in benefit plans and issued an identification badge. Advantages include:

   - Builds employees sense of identification with the health service organization
   - Helps gain acceptance by fellow colleagues
   - Give them a clear understanding they need to know
   - Enables the new employee to become familiar with the entire organization as well as their own clinical area and department

Induction, Orientation, and Socialization

Those activities that help a new staff to "fit in" or become socialized to the organization are Induction, Orientation, and Socialization. They also provide staff with enough information and training to be able to perform the responsibilities of the position for which they were hired.

There is a wide variety of orientation programs to choose from, and many larger organizations offer more than one type. For example, a hospital may have a first-day orientation conducted by the personnel department. This includes tour of the hospital, staff responsibilities to the hospital and vice versa. Specific department such as nursing would be responsible for their own programs of orientation.

Staff Orientation Content

1. Organization history, mission, goals and objectives
2. Organization service and service area.
3. Organizational structure, including department heads, with an explanations of the functions of the various departments.
4. Staff responsibilities to the organization.

5. Organizational responsibilities to the staff.

6. Payroll information, including how increases in pay are earned and when they are given.

7. Rules of conduct.

8. Tour of the organization and of the assigned department.

9. Work schedules, staffing and scheduling policies.

10. Benefit plans, including health insurance, pension, and unemployment.

11. Occupational safety programs and procedures.

12. Staff development programs, including in-service and continuing education for Relicensure.

13. Promotion and transfer policies.

14. Staff appraisal system.

15. Work load assignments.

16. Introduction to charting.

17. Introduction to fellow employees.

18. Establishment of a feeling of belonging and acceptance. Showing a genuine interest in the new staff.

19. An adequate orientation program minimizes the likelihood of rules violations, grievances, and misunderstandings, fosters a feeling of belonging and acceptance, and Promotes enthusiasm and morale.

(ii) Training: Before providing training on specific topic nurse and midwife leaders should assess the need for the training through a variety of steps such as organizational, operational and personnel analysis.

- *Organizational analysis* is the study of an entire organization, its objectives, its resources and the way in which it allocates resources to trainings
- *Operational analysis* is the orderly and systematic collection of data about an existing or potential task to define a job and is most directly concerned with what type of training should be given.
- Personnel analysis is directed toward learning, whether the individual employee needs training and what training s/he needs. It is concerned with ascertaining how well a specific employee is carrying out her responsibilities and determining what skills must be developed, what knowledge acquired, and what attitudes cultivated.

(iii) Methods and Techniques of Training

After determining an organization's training needs and translating them into objectives, the next step is to design a training program to meet these objectives.

(iv) Staffing

The nurse and midwife manager decides how many and what type of personnel are required to provide safe patients care. Usually the overall plan for staffing is determined by nursing and midwifery administration; however the nurse manager is in a key position to monitor successful staffing pattern wheatear changes to be made. An ideal staffing plan would provide the appropriate ratio of caregivers for patients' needs based on data that predict positive outcome

CALCULATING STAFF nursing hours/ day

Formula

Number of Beds x Occupancy Rate x Standard Nursing Time

Case 1

- **Internal Medicine Unit: 30 beds**
- **Level of Care: Intermediate**
- **Occupancy Rate: 80%**
- **Standard Nursing Time: 3 hours**

Total Nursing Hours / Day: 30 x 0.80 x 3 = 72 hours

CALCULATING STAFF:
Distribution of Nursing Time by Professional Level

Nursing Hours Needed/ Day = 72 hours

Case 1

- **Unit: Internal Medicine**
- **Distribution of Nursing time : - 70% Nurses/midwifes**

  - 30% Nursing/midwifes Assistants

Nurses/midwifes Hours Needed= 0.70 x 72hours = 50.4 hours/day

Nursing/midwifes Assistants Hours Needed = 0.30 x 72 = 21,6 hours/day

CALCULATING STAFF: Distribution of Hours / Shift
Case 1

Internal Medicine Unit Intermediate Care

Distribution of Activity

Distribution of Activity	• **Morning:** • **50%**	• **Afternoon:** • **30%**	• **Night:** • **20%**

Nurses /Midwifes

NURSE ASSISTANTS

Morning: 21.6 x 0.50= 10.8 hr **Morning: 50.4 x 0.50= 25.2 hr**

Afternoon: 21.6 x 0.30= 6.48 hr **Afternoon: 50.4 x 0.30= 15.12 hr**

Night: 21.6 x 0.20 = 4.32 hr **Night: 50.4 x 0.20 =10.10 hr**

CALCULATING STAFF:

Number of Positions/ Professional Category /Shift

Case 1 :

Internal Medicine. Intermediate Care

Work hours of shift	• **Morning:** • **7 hours**	• **Afternoon:** • **7 hours**	• **Night:** • **10 hours**
	• **Morning: 50%**	• **10.8 hours** • **10.8 : 7 = 1.54 positions**	
	• **Afternoon: 30%**	• **6.48 hours** • **6,58: 7 = 0.92 positi**	
	• **Night: 20%**	• **4.32 hours** • **4.32 :10 = 0.43 positions**	

CALCULATING STAFF BY POSITIONS

Number of Positions by Shift and Day of the Week

Case 2

	Monday to Friday	**Saturdays, Sundays and Holidays**
Nurses/midwifes	**Morning: 4**	**Morning : 3**
	Afternoon: 3	**Afternoon: 2**
	Night: 1	**Night: 1**

Total Nursing positions for the week: 59

CALCULATING STAFF BY POSITIONS

Number of Positions by Shift and Day of the Week

Case 2

• **Monday to Friday**	• **Saturdays, Sundays and Holidays**
• **Morning: 2**	• **Morning : 2**
• **Afternoon: 2**	• **Afternoon: 1**

Nursing Assistants	• **Night: 1**	• **Night: 1**

Total Nursing/midwifes Assistants positions for the week: 40

Calculating nursing /midwifes staff by position s

FORMULA =

Sum of Positions of the whole week x Correction factor

70 x 1.45 = 14.5 nurses /midwifes

7

	MORNING	AFTER.	NIGHT
MONDAY	5	3	1
TUESDAY	5	3	1
WEDNESDAY	5	3	1
THURSDAY	5	3	1
FRIDAY	5	3	1
SATURDAY	5	3	1
SUNDAY	5	3	1
	35	**21**	**7**
TOTAL AMOUNT	70		

Caregiver Hours per Patient Day

- Reflects the nursing care hours required in 24 hours for each patient
- Includes nurses and health assistants
- Includes only productive or worked time
- Is stable never changing despite more or less patients
- Can be compared across units and hospitals
- Must account for:

  Direct patient care – time actually spent with patients

  – Indirect patient care – activities related to individual patients' care but performed away form the patient, such as preparing medications

  – Unit Activity – activities not related to a specific patient, such as report,

  rounds, or stocking supplies

- Using CGHPPD to determine the number of nursing staff needed – # Patients x CGHPPD = Hours Required per day

  – Hours Required / 8 = # Nursing Staff Required per day

  – # Nurses Required per day x 1.4 (# of nurses to cover seven days) = # Nursing staff needed to staff the unit

(v) Performance Appraisal

Performance appraisal is a systemic review of an individual employee's performance on the job, which is used to evaluate the effectiveness of his/her work.

Purpose:

- Provide information upon which to base management decisions regarding such Matters as salary raises, promotions, transfers, or discharges
- Help to assist employees in their personal development

- Help to assess the effectiveness of hiring and recruiting practices
- Supply information to the organization that will help to identify training and development needs of the employees
- Help in the establishment of standards job performance often used as a criterion
- Validate personnel selection and procedures employee's work should continually be assessed in a formal or informal basis; and
- Help to undertake formal appraisal which is more accurate, fair and useful to all concerned.

Characteristics of an Effective Performance Appraisal

- Relate performance appraisal to the job description
- Understanding the criteria for evaluation

Tools of Performance Appraisal

Nurses and midwives leaders are expected to appraise staffs under their supervision using

Health Development Army and BSC tools

4.2 Managing Drugs, Equipment and Supplies

Drugs, Equipment and Supplies resource can be divided into two these are

(i) Expendable/consumable/recurrent: - these are those resources/items that should be regularly kept in stock for regular service provision and are used within a short time.

(ii) Non-expendable/capital/non-recurrent:- these are those resources/items that are required only for specific purposes or jobs and which are not to be automatically recouped, lasts for several years, and needs care and maintenance.

Managing Drugs, equipment and supplies

Ordering- : obtaining items from stores.

Storing- recording, labeling and holding items in a stock or store room, no drugs should be stored on the patient side table

Issuing- giving, labeling and holding items in a stock or store room

Controlling- monitoring expendable items, maintaining and repairing non-expendable equipment.

Important points in Controlling and Maintaining Equipment:

- Convincing staff that equipment must be cleaned, inspected and kept in good order
- Defects must be reported immediately. Equipment must always be returned to its correct place after use
- Use inspection check list and inspection schedule; and Detecting discrepancies and explaining them.

Section five: - Monitoring and Evaluation

5.1. Monitoring of Nursing and Midwifery Standards Implementation

The nursing and midwifery management, matron and head nurses and midwives are responsible for monitoring and evaluating the performance of nursing and midwifery service

Monitoring has a number of objectives' among them:

- To ensure the activities are proceeding as planned and scheduled
- To maximize the quality, effectiveness and efficiency of service delivery Nurses and midwife leaders are responsible:
- To direct and supervise the overall activities of nurses
- To ensure adequate resources for nursing and midwifery activities
- To ensure that nurses and midwives provide service to the highest possible standard
- Ensure nursing and midwifery care process and optimal nursing and midwifery care is performed for each patient/clients.

One means to achieve the aforementioned activities is to monitor a set of indicators. These sets of indicators should be discussed and monitored during health development army forum. The BSC tool can be used for planning, monitoring and evaluation. Each case team should set

its own objective in consultation with senior management. Nurse and Midwives leader should monitor its own performance using defined indicators

Nursing and midwifery care are monitored for its quality using different methodology which includes the following:

5.2. Nursing and Midwifery Service Audit

Audit can be retrospective or concurrent.

A retrospective audit is conducted after a patient's discharge and involves examining records of a large number of cases. The patients' entire course of care is evaluated and comparisons made across cases. Recommendations for change can be made from the perspective of many patients with similar care problems and with the spectrum of care considered.

A concurrent audit is conducted during the patient's course of care; it examines the care being given to achieve a desirable outcome in the patient's health and evaluates the nursing

care activities bearing provided. Changes can be made if they are indicated by patient outcomes.

20. Case Study 1. Clinical Audit at Gondar Hospital

21.

22. Gondar University Hospital, with support from Leicester University Hospitals (UK)

has established a program of clinical audit. All departments are involved – Nursing,

Surgery, Medicine, Pediatrics, Obstetrics and Gynecology and Laboratory Services.

23. An Audit Committee has been established with membership comprised of the head of

every clinical department. The committee meets regularly to discuss the progress of

audits and writing of guidelines. A qualified nurse has been appointed as an audit

clerk, to analyze the data collected by health staff. Training in clinical audit and developing evidence based guidelines was provided to hospital staff.

24. To date over 30 audits have been undertaken, primarily by means of a short, user friendly questionnaire devised by medical, nursing or laboratory staff as appropriate. The questionnaires were self administered by the department staff. The questionnaires used standards and guidelines from accepted texts such as WHO manuals or locally written guidelines based on standard medical texts. Audits were conducted both prospectively and retrospectively by case note review.

25. Through the audits, areas of good practice and areas where practice needs to be improved have been identified. Examples of improvements as a result of audit include:

26. • Further training of laboratory staff on preparation of blood films for malaria slides

27. • Changing from Wrights to Giemsa staining for malaria films

28. • Provision of glucose testing on the children's ward

29. • Extra training to nursing staff on IV line insertion and administration of IV drugs

30. Source: Setting up clinical audit in Gondar Hospital, Ethiopia. Elaine Carter, Sisay Yifru et al.

31. Ethio Med J, Vol 46, No 3

CASE STUDY 2. : Nursing & Midwifery Service Audit

The Case:

Martha K is a public health nurse employed in a public community health centre. The head nurse/midwife of the health centre has requested Martha that she chair the newly established quality assurance committee with developing audit criteria.

A review of the patient population indicates that maternal-child clients make up the greatest percentage of the health centre's visit, so the committee decides to examine this area first.

They have chosen to develop a tool for a **Retrospective Process Audit** that would be appropriate for monitoring the quality of an initial home visit of a postpartum client, discharged with infant, after less than 12 hours in a health centre or obstetrical unit, following uneventful delivery. The home visit would occur no longer than 72 hours after the delivery.

Assignment

Assume you are Nurse Martha. Design an audit tool that would be appropriate and convenient to use for this diagnosis. Specific percentages of compliance, the sources of information, and the number of clients to be audited should be included. Limit your process

criteria to 20 items.

Analysis

Rationale for form: In writing audit criteria it is best to define the client population as clearly as possible first, so that your retrieval of information can be expedited. See below for a sample audit form. In this case, abnormal newborns, complicated or caesarean section births and home births have been eliminated. This was done because those clients would require more in-depth assessment and teaching.

The performance expected was set at 100% compliance, but an allowance was given for those reasons that an exception could be made. This compliance percentage was chosen because it was felt that if any of these criteria were not recorded, there should be some remedial action taken. The client's record was selected as the source of information, as it is an objective source and it is assumed that if the criteria were not recorded, they were not met. Thirty client charts were audited because this number can give the agency sufficient data to make adequate assumptions, but is not such a large number that it becomes a burden to review the records.

After the audit committee has concluded their review, they should write a summary of their findings. A typical summary might appear as follows.

Summary of Audit Findings

Nursing Diagnosis: Initial home visit, within 72 hours, following uncomplicated delivery, with normal newborn, occurring in health centre or obstetrical facility,

Number of Records Audited: 30

Date of Audit: 26th May 2014

Summary of Findings: 100% compliance in all areas except mother's temperature (50% compliance) and newborn assessment (70% compliance).

Suggestion for Improving Compliance: Post results of audit: Remind public health nurses to record temperature of mother in record, even if normal. Time might be a factor in newborn assessment as they are frequently on subsequent visits. Committee agrees that they should be done on first home visit and suggests an in-service training for staff regarding this area of noncompliance.

Signed,

Chair of the Committee

The summaries should be forwarded to the individual responsible for the quality assurance; in this case, the head nurse/midwife of the health centre. At no time should individual public health nurses be identified as not having met the criteria. Quality assurance must always be separate from performance appraisal.

Sample Audit Form

Diagnosis: Initial home visit within 72 hours, following uncomplicated vaginal delivery, with normal newborn, occurring in a health centre or obstetrical facility.

Source of Information: Record of Client.

Expected Compliance: 100%, unless specified by exceptions.

Number of Records to be Audited: 30

Audit Criteria	Yes	No
1. Home visit made within 72 hours following delivery		
2. Mother's lochia examined for amount, colour, and odour		
3. Mother's episiotomy assessed for tenderness, redness, and oedema		
4. Mother instructed on perinatal care		
5. Temperature of mother and infant taken		
6. Mother assisted with breast feeding (Note: exception is not breast feeding)		
7. Mother instructed on dealing with breast engorgement (Note: exception is no breast engorgement)		
8. Mother instructed on preparation and feeding of formula (Note: exception is breast feeding)		
9. Mother questioned regarding general systems and condition (voiding, ambulation, discomfort, nutrition, intake, and rest)		
10. Infant bath demonstration given		
11. Newborn physical assessment completed		
12. Assessment made of mother's support system		
13. Assessment made of mother's knowledge of infant care		
14. Assessment of mother-infant bonding		
15. Follow-up plan made		

5.3. Documentation and reporting

Documentation and reporting

- ***Documenting:*** patient record/chart provides written documentation of patient's status and treatment

- ***Reporting***: oral, written, or computer account of patient status; between members of health care team. Report should be clear, concise, and comprehensive.

- ***Purpose:*** continuity of care, legal documentation, research, statistics, education, audits

Patient Privacy: Related terms:

- ***Confidential Information***: is specific to patients, their diagnosis and treatment ***Privacy:*** refers to the patient's right to control access to confidential information

- ***Confidentiality***: refers to the professional responsibility to protect patient privacy Good documentation should be Brief, Factual, Concise, Objective, Descriptive, and Comprehensive, Legally prudent, and Appropriate/relevant.

Permanent record of patient information may be used:

- To communicate with clients
- As a legal document
- For research and statistical analysis
- For education purposes
- For audit and quality assurance, and
- Planning services to clients

.Basic components of patient care record/ chart include:

- Admission sheet
- Physician's order sheet
- Medical History and Physical Examination (Physician)
- Physician's progress notes
- Nurse's and midwives' progress notes: care plan, progress notes, discharge Planning, etc.
- Special records/reports: referrals, x-ray and laboratory results, medication and vital sign sheets, I&O, IVF administration; and Discharge Summary.

5.4. Evaluation of Nursing and Midwifery Services

Nursing and midwifery services can be evaluated using different techniques among these

(i) Peer Review-

Practicing nurses and midwives determine the standards and criteria that indicate quality care against which performance is assessed. In this case, nurses and midwives are the "experts" at

Knowing what the indicators of quality care and when such care has been provided.

(ii) Patient Satisfaction-

This involves using a questionnaire for patient to complete prior to discharge. Such questionnaire includes care given in a timely fashion and other variables in the environment that contribute to recovery rather than standards of professional care.

(iii) Clinical Indicators

There are numerous clinical outcome measures. Some are disease or treatment specific while others are generic for a range of diseases or patient groups. The following are examples of different types of clinical outcome measures:

- Inpatient mortality rate
- Disease specific mortality rate (e.g. Malaria, Tb, HIV)
- Post operative mortality rate
- Pressure sore rate
- Surgical infection rate
- Postoperative infection rate;
- Emergency readmission rate within 28 days of discharge

References

1. Arnold, J., & Pearson, G. (eds.). (1992). Computer Applications in Nursing Education and Practice. N.Y.: National League for Nursing.

2. Cherie, A. & Gebrekidan, B. (2005). Nursing Leadership & Management Lecture Note for Nursing Students. Addis Ababa: Ethiopia Public Health Training Initiative.

3. Dee, C. (2005). Making the most of nursing's electronic resources. American Journal of Nursing, 105:9, 79–85.

4. Ethiopian Hospital Reform Implementation Guideline Volume I. (2010)

5. Filley, A. C. (1975). Interpersonal Conflict Resolution. Glenview, IL: Scott, Foresman.

6. Horton-Deutsch, S.L., & Wellman, D.S. (2002). Christian's principles for effective management. Journal of Nursing Administration, 32, 596–601.

7. Ketter, J. (1994). Protecting RNs with the Fair Labor Standards Act. American Nurse, 26(9), 1–2.

8. Lazoritz, S., & Carlson, P.J. (2008). Descriptive physician behavior. American Nurse Today, 3(3), 20–22.

9. nm.mui.ac.ir/images/stories/power point/Adel/Nursing%20Audit.ppt

10. M.E. (ed.). Groups at Work, 267–297. Mahwah, N.J.: Laurence Erlbaum.

11. McElhaney, R. (1996). Conflict management in nursing administration. Nursing Management, 27(3), 49–50.

12. Qureshi, P. (1996). The effects of threat appraisal. Nursing Management, 27(3), 31–32.

13. Ramos, M.C. (2006). Eliminate destructive behaviors through example and evidence. Nursing Management, 34–41.

14. Stoner James A.F, Principles of Management, Publisher, Pearson Education India

15. Rondeau, K.V., & Wagar, T.H. (2002). Reducing the hospital workforce: What is the role of human resource management practices? Hospital Topics, 89(1), 12–18.

16. Shea, V. -`(2000). Netiquette. San Rafael, Calif.: Albion.

17. Tjosvold, D., & Tjosvold, M.M. (1995). Psychology for Leaders: Using Motivation, Conflict, and Power to Manage More Effectively. N.Y.: John Wiley & Sons.

18. Van de Vliert, E., & Janssen, O. (2001). Description, explanation, and prescription of intragroup conflict behaviors. In Turner,

19. Vivar, C.G. (2006). Putting conflict management into practice: A nursing case study. Journal of Nursing Management, 14, 201–206.

20. Whitehead, D.E., Weiss, S.A & Tappen, R.M. (2010). Essentials of Nursing Leadership and Management. Philadelphia: F.A.Davis Company

21. WHO, H.A. Goddard (1979)- Principles of Administration Applied to Nursing Services.

22. Willis, E., Taffoli, L., Henderson, J., & Walter, B. (2008). Enterprise bargaining: A case study in the de-intensification of nursing work in Australia. Nursing Inquiry, 15(2), 148–157.