

Facing Challenges among Nursing Administrators Competency in Leadership and Management in St. Dominic Medical Center

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Abstract – *Nursing leaders in this present time have been experiencing increasing challenges in delivering patient care services in health care facilities. Issues of concern such as meeting patient safety, among others, demand more from nursing leadership positions. Nursing administrators in a health care institution, specifically in St. Dominic Medical Center, have the potential to improve in performing leadership and management skills. Health care and health laws mandated in our present society may serve as a guide to these nursing leaders. Seven nursing administrators of St. Dominic Medical Center participated in the research study, composed of the Chief Nurse, Assistant Chief Nurse, supervisors and head nurses. For gender distribution, participants comprised of one (1), male and six (6), females. The age groups 26-30 and 41-45 years old both obtained the highest percentage of 28.6%; the age groups of 31-35, 36-40 and 46-50 received 14.3% each. The relationship between working performance and competency statistically showed that nursing administrators in their professional career garnered a very satisfactory rating. Nursing leaders garnered excellent ratings in personal mastery (m-4.69), interpersonal effectiveness (m-4.68), human resource management (m-4.42), caring for staff, patient and self-ability, (m-4.54), and systems thinking ability (4.46), while they garnered satisfactory ratings in financial management ability (m-3.38). The competency among nurse leaders affected the work performance evaluation. Also, some recommendations for nursing administrators were suggested.*

Keywords – *Competency, personal mastery, interpersonal effectiveness, financial management, human resource management, caring to staff, patient and self, systems thinking*

Introduction

There are many challenges that nursing leaders have to face, both in handling staff and patients. Some of these incidents have been brought up in court. Issues such as retention of staff, patient complaints of staff negligence or any of the like often demand crucial decision-making skills from these administrators. The passing of nursing laws to protect and promote the rights of nurses have raised awareness in hospital administration when dealing with patients as well as employees.

On the other hand, very little has been published about the experiences of staff and patients' resolution about cases aired. Because of confidentiality, each institution has a protocol in dealing with specific situations in decision making—especially where nursing administration is concerned.

In the province of Cavite, there are an average of three to seven registered hospitals in a given municipality (National Health Care Survey by DOH, 2012). Most recent statistics revealed around 20 to 35 nursing administrators, composed of Chief Nurse, Assistant Chief Nurse, supervisors and head nurses were given positions in each health care facility in the year 2010-2011 (DOH). Approximately around two hundred thousand nurses presently work in a health facility institutions

as of the year 2007- 2010 (DOH)^[1]. There was no available data to indicate the number of nurses who are working abroad or staying permanently outside the country among these figures.

St. Dominic Medical Center has a total of sixteen (16) nursing administrators, comprising of three (3) males and thirteen (13) females. In the study only seven nursing administrators were available.

The performance work services rendered by the nursing leaders may or may not be equal to the expected outcome due to different factors. One common example is the request to hire additional staff due to shortage of manpower, which will have an impact on the quality of health care rendered to clients. However, addition of staff may not always be approved by hospital administrators due to shortage of budget in turn.^[2] The focus of the study is particularly on the competency and demographic profile of the respondents in dealing with the different types of competency models. These comprise of six types: personal mastery, interpersonal effectiveness, financial management, human resource, caring for staff, patient and self, and systems thinking. All these may affect the nursing leadership of the institution as a whole. This is a part of the planning, organizing, directing, and controlling roles of nursing administrators.

One of the challenges in undertaking this study is to find out how nurse administrators are faring in their chosen profession. One study done gave helpful insights on the life and experiences (both positive and negative) of nursing leaders, in which the challenges they have encountered had helped them in their profession. Barriers, possible solutions, and successful coping strategies used by nurse managers were explored.

A. Personal Mastery

The various responsibilities and skills required of a nursing administrator on a daily basis already presents a challenge to any such individual. The results showed that there is a higher responsibility among nurse leaders in a health care facility to develop competency. The questions given to the nursing administrators were:

1. I understand myself regarding my strength and limitation.
2. I demonstrate self-confidence.
3. I trust other people and empower them in the organization.
4. I treat everyone fairly.
5. I acknowledge and learn from my own mistakes.

The answers may vary from one nurse leader to another and will be helpful in evaluating these leaders in this aspect of their management.

Personal mastery is in itself a challenge. One has to master oneself and one's skills first before change begins, otherwise changing nursing careers would happen more often than not, resulting in the inability to put one's skills into maximum use.^[3]

These figures greatly support the need of nurse leaders for opportunities to improve in the institutions where they are employed. In a research study done by Contino (2013) insights were given on nursing leaders' studies on the effects of personal mastery skills that can affect work perspectives. A study was done on several nursing leaders in the International Forum of Nurses in Australia with management skills and abilities and their moral and financial support from the

government and private sector. 35% of the respondents gained moderate competency with assistance from local authorities compared to almost 29% who had assistance from other organizations.^[4]

Leadership skills begin with understanding oneself. Personal mastery is a critical component for leadership success. Outstanding leaders demonstrate self-confidence and are able to trust as well as empower others. They know how their communications and actions impact others and are sensitive when things are not going well. To be a great leader, the staff needs to have confidence that they are trustworthy and treat everyone fairly according to the nurse managers. Corning, SP (2005) stated that leaders make mistakes. But diligently striving for personal mastery is being able to look at one's mistakes, acknowledge them, and then learn from them. There is nothing that staff appreciate more than a leader who is able to admit that he or she is wrong.^[5] The sample questionnaire in this category included queries such as as:

- 1.I understand myself regarding my strength and limitations.
- 2.I demonstrate self-confidence.
- 3.I trust other people and empower them in the organization.
- 4.I treat everyone fairly.
- 5.I acknowledge and learn from my own mistakes.

Courtney, Yacopetti, and Cortney et al. (2005), in their book Professional Development, said that personal mastery knows no boundary to an aspiring nurse executive who is willing to sacrifice for the development and growth of nursing and his/her career.^[6]

B. Interpersonal Effectiveness

The figures presented by the researcher in the study support the needs of the nurse leaders to increase interpersonal relationship among staff and patients in the institution. A good interpersonal relationship among coworkers in the unit boosts their morale and promotes harmonious cooperation and unity. A research was done by Covey (2005) entitled Habits on Effective People. He gave insights on health care staff-related work proficiency studies on how interpersonal effectiveness can affect organizational perspectives.^[7] According to Deming (2004), in Delegation of Health Care Management regarding the art of interpersonal effectiveness, stated that a nurse leader must proportion responsibility as a group. A study was done on caregivers' competency in behavioral changes in interpersonal relationships whereby 55% of the group gained increased competency compared to 49% of substitute caregiver leaders who had health workers with limited performance.^[8]

Interpersonal Effectiveness was felt by the managers in this study as the second key for success. This skill includes not only the ability to communicate, listen and facilitate conflict but also "having a visible presence". Nursing staff today prefer face-to-face contact with their leaders. E-mail is not sufficient. Staff want to know that they can talk to their managers, feel that their voice is being heard, and that they are being acknowledged as individuals.^[9] The following questions gauged the skills of these nursing leaders:

1. Ability to communicate effectively with others.
2. Ability to listen and facilitate conflict situations.

3. Ability to communicate administrators about decision making.
4. Ability to defend others rights and feelings.
5. Ability to stand on solid ground for the decision.

C. Financial Management

The focus in financial management components rated by the respondents were:

1. Able to justify nursing staffing budget.
2. Able to propose to administrators clearly outline financial benefits and needs.
3. Able to construct staffing financial budget for the ward.
4. Able to propose individual handicapped patients' needs.
5. Able to adjust and live within the means of financial availability of institution.

Nursing leaders will not survive in their roles if they are not concerned in properly managing finances, which is the third key for success. However, most nursing leaders in our study cited this as their weakest area. There is constant pressure to justify the nursing staffing budget, which is a critical part of any hospital's operating budget. Lores (2007) in Core Competencies on Budget, stated that there is now good research to support that higher RN staffing ratios result in better patient outcomes.^[10] Proposals that clearly outline the financial benefits of RN staffing models will need to be constructed to make the arguments clear to Chief Financial Officers or administration members. The costs of turnover and unfilled beds because of staffing issues need to be quantified, and nursing leaders need to have confidence in presenting financial information as stated by Freshman and Rubino (2007) in Emotional Intelligence: A Core Competency for Health Care Administrators and Budgeting.^[11]

D. Human Resource Management

Human resource items on competency that were rated by the respondents include:

1. Understanding principles of competitiveness in business manpower.
2. Understanding the staff retention process.
3. Understanding the process in selection and hiring of staff.
4. Understanding the individual needs of the staff and reward system.
5. Understanding the salary grade system.
6. Acknowledging and motivating each staff member as important part in the organization.

The health care job market today is very competitive. Nursing leaders feel that their ability to do a good job of managing human resources had never been more critical. Retention begins with a sound selection and orientation process. The needs and desires of nursing staff from different age groups are often vary. Identifying what motivates staff and keeps them is an important part of their

job. The nurse managers in the study told the researchers that it was important for leaders to keep open minds about scheduling, how to best develop staff, and a workable reward system.

E. Caring for Staff, Patients and Self

A nurse's responsibility to support the organizational objectives in caring must depend on the institutional framework objectives just as the nurse is responsible to alter changes in his/her competency performance.

Of all the skills discussed, the managers who were interviewed were most passionate about the need to demonstrate that as a leader, one must care. The ability to maintain a connection with staff was a major theme. Whether it meant bringing in food or celebrating successes, a great leader cares for his/her staff. Horak (2005) stated that managers felt that they needed to learn about each of their staff members and their families. Most nurse managers told the researcher that they try their best to accommodate the needs of staff for time-off or shift-in schedules.

Despite the demands of the nursing leadership role, it is important not to become disconnected from the patients that the nurse managers care for.^[12] In the Handbook of Instructions, healthcare workers, especially nurses, are being oriented to the protocols of patient care and safety. A therapeutic nurse-patient relationship is bound to each health worker to ensure safe and quality nursing care in treatment physically, mentally, and spiritually.^[13] The nurse managers told the researcher that it was important for their staff to see them making rounds on patients. Kouzes and Posner (2003) stated that the care of others (whether staff or patient) begins with self-care. This seemed to be a problem area for all participants but the very seasoned nurse managers interviewed. Most of the nurse managers work very long hours, and feel very responsible in this era of staffing turbulence in order to be a resource for their staff at all times.^[14]

The queries used to evaluate a nurse manager's ability to maintain connection with the staff were:

1. I demonstrate a caring attitude to my staff.
2. I accommodate the needs of my staff for time-off and shift-in schedules.
3. I treat individual patients with the utmost care for their own safety.
4. I participate in making rounds with my staff during endorsements.
5. I make my staff aware of the salary grade system.

F. Systems Thinking

A need for nursing leaders today is the ability to be a systems thinker. SDMC nurse leaders stated during the interview that at times there were situations that they could not decide on hospital protocols, specifically on cases which are confidential where they needed advice from administration or had ethical reasons to consider. No nursing unit, profession, hospital, health care agency, or health care network is an island today. According to Lawson (2001), the health care system is interconnected and the challenges confronting the system impact everyone. The nurse managers in our study told the researcher that the most effective nursing leaders are "big picture thinkers", who make it a point to try to develop a good understanding of how the area that they lead fits into the whole of the organization and respect the perspective of other disciplines.^{[15][16][17]} Ridenour (2004) stated that nurse leaders are proactive in looking at new initiatives such as changes in health care reforms and laws affecting their needs and responsibility, and assess their

impact on the areas that they lead. They look at health policy initiatives and educate their staff, patients, and colleagues about the implications of what is being proposed.^[18]

The queries used were:

1. Ability to make changes in protocol if needs arises.
2. Demonstration of great visions for institutional challenges
3. A good understanding of my area of work.

Higher Education

Understanding the importance of quality improvement and applying these concepts is vital to saving the lives of patients. Some nurse leaders are reluctant to pursue higher education because of tight work schedules, coupled with the demand of responsibilities at home. E-learning might be helpful for these leaders in pursuing higher opportunities in learning and study grants. Vance and Larson (2005) in *Leadership Research in Health Care*, stated that the differences in baccalaureate preparation and associate or diploma programs is mainly in the depth of study and a wider range of competencies that can be applied to a more complex patient. In critical thinking, the problem with more complex patients is that they require the ability of the nurse to think critically in the development of care plans. It encompasses a multilevel approach to care, inclusive of the science of the underlying disease process. Baccalaureate programs provide this skill throughout the entire program.^[19]

Higher levels of academic preparation enhance the perceptions of nurse leaders and increase confidence in their ability to effectively execute their respective roles. More years of work experience translates to better overall efficiency in delivering health care.^[20] Quality care promotes safety for both patients and their health care providers. The more education these leaders gain as practitioners, the more information they have in order to make better decisions in the clinical setting. Wieck, Prydun, and Walsh (2008) stated that there is a personal pride in accomplishment, and that a higher degree of education comes with increased job opportunities.^[21] PhD programs may interest a nurse leader in pursuing higher leadership opportunities, or at least a Master's level of preparation.

Wages

Concerning the salary grade system, nurse leaders may be given consideration in upgrading compensation for their subordinates. A Makabayan representative and lawmaker sought support from his colleagues to uphold the country's nurses by increasing their basic monthly salary to P25000. Bayan Muna Partylist Rep. Neri Colmenares authored House Bill 5541, which aimed to upgrade the minimum monthly salary of nurses. The measure also aimed to provide benefits for the nurses. According to Colmenares, the unjust compensation for nurses was one of the reasons why many skilled Filipino nurses opt to work abroad, despite the risks of working in a foreign country. Colmenares said the Salary Grade 15 with an equivalent of P25000-monthly salary for nurses under the Nursing Act of 22 was never implemented and was nullified by the Salary Standardization Law 3 (SSL 3) in 2009. Based on SSL 3, a Nurse 1 position has a monthly salary of P18000. On the other hand, Colmenares said private hospitals are not covered by SSL 3 except it may be deemed necessary for the institution's local needs. Some nurses even receive an insufficient monthly salary of P6000. In his privileged speech, Colmenares cited that in the

provinces, particularly in fourth to sixth class municipalities, the salaries provided are still based on the second and third usage of SSL 3, even though the fourth tranche of SSL 3 had been fully implemented since year 2012. The hospital administration may review its policy in salary standardization for the retention process of nurses.^[22]

Methodology

Study utilized a descriptive research design which aimed to describe the demographic variables of the respondents such as age, gender, and years of experience. The study utilized the Nursing Leadership and Management Model by Sherman.

The interview method was utilized via using the adapted questionnaire tool, which comprised the following:

1. Personal mastery.
2. Interrelationship Effectiveness.
3. Financial Management.
4. Human Resource Management.
5. Caring for staff, patient and self.
6. Systems thinking.^{23}

The participants of the study were nursing administrators who are presently employed at St. Dominic Medical Center. Data was collected using a questionnaire which was given by the researcher to the participants. Respondents were only required to indicate age, gender, status, number of years in work service, educational attainment, and their work performance evaluation grade in their job on the said questionnaire to maintain anonymity. The data was collected personally by the researcher.

Data Presentation and Analysis Demographic Profile N=7

<i>Age</i>	<i>Frequency</i>	<i>Percentage</i>
26-30	2	28.60%
31-35	1	14.30%
36-40	1	14.30%
41-45	2	28.60%
46-50	1	14.30%
TOTAL	7	100%
<i>Gender</i>	<i>Frequency</i>	<i>Percentage</i>
Male	1	14.3
Female	6	85.7
TOTAL	7	100%
<i>Status</i>	<i>Frequency</i>	<i>Percentage</i>
Single	2	28.60%
Married	5	71.40%
Total	7	100%
<i>Years in service</i>	<i>Frequency</i>	<i>Percentage</i>
1- 5 years	-	-
6-10 years	4	57.10%
11-15 years	2	28.60%
16-20 years	1	14.30%
TOTAL	7	100%
<i>Monthly Income</i>	<i>Frequency</i>	<i>Percentage</i>
Income of less than P10T	1	14.30%
Income between P10T - P15T	5	71.40%
Income more than P15T-P20T	1	14.30%
TOTAL	7	100%

A majority of the respondents belonged to the 26-30 and 41-45 year-old age group, at 28.6% each. The 31-35, 36-40, and 46-50 year-old age groups garnered 14.3% each. Although it was more frequent among 31-35, 36-40, and 46-50 year-old age groups, any age group can be affected. In fact experts and members of the general public working group, estimate that most nurse administrators in this age category and have worked in the field for a long time tend to be flexible and open to changes, compared to other groups of nurses with less years of professional experience.^[24]

In terms of gender, a majority of the respondents were female at 85.7%, while males were at 14.3%. A study done by Robert M. & Chiu, Ming (2010) pointed out that the female nurses had greater workload stress and greater clinical stress exposure.^[25]

Nurse managers with greater clinical workload stress had greater management self-efficacy, whereas nurses of lower category like staff nurses had greater clinical stress, lower self-efficacy, and lower job satisfaction. Seven respondents reported their work load stress within two years. Respondents reported the effects of work load, with one (14.3%) being male and six (85.7%) being female. The study did not conclude that females were more susceptible to competency workload effects, since it could also affect the male population.

Comprising the civil status of the respondents, seven of them were married while two (28%) were single. In this display, the status of the respondents were asked for the purpose of conformity to the study, but it does not really specify which status is more competent in any work situation. Based on the researcher's observation during the interview, neither single participants nor married participants were more competent than the other. Rather, both displayed the same level of competency.

The table above showed that a majority of the nursing leaders finished both a Master's Degree and a Bachelor of Science degree in Nursing at 42.90% each. The remaining 14.2% of the respondents were still taking MA units at the time of the study.

For the number of years in work service, majority of the respondents have been in the service for about 6-10 years (57.10%), followed by 11-15 years in service (28.60%), and only one nursing leader (14.30%) has been in the service for the longest, at 16-20 years.

The income of the respondents showed that a majority of the respondents (71.40%) earned between P10000-P15000 monthly. The rest of the respondents were receiving a salary scale of less than P10000 or P15000-20000 monthly (14.30%).

<i>Performance Evaluation (HR)</i>	<i>Frequency</i>	<i>Percentage</i>
Excellent	5	71.40%
Very Satisfactory	2	28.60%
Satisfactory	-	-
Fair	-	-
Poor	-	-
TOTAL	7	100%

The performance evaluation in the table above showed that five respondents (71.40%) were rated excellent in work performance by St. Dominic Medical Center's Human Resource Department. The remaining two respondents (28.60%) were given a very satisfactory rating in the same evaluation.

Analysis and Summary of Findings

Seven nursing administrators of St. Dominic Medical Center participated in the research study, composed of the Chief Nurse, Assistant Chief Nurse, supervisors, and head nurses, which comprised of one (1), male and six (6), females. The 26-30 and 41-45 year-old age groups both obtained the highest percentage of 28.6%, while the 31-35, 36-40, and 46-50 age groups received 14.3% each. The relationship between working performance and competency statistically showed that nursing administrators in their professional career garnered a very satisfactory rating. As shown, nursing leaders, as related to personal mastery, garnered an excellent rating (m-4.69). In interpersonal effectiveness ability, they garnered an excellent rating (m-4.68), while they garnered a satisfactory rating for financial management ability (m-3.38). They also garnered an excellent rating for human resource management (m-4.42), caring for staff, patient and self-ability (m-4.54), and an excellent rating for systems thinking ability (m-4.46).

Is there a relation between the respondents' profile and their work performance in relation to nursing leadership competency? Yes, there is an effect. A nurse leader with a long number of years in service may greatly contribute to the improvement of nursing service and quality care.

After the interview, the researcher tabulated some issues and concerns as follows:

1. Threats from a patient's relatives.
2. Clinical Instructor (CI) took pages off the Hospital Operating manual.
3. Nurse on duty (NOD) failed to inform the Nursing Service Office (NSO) about a defective cellular phone.
4. NOD's attitude towards the patient.
5. Misunderstanding between nursing aide and guard on duty.
6. NOD out of post.
7. NOD not wearing proper uniform.
8. Failure to transcribe doctor's order.

9. Negligence resulting in the death of a newborn baby.
10. Wrong information in a medico-legal case.
11. Undesirable behavior of ER staff as the patient was not attended to immediately.
12. Attending Physician (AP) complaints about the unavailability of medication.
13. Alleged theft.
14. Failure to carry out doctor's order.
15. Failure to administer medication.
16. Error in administration of medication.
17. Delay in carrying out doctor's order.
18. Absconded patient.
19. IVF left running over eight hours.
20. Nurses negligence resulting in patient developing bedsores.
21. No visible nurse on duty in the unit.

Other issues and concerns of the nursing leaders of the institution are the following:

1. At one time, a respondent expressed concern about going abroad because of the compensation that is lower than the average minimum she/he receives monthly. The compensation could not sustain his/her daily living expenses, especially family expenses and monthly financial obligations.
2. One respondent, during her tour of duty, expressed her concern about the facilities in a certain unit which caused alarm for the health personnel and patients. The unit had leaking roofs. Also, the defects of the water faucets, pipes, and connections had caused wasting, rustiness, and a foul smell that had made the floors slippery. This situation caught the attention of some patients, who had commented on the matter. Despite being brought to the attention of the Nursing Service months ago, this matter has yet to be resolved. The institution has procedures and protocols to follow. The private companies attached to the institution also play a part, especially in the repair of the materials and equipment during their warranty period.
3. It has been noticed that only a few of the nursing administrators had obtained a Master's degree. There are lots of reasons why this is happening. The institution may assist the nurse managers and provide necessary guidance and ways for them to be uplifted for personal and professional growth and development.
4. It had been observed during the interview that nurse leaders were not motivated in their career. High levels of stress and multitasking had contributed to their dissatisfaction to some degree. The researcher had noted that the respondents appeared to be less cooperative when questioned due to fear of the possibility of losing their job if they spoke out negatively against the hospital administrators.
5. Nurse leaders had voiced out their requests for the institution to give them a chance to pursue further education (which is comparable and competitive to other nurse leaders in other health care institutions). In behalf of their families and loved ones, they also requested them to be included in educational and health care packages like hospitalization for a minimal fee and free annual check-up.

Conclusion

Nurses who are skilled in leadership roles can effectively delegate and manage complex situations to complete work and enhance the quality of care. They also have the skills to work effectively in multidisciplinary teams which will be the bedrock of care in the future. Even though the health care institution may hire high quality professional staff (whether doctors, nurses, or any other health care providers), the whole organization is greatly affected because of poor support and the understanding of health care leaders in managing lower leaders in a particular area of specialty. The most common concern, financial, may affect health care in general (staff, patients, and health care facilities).

Recommendations

Nursing leaders face a majority of challenges in health care settings. An unknown author stated that “No one is perfect”. The researcher may take into account the concern and issues of nursing administrators versus the hospital management and how to meet the needs of each other in terms of their welfare, needs, and safety. The hospital management may review the basic needs of the nursing administrators in:

1. Regular in-service professional training.

To improve the quality of a nurse leader in nursing leadership and management in several hospitals and health care institutions in the Philippines, several in-service training courses based primarily on in-service training models developed in high-income countries have been proposed. While some evidence was found to have improved clinical care in nursing management as a result of such in-service training, the data were insufficient to draw firm conclusions about the overall effectiveness of such training. Siddiqui and Kleiner (2002) in Human Resource Management stated that continued efforts in establishing guidelines about nurse managers in local settings have produced success in some areas, it may be deemed necessary for local managers to adapt principles that may be applied to local needs. An example of this principle is the principle of planning in decreasing incident reports. Service training with the assistance of another local agency may provide an overview of the whole picture of planning in leadership and management in nursing.

2. Salary standardization among workers.

One of the researcher’s concern during the data collection was the salary grade scale of one respondent, which was lower in compensation than the average minimum. The hospital administration should check the salary grade system in consideration for this case.

3. Improvement of care facilities and the provision of adequate space for relatives to stay.

Improving how care is delivered is essential. Health care providers and patients may have feasible suggestions on how to improve quality and to lower costs, but often these approaches are not supported well or at all by fee service payments, traditional insurance benefit designs, or current health care regulations. One factor that may assist the local health setting in improving care facilities are the issues affecting the needs of the patients and their relatives. A good example is the structure of the physical facility, conducive practices relative to the recovery of the clients, and safety. A separate room for relatives of the patients may provide comfort while staying in the hospital. Another example is to ensure that all facilities are in good working order (such as the leaking roofs & pipes) and inspected regularly.

4. Motivation among staff and their safety.

Motivation is influenced by a complex set of social, professional and economic factors. There are many reasons health workers remain motivated and decide to stay with their jobs. Generally, a health worker will be motivated and express job satisfaction if they feel that they are effective at their jobs and are performing well. Factors contributing to motivation and job satisfaction also include strong career development, adequate compensation, and adequate working and living conditions.

5. Continue to pursue higher education with incentives.

Understanding the importance of quality improvement and applying these concepts is vital to saving the lives of patients. Some nurse leaders are reluctant to pursue higher education because of tight work schedules, coupled with the demand of responsibilities at home. E-Learning might be helpful for these leaders in pursuing study grants and higher opportunities in learning.

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