

PROFESSIONAL ADJUSTMENT, LEADERSHIP AND MANAGEMENT

PROFESSIONAL ADJUSTMENT

DEFINITION OF A PROFESSION

- ❖ An occupation or calling requiring advanced training and experience in some specific or specialized body of knowledge, which provides service to society in that special field (Webster's Dictionary).

DEFINITION OF A PROFESSIONAL NURSE

- ❖ A person who has completed a basic nursing education program and is licensed in his/ her country or state to practice professional nursing
- ❖ The professional nurse must:
 - Have a license to practice nursing in the country;
 - Have a Bachelor of Science degree in Nursing; and
 - Be physically and mentally fit

DEFINITION OF LICENSE

- ❖ A legal document given by the government that permits a person to offer to the public his or her skills and knowledge in a particular jurisdiction, where such practice would otherwise be unlawful without a license.
- ❖ The primary purpose of registration is to protect the health of the people by establishing minimum standards which qualified practitioners must meet.
- ❖ It discourages certain persons who may be tempted to misrepresent themselves as professional nurse.
- ❖ The **Professional License** is also called **Certificate of Registration**.

DEFINITION OF REGISTRATION

- ❖ Recording of names of persons who have qualified under the law to practice their respective professions.
- ❖ Under the Philippine Nursing Act of 2002, R.A. 9173, Sections 12 and 20 state that license to practice nursing shall be issued to those who pass the licensure examination or by reciprocity.

Registration by Reciprocity

- SEC. 20. Registration by Reciprocity. A certificate of registration/ professional license may be issued without examination to nurses registered under the laws of a foreign state or country: Provided, that the requirements for registration or licensing of nurses in said country are substantially the same as those prescribed under this Act.

Registration by Examination

- SEC. 12. Licensure Examination. All applicants for registration as a nurse and issuance of a certificate of registration and professional identification card to practice nursing shall be required to pass a written examination which shall be given by the Board in such places and dates as maybe designated by the Commission. Such examination must be in accordance with and fully compliant with RA No. 8981.

Practice through Special/ Temporary Permit

- It may be issued by the Board to the following persons subject to the approval of the Commission and upon payment of the prescribed fees:
- Licensed nurses from foreign countries/ states whose service are either for a fee or free if they are internationally well-known specialists or outstanding experts in any branch or specialty of nursing
- Licensed nurses from foreign countries/ states on medical mission whose services shall be free in a particular hospital, center or clinic; and
- Licensed nurses from foreign countries/ states employed by school/ colleges of nursing as exchange professors in a branch or specialty of nursing. Provided, however that the special/ temporary permit shall be effective only for the duration of the project, medical mission or employment contract.

CONTINUING PROFESSIONAL DEVELOPMENT IN NURSING

Continuing Professional Development (CPD)

- ❖ Consists of planned learning experiences beyond the basic education program
- ❖ Inculcation of advanced knowledge, skills and ethical values in a post-licensure specialization or in an inter- or multidisciplinary field of study, for assimilation into professional practice, self-directed research and/or lifelong learning
- ❖ According to RA 10912 (Continuing Professional Development Act of 2016):
 - Required CPD credit units per year: 15 units
 - Professional Identification Card (PIC) Renewal: every 3 years; 45 CPD units required

Examples

- ❖ Seminars
- ❖ Conventions
- ❖ Residency
- ❖ Distance Learning

In-Service Education

- ❖ Planned program provided by an employing agency to its employees
- The major goal is not only the improvement of professional practice but also the fullest development of nurse as a person and as a contributing member of society focuses on and is designed to re-train people, to improve their performance and communication ability to get them started in the never-ending continuum of education

NURSING ETHICS

- ❖ Examination of all ethical and bio-ethical issues from the perspective of nursing theory and nursing

Teleological Approach

- ❖ Telos or "goal or end"
- ❖ "The right thing to do is the good thing to do"
- ❖ The good resides in the promotion of happiness or the greatest net increase of pleasure over pain.

Deontological Approach or Duty-oriented Theory

- ❖ A person is morally good and admirable if his actions are done from a sense of duty and reason (Immanuel Kant)

Virtue Ethics Approach

- ❖ Focused primarily on the heart of the person performing the act
- ❖ Focuses on the traits and virtues of a good person

UNIVERSAL PRINCIPLES OF BIOMEDICAL ETHICS

Autonomy

- ❖ Voluntary decision-making
- ❖ Self-governance
- ❖ Involves self-determination and freedom to choose and implement one's decision

Veracity

- ❖ Truth-telling

Beneficence

- ❖ Doing good
- ❖ Refers to acts of kindness and mercy that directly benefit the patient
- ❖ These acts promote the health of the patient, prevent illness or complications, alleviate suffering, and assist towards peaceful death if the inevitable comes

Non-maleficence

- ❖ Do no harm.
 - ❖ Stated as an admonition in the negative form
- Examples:
- Not assisting persons to commit suicide
 - Not performing euthanasia or mercy killing
 - Not willfully subjecting patients to experimental drugs whose potential harm may be greater than the expected benefit
 - Not harming a person's reputation by revealing confidential information

Justice

- ❖ Just, fair and equal treatment

Fidelity

- ❖ Keeping one's promises; loyalty

Principle of Epikia

- ❖ "Exception to the general rule"
- ❖ It is a reasonable presumption that the authority making the law will not wish to bind a person in some particular case, even though the case is covered by the letter of the law

Examples:

- Mental patient went berserk and the doctor could not be contacted, the patient may be restrained by virtue of epikia
- Allowing a relative to see a seriously ill patient who expresses the desire to see a former although it is not yet visiting hours.

Two-fold Effect

- ❖ When a nurse is faced with a situation which may have both good and bad effects, the basis of her action may be the following:
 - Action must be morally good;
 - Good effect must be willed and the bad effect merely allowed;
 - Good effect must not come from an evil action but from the Initial action itself directly; and
 - Good effect must be greater than the bad effect

CODE OF ETHICS

- ❖ Systematic guides for developing ethical behavior. They answer normative questions of what beliefs and values should be morally accepted.

CODE OF GOOD GOVERNANCE

- ❖ Promulgated by the Professional Regulation Commission on July 23, 2003 states that the hallmark of all professionals is their willingness to accept a set of professional and ethical principles which they will follow in the conduct of their daily lives
- ❖ Adopted by the PRC and the 42 Professional Regulatory Boards to cover an environment of good governance in which all Filipino professionals shall perform their duties

LEGAL ASPECTS OF NURSING

LAW

- ❖ Sum total of rules and regulations by which society is governed
- ❖ It is man-made and regulates social conduct in a formal and binding way
- ❖ Rule of conduct pronounced by controlling authority and which may be enforced

Two Classifications of Law According to Origin

- ❖ **DIVINE LAW**
 - Author is God (eg: 10 commandments)
- ❖ **HUMAN LAW**
 - Author is man

Public Law

- A law that affects the general public (i.e. criminal laws — euthanasia, abortion, theft, robbery)

Private Law

- A law that affects the relationship of an individual to another individual

Functions of Law Nursing

- ❖ Provides a framework for establishing what nursing actions in the care of patients are legal
- ❖ Delineates the nurse's responsibilities from those of other health professionals
- ❖ Helps to establish the boundaries of independent nursing actions
- ❖ Assists in maintaining a standard of nursing practice by making persons accountable under the law.

RESPONSIBILITY AND ACCOUNTABILITY FOR THE PRACTICE OF PROFESSIONAL NURSING

Republic Act 9173 Nursing Law or Nursing Act of October 21, 2002

- ❖ This repeals or changes all of RA 7164
- ❖ Under this law, there is no more refresher course
- ❖ A candidate can take the board examination until he passes. This is embodied in section 15 of RA 9173
- ❖ Under this law, the upper 40% rule is no longer in effect.

Concepts

- ❖ Where do you file an appeal when the Board of Nursing revokes or suspends your nursing license?
 - File your appeal with the Professional Regulatory Commission (PRC) within a period of 30 days after suspension or revocation order has been received. This is called the reglementary period.
- ❖ The Board of Nursing is under the Professional Regulatory Commission.
- ❖ The Professional Regulatory Commission is under the Office of the President of the Philippines. The highest agency for appealing of suspended or revoked nursing license is the Office of the President of the Philippines. License revocation or suspension is an administrative case.
- ❖ Civil and criminal cases are appealed in court.

Revocation

- ❖ Permanent
- ❖ Invalidation of the license
- ❖ Under RA 9173, revocation of license is limited to four years in certain conditions:
 - Reason for revocation must have been cured.
 - Reason for revocation does no longer exist.

Suspension

- ❖ Temporary
- ❖ For a fixed period

Illegal Dismissal

- ❖ Filing of cases of illegal dismissal is with
- ❖ Department of Labor and Employment
- ❖ Done when there is lack of due process prior to dismissal
- ❖ No lawyer is needed
- ❖ If you win the case, there is back payment of salary and reinstatement. Reinstatement may be in the form of paper reinstatement or payroll reinstatement.

PROFESSIONAL NEGLIGENCE AND MALPRACTICE

Standard

- ❖ Desired and achievable level of performance against which actual practice is compared
- ❖ Serves as benchmark against which to plan, to implement and assess quality of services

Negligence

- ❖ Refers to the commission or omission of an act, pursuant to a duty, that a reasonably prudent person in the same or similar circumstance would or would not do, and acting or the non-acting of which is the proximate cause of injury to another person or his property

ELEMENTS:

1. Existence of duty
2. Failure to meet the standard of due care/ Breach of duty
3. Foreseeability of harm
4. Injury to the plaintiff

SPECIFIC EXAMPLES:

1. Failure to report observations to attending physicians
2. Failure to exercise the degree of diligence which the circumstances of the particular case demands
 - Mistaken identity
 - Wrong medicine, wrong concentration, wrong route, wrong dose
 - Defects in the equipment such as stretchers and wheelchairs may lead to falls thus injuring the patients

Res Ipsa Loquitor

- ❖ "The thing speaks for itself"
- ❖ Means that the injury could not have happened if someone was not negligent that no further proof is required

3 CONDITIONS TO ESTABLISH NEGLIGENCE WITHOUT PROVING SPECIFIC CONDUCT:

- ❖ Injury was of nature that it would not normally occur unless there was a negligent act.
- ❖ Injury was caused by an agency within control of the defendant.
- ❖ Plaintiff himself did not engage in any manner that would tend to bring about the injury.

Malpractice

- ❖ Improper or unskillful care of a patient by a nurse; also denotes stepping beyond one's authority with serious consequences
- ❖ Term for negligence of professional personnel (professional negligence)
- ❖ Used properly only when it refers to a negligent act committed in the course of professional performance (Lesnik, 1962).

Force Majeure

- ❖ An irresistible force, one that is unforeseen or inevitable.

Respondent Superior

- ❖ "Let the master answer for the acts of the subordinate"
- ❖ Liability is shared between the employee and employer; not a shift of liability from the subordinate to the master.

Incompetence

- ❖ Lack of ability, or legal qualifications and being unfit to discharge the required duty

CONSENT TO MEDICAL AND SURGICAL PROCEDURES

Consent

- ❖ Free and rational act that presupposes knowledge of the thing to which consent is being given by a person who is legally capable to give consent
- ❖ Must be obtained from the patient or his authorized representative who may be his parent or guardian
- ❖ In case of emergency: consent is waived; consent does not apply

NATURE

- Nurse - secures consent of the patient upon admission
 - Physician obtains the consent.
- To substantiate the patient's consent, a written consent form is needed as proof against any liability.

ELEMENTS OF AN INFORMED CONSENT

- Diagnosis and explanation of the condition
- Fair explanation of the procedures to be done and used and the consequences
- Description of alternative treatments or procedures
- Description of the benefits to be expected
- Material rights if any
- Prognosis, if the recommended care, procedure is refused

PROOF OF CONSENT

- Consent Form is signed to show that the person consents and he/she understands the nature of the procedure, the risks involved and the possible consequences.

WHO MUST CONSENT?

- Minor
 - ✓ Parents or someone standing in their behalf
 - ✓ If the minor is married or otherwise emancipated, parental consent is not needed
- Mentally Ill
 - ✓ Parents or legal guardian
- Emergency Situation
 - ✓ No consent is necessary because inaction at such time may cause greater injury
 - ✓ Implied consent
- Consent for Sterilization
 - ✓ Husband and wife, if the operation is primarily to accomplish sterilization
 - ✓ Patient alone, if only because of medical necessity and the sterilization is an incidental result

MEDICAL RECORDS

Purposes

- ❖ Saves duplication in future cases and aids in prompt treatment
- ❖ Supplies rich material for medical and nursing research
- ❖ Serves as a legal protection for the hospital, doctor, and nurse by reflecting the disease or condition of the patient and his management

Remember

- "If it was not charted, it was not observed or done."

Nurses' Notes

- ❖ Should be written fully, accurately, legibly and promptly
- ❖ Not only includes medications and treatments, but also physical and emotional symptoms exhibited by the patient
- ❖ Aids to medical diagnosis and in understanding the patient's behavior

Nurses' Roles

- ❖ Safeguarding the patient's record from loss or destruction or from access by persons who are not legally authorized to read such

Medical Records in Legal Proceedings

- ❖ It is usually the medical records librarian, by virtue of a subpoena duces tecum, who testifies that the patients' records are kept and protected from unauthorized handling and change

ADVANCE DIRECTIVES

Living Will

- ❖ Directive given by the patient as to type of treatment he wants to receive if and when he gets into respiratory arrest
- E.g. DNR (Do Not Resuscitate), DNI (Do Not Intubate)

Durable Power of Attorney or Health Care Proxy

- ❖ When the patient legally assigns a person, who will decide in his behalf for his treatment

TORTS

- ❖ Legal wrong, committed against a person or property independent of a contract which renders the person who commits it liable for damages in a civil action

ASSAULT

- ❖ Imminent threat of harmful or offensive bodily contact
 - ❖ Verbal threat
- E.g. A nurse threatens to restrain patient if he will not take his medicine.

BATTERY

- ❖ Intentional, unconsented physical touching of another person
- ❖ E.g. When a patient refuses an injection and the nurse gives it anyway, he latter can be charged for battery

FALSE IMPRISONMENT OR ILLEGAL DETENTION

- ❖ Unjustifiable detention of a person without a legal warrant within boundaries fixed by the defendant by an act or violation of duty intended to result in such confinement
- ❖ If patient is insisting on leaving the hospital, probable consequences of their action must be explained by a competent doctor or medical staff, and then he is allowed to go home against advice.

INVASION OF RIGHT TO PRIVACY AND BREACH OF CONFIDENTIALITY

- ❖ The right to be left alone, right to be free from unwarranted publicity and exposure to public view
- ❖ Privacy relates to a person or identity. Example: Curtains are closed during physical examination
- ❖ Confidentiality relates to data/ information about an individual. Example: Patient's charts are not shared or discussed to people that are not part of the health care team.

DEFAMATION

- ❖ Character assassination, be it written or spoken
- ❖ Slander (oral/spoken defamation)
- ❖ Libel (written defamation)
- ❖ There must be a third person who hears or reads the comment

CRIMES, MISDEMEANORS, AND FELONIES

Crime

- ❖ Defined as an act committed or omitted in violation of the law

ELEMENTS

- Criminal act
- Evil/ criminal intent

CONSPIRACY

- **Principal**
 - ✓ Direct part in the execution of the act
 - ✓ Directly force or induce others to commit it
 - ✓ Mastermind of a Crime: principal by inducement
- **Accomplice**
 - ✓ Cooperates in the execution of the offense by previous or simultaneous act
 - ✓ Had knowledge of the criminal intention of the principal
- **Accessory**
 - ✓ Have knowledge of the commission of the crime
 - ✓ Take part subsequent to its commission by profiting themselves or assisting the offender to profit from the effects of the crime
 - ✓ Provides the exit strategy

Felony

- ❖ Committed with deceit and fault
- ❖ Major public offense for which a convicted person is liable to be sentenced to death or to be imprisoned in a penitentiary or prison

ACCORDING TO DEGREE OF ACT

- Consummated
 - ✓ All the elements necessary for its execution and accomplishment are present
- Frustrated
 - ✓ When the offender performs all the acts or execution which will produce the felony.
 - ✓ Did not produce felony by reason of causes independent of the will of the perpetrator
- Attempted
 - ✓ Offender commences the commission of the same directly by overt (open or manifest) acts
 - ✓ Does not perform all the acts or execution which shall produce the felony

CIRCUMSTANCES AFFECTING CRIMINAL LIABILITY

Justifying Circumstance

- ❖ No criminal liability because the act itself is justified as reasonable.

EXAMPLES

- Self-defense
- ✓ Elements of Self Defense:
 1. Unlawful aggression
 2. Necessity of the means employed
 3. No sufficient provocation of the attacker
 - If one of the three elements is lacking, this becomes incomplete self-defense and it becomes a mitigating circumstance
- Fulfillment of a lawful order or duty
- State of necessity

Exempting Circumstance

- ❖ No criminal liability because the person who committed the crime is exempted.

EXAMPLES

- Insane or Imbecile
 - ✓ Insane person lacks intelligence, the ability to determine what is right or what is wrong.
 - ✓ Imbeciles are people who have abnormalities in development who also do not possess adequate intelligence.
- Person below nine (9) years old
- Parents would pay damages
- Force majeure/Natural calamity causes injury

Lucid interval

- person has normal state of mind during a lucid interval

Mitigating Circumstance

- ❖ Decreases criminal liability
- ❖ Because of equity (equality in the law) and justice

EXAMPLES

- Voluntary surrender
- Confession of guilt
- Provoked
- Age of Convict
 - Below 18 years old
 - Above 70 years old
- Blind, deaf, and mute
 - Because they cannot defend themselves in court

Aggravating Circumstance

- ❖ Increases criminal liability

EXAMPLES

- Abuses
 1. Cruelty
 2. Abuse of authority
 3. Crimes in times of calamity (Looting, profiteering)
- Treachery
- Insult to authority
- Premeditation

Alternative Circumstance

- ❖ Degree of Education
- ❖ Degree of Intoxication (on alcohol or on prohibited drugs as defined by RA 9165)
- ❖ Relationship
 - In the presence of relationships, cases of theft, malicious mischief, estafa and swindling are mostly mitigating circumstances.

IMPORTANT LAWS RELATED TO NURSING PRACTICE

RA 6173

Code of Conduct and Ethical Standards for Public Officials and Employees

LOI 949

Legal basis of Primary Health Care

RA 7160

Local Government Code

RA 3573

Declared that all communicable diseases should be reported to the nearest health station, and that any person may be inoculated, administered or injected with prophylactic preparations

RA 7305

Magna Carta for Public Health Workers

RA 2382

Philippine Medical Act nearest health station, and that any person may be inoculated, administered or injected with prophylactic preparations

RA 9173

Philippine Nursing Act of 2002

RA 8749

Clean Air Act of 2000

PD 825

requires penalty for improper disposal of garbage and other forms of uncleanness

PD 856

Code of Sanitation

RA 9211

Tobacco Regulation Act

RA 9211

Tobacco Regulation Act

RA 8976

Philippine Food Fortification

RA 6365

National Policy on Population

EO 2009

Family Code of the Philippines

RA 7432

Entitles the elderly to a 20% discount in all public establishments

RA 7600

Rooming-In and Breastfeeding

RA 9288

Newborn Screening Act of 2004

RA 9262

Anti-Violence Against Women and the Children

RA 7719

National Blood Service

RA 7875

National Health Insurance Act

PD 996

Compulsory Immunization of all children below 8 years of age against the six childhood immunizable diseases

RA 6675

Generics Act

RA 6425

Dangerous Drug Act

RA 4226

Hospital Licensure Act

RA 8504

Philippine AIDS Prevention and Control

NURSING LEADERSHIP AND MANAGEMENT

LEADERSHIP

- ❖ The art of developing people (Venzon, 2006)
- ❖ Achieving shared goals
- ❖ The process of influencing the behavior or actions of a person or group to attain the desired objectives.
- ❖ A dynamic, interactive process that involves three dimensions

- Leader
- Follower
- Situation

NURSING LEADERSHIP

- ❖ It is a process necessary to guide nursing personnel to a specific goal.
- ❖ **Goal:** Quality nursing care to the patient

LEADERSHIP THEORIES

1. Great Man Theory/Trait Theory

- Great leaders are born and not made.
- Leaders arise when there is a great need.
- This theory argues that a few people are born with necessary characteristics to be great.

Leadership Traits

- Task-oriented
- Includes planning, scheduling coordinating activities.
- Relationship-oriented
- Includes acting friendly and considerate, showing trust and confidence
- Participative Leadership
- Uses group meetings to enlist associate participation in decision making.

2. Charismatic Theory

- Leaders possess an inspirational quality and emotional commitment from followers.

3. Contingency Theory

- Leadership behavior should be flexible
- According to Fred Fiedler (1960), leader's ability to lead depends upon the situation.

Three Aspects

- Leader - member relations
 - ✓ Involves amount of confidence and loyalty the followers have with regard to their leader.
- Task structure
 - ✓ It is high if easy to define and measure a task
 - ✓ It is low if it is difficult to define the task and to measure progress toward its completion.
- Position power
 - ✓ Authority inherent in the position
 - ✓ Power to use rewards and punishment

4. Path- Goal Theory

- Leader minimizes obstructions to facilitate accomplishment of tasks
- Focuses on motivation and productivity

6. Situational Theory

- Leader may vary differ according to varying situation.
- A person may be a leader in one situation and a follower in another or vice-versa.

7. Transactional Theory

- Focuses on management tasks and trade - offs to meet goals.
- People are motivated by reward and punishment.

8. Transformational Theory

- Inspirational leadership that:
 - ✓ Promotes employee development
 - ✓ Attends to needs and motives of followers
 - ✓ Inspires through optimism
 - ✓ Influences changes in perception
 - ✓ Encourages follower creativity

9. Strategy Theory

- It is based on human handling skills of leaders.

Strategies:

- Attention through vision
- Meaning thru communication
- Trust thru positioning
- Deployment of self through positive self-regard

10. Leadership Styles

Authoritarian

- Strong control through commands
- Decision-making by one person
- Downward communication

• Democratic

- Control through guidance
- Decision-making by the leader and members of the group
- Upward and downward communication

• Laissez-faire

- Little or No control
- Decision-making by the members of the group
- Horizontal communication
- Requirement: Self-directed and skilled members

MANAGEMENT THEORIES

Scientific Management

1. Frederick Taylor

- Father of Scientific Management
- Through the use of stopwatch studies, he applied the principles of observation, measurement and scientific comparison to determine the most efficient way to accomplish a task.

2. Frank Gilbreth & Lillian Gilbreth

- Time-and-motion studies
- Emphasized the benefits of job simplification and establishment of work standards as well as the effects of the incentive wage plans and fatigue on work performance.

3. Henry Gantt

- Concerned with problems of efficiency
- **Gantt Chart** — depicts the relationship of the work planned or completed on the axis to the amount of time needed or used on the other.
- He argued for a more humanitarian approach by management, placing emphasis on service rather than profit objectives

CLASSIC ORGANIZATION

1. Henry Fayol

- Father of the Management Process School
- Studied the functions of managers and concluded that management is universal.
- Believer in the division of work
- Argued that specialization increases efficiency
- Recommended centralization through the use of a scalar chain or levels of authority

2. Max Weber

- Father of Organization Theory
- Emphasis on rules instead of individuals and on competence over favoritism as the most efficient basis for organization.

3. Lyndall Urwick

- His conceptual framework blended scientific management and classic organization theory into the beginnings of classic management theory.
- He described the managerial process as planning, coordinating, and controlling
- Popularized concepts such as balance of authority with responsibility, span of control unity of command, use of general and special staff, the proper use of personnel, delegation. and departmentalization

Human Relations

1. Chester Barnard

- He said that authority depends on acceptance by the followers
- He stressed the role of informal organizations for aiding communication, meeting individuals' needs and maintaining cohesiveness.

2. Mary Follett

- Stressed the importance of coordinating the psychological and sociological aspects of management

Behavioral Science

1. Abraham Maslow

- Hierarchy-of-Needs Theory
- ✓ Physiological
- ✓ Safety
- ✓ Love and Belonging
- ✓ Self-esteem
- ✓ Self-actualization

2. Frederick Herzberg

- Found that job factors in situations associated with satisfaction were different from job factors in situations associated with dissatisfaction
- Motivators or satisfiers identified were achievement, recognition, work itself, responsibility, advancement and the potential for growth
- Hygiene factors or dissatisfiers identified were supervision; company policy; working conditions; interpersonal relations with superiors, peers and subordinates; job security.

3. Douglas McGregor

THEORY X	THEORY Y
Goal of organization	Goal of individual
People dislike work and will avoid it	Seek responsibility & display imagination
Workers have no ambition but desire security	Workers have self-direction
Motivation by fear and threats	Motivation by praise and recognition

4. Robert Blake and Jane Mouton

- Maintained that there are two critical dimensions of leadership
- Concern for the people
- Concern for production

5. Peter Drucker

- Maintains that the only way for management to justify its existence is through economic results
- Three areas of management
- ✓ Managing a business
- ✓ Managing managers
- ✓ Managing workers

TYPES OF LEADERS

- ❖ Formal leader
 - It is based on an occupying position in an organization.
 - Appointed by the administration, and given legitimate authority to act.
- ❖ Informal leader
 - It occurs when an individual demonstrates leadership outside the scope of a formal leadership role.
 - Emerges as a leader when accepted by others and perceived to have influence of the many.
 - Becomes a leader because of seniority, age, special proficiencies, an inviting personality or ability to communicate with and counsel others.

SOURCES OF POWER

- ❖ **Legitimate**
 - Power because of position
 - Job title
 - E.g. Director of Nursing
- ❖ **Reward**
 - Something given in recompense for a good deed; incentives
 - Sources: money, desired assignments, provision of personal space. acknowledgement of accomplishments
- ❖ **Coercive**
 - Fear of punishment if one fails to conform.
- ❖ **EXPERT**
 - Special abilities, skills or expertise towards the job.
- ❖ **REFERENT**
 - Based on association with a leader and what the leader symbolizes
 - Leader is admired and exerts influence because the followers desire to be like the leader

❖ Connection

- Comes from formal or informal coalitions and interpersonal relations
- Links to prestigious and influential people within and outside the organization.
- Eg. Son/Daughter of the Mayor; Friend of the President of the Philippines

❖ Information

- Information power comes from knowledge and access to information that other people don't have.

MANAGEMENT

- ❖ Process by which a cooperative group directs actions toward common goals.
- ❖ The act of planning, organizing, directing and controlling.
- ❖ It involves techniques by which a distinguished group of people coordinates the services of people.
- ❖ **MANAGER** – a person who creates and maintains an internal environment in an enterprise where individuals work together as a group.

PRINCIPLES OF MANAGEMENT

- ❖ Pareto Principle
 - Also known as the 80-20 rule, the law of the vital few, and the principle of factor sparsity
 - Roughly 80% of the effects comes from 20% of the causes
 - Once the major cause of the problem is identified, it can be problem solved, leading to considerable impact.
- ❖ Principle of Least Effort
 - Also known as the deterministic description of human behavior.
 - Information-seeking client will tend to use the most convenient search method, in the least exacting mode available
 - The user will use the tools that are most familiar and easy to use that finds the results.

GENERAL MANAGEMENT ROLES

❖ Interpersonal Role

Manager shows as a:

- **Symbol** (signing of papers / documents)
- **Facilitator** (hires, trains, encourages, fires, remunerates, and judges)
- **Liaison** (link to community, suppliers and the organization)

❖ Informational Role

Present the manager as:

- One who monitors information
- Disseminates information from both external and internal sources
- Spokesperson or representative of the organization.

❖ Decisional role

The manager is:

- An entrepreneur or innovator
- A trouble shooter
- A negotiator

FUNDAMENTAL SKILLS OF MANAGERS

According to Katz:

❖ Technical

- Proficiency in performing an activity in the correct manner with the right technique

❖ Human

- Dealing with people and how get along with them

❖ Conceptual

- Ability to see individual matters as they relate to the total picture and to develop big problems and discarding irrelevant facts.

According to Summer:

❖ Knowledge Factors

- Refer to ideas, concepts or principle

❖ Attitude Factors

- Beliefs, feelings, and values

❖ Ability Factors

- Skills, art, judgment and wisdom

MANAGEMENT LEVELS

- ❖ First Level Manager
 - Concerned with specific unit's work flow.
 - Deals with immediate problems in the unit's daily operations, with organizational needs, and with personal needs of employee.
 - E.g. Head nurse
- ❖ Middle Level Manager
 - Coordinates the efforts of lower levels of the hierarchy
 - Conduit between lower and top-level managers.
 - E.g. Supervisor
- ❖ Top Level Manager
 - Manages and looks at the organization as a whole
 - Coordinates internal and external influences and generally makes decisions with few guidelines or structures.
 - E.g. Chief nurse

STEPS IN MANAGEMENT

P.O.L.E

P - lanning

O - rganizing

- Staffing

L - eading (Directing)

E - valuating (Controlling)

PLANING

- ❖ It is a continuous process of assessing, establishing goals and objectives, implementing and evaluating them, and subjecting these to changes.
- ❖ Deciding in advance what to do; who is to do it; and how, when, and where it is to be done.

Characteristics of a Good Plan

- ❖ A well-developed plan should:
 - Be precise with clearly - worded objectives
 - Be guided by policies and/or procedures affecting the planned action
 - Indicate priorities
 - Develop actions that are flexible and realistic
 - Develop a logical sequence of activities
 - Include the most practical methods for achieving each objective
 - Pervade the whole organization

Scope of Planning

• Strategic planning

- 3-5 years in the future
- Set overall goals and policies
- Nursing Directors, Chief Nurses, Directors of Nursing

1. Vision

- ✓ Used to describe future roles, functions, and aims of an organization.
- ✓ Eg. The Medical Center envisions itself to become a Center of Excellence providing holistic approach to health care services. As a Center of Wellness, the services provided shall enable the people to improve their health and increase control over it.

2.. Mission

- ✓ It is a brief statement identifying the reason why an organization exists.
- ✓ E.g. The Medical Center, as a public, tertiary hospital is so maintained as the people's partner and improve to provide accessible, quality, cost effective, preventive, promotive, curative, rehabilitative health care services to the general public, especially the destitute

3. Philosophy

- ✓ Delineates the set of values and beliefs that guide all actions of the organization
- ✓ E.g. The Medical Center is guided by the following beliefs:
The hospital is committed to assume a vital role in health promotion, disease prevention, curative, rehabilitative and primary health care in partnership with public health counterparts, the clients, families, and communities.

4. Goals

- ✓ Actions for achieving the mission and philosophy

- ✓ E.g. To provide the best possible health care services to its clients in a high-quality setting conducive to attaining its vision as a center of wellness and a standard medical center

5. Objectives

- ✓ Similar to goals in that they motivate people to a specific end and are explicit, measurable, observable, or retrievable, and obtainable.
- ✓ E.g. To establish an organized governing body so functioning that has overall responsibility for the conduct of hospital in a manner consonant with its philosophy, mission and objectives.

6. Standards

- ✓ Professionally desirable norms

7. Policies

- ✓ Broad guidelines for the managerial decisions that are necessary in organizational planning

8. Procedures

- ✓ Are plans that establish customary or acceptable ways of accomplishing a specific task and delineate a sequence of steps of required action.

9. Rules

- ✓ Describe situations that allow only one choice of action.
- ✓ Fairly inflexible

Intermediate planning

• 6 months to 2 years

Formulation of policies, rules and regulations, methods and procedures for intermediate level planning for on-going activities is done in coordination with the top management and those with the lower level

• Nursing Supervisors

❖ Operational planning

- Departmental plans, maintenance, and improvement goals.
- Daily and weekly plans for administration or direct patient care.
- Head nurses

Budgeting: Financial Plan

❖ Budget

- A financial road map that estimates future costs and a plan for utilization of resources

Components of Budget

• Operating Budget

- ✓ Daily revenue and expenses including:

- Salaries
- Supplies
- Contractual services
- Employee benefits
- Laundry services drug and pharmaceuticals
- In-service education

- ✓ Composed of the revenue and expense budget.

Revenue Budget — summarizes the income

Expense Budget — salaries, supplies, utilities, maintenance

• Cash Budget

- ✓ Forecasts the amount of money received
- ✓ It consists of the beginning cash balance, estimates of the receipts and disbursements, and the estimated balance for a given period.
- ✓ Prepared by estimating the amount of money to be collected from patients and allocating it to cash disbursement required to meet obligations promptly as they come.

• Capital Expenditure Budget

- ✓ Major expenditures
- ✓ Consists of accumulated data for fixed assets that are expected to be acquired during the budget period.
- ✓ Replacement, or expansion of the plant, major equipment, and inventories.
- ✓ E.g. MRI, X-ray, CT scan

• Flexible Budget

- ✓ Composed of budgets that adjust automatically over the course of the year depending on variables such as volume and labor costs.

• Zero-Based Budgeting

- ✓ Major advantage of this type of budget is that it forces managers to set priorities and justify.
- ✓ Disadvantage: Time consuming

ORGANIZING

- ❖ It is the process of establishing formal authority that involves
 - Setting up the organizational structure through identification of groupings, roles and relationships
 - Determining the staff needed and distributing them in various areas.

Elements of Organizing

1. Organization structure
2. Staffing
3. Scheduling
4. Developing job description

Authority: The right to act or make decisions without need for approval of higher administration.

Terms Used in Organizing Authority

- The right to act or make decisions without need for approval of higher administration

Accountability

- Taking full responsibility for the quality of work and behavior

Responsibility

- Obligation to perform the assigned task

❖ Principles of Organizing

- Unity of Command
 - ✓ There can only be one superior
- Scalar Principle / Hierarchy/ Chain of Command
 - ✓ Flow from higher to lower authority
- Departmentalization
 - ✓ Grouping of workers with similar assignments
- Span of Control
 - ✓ The number of people that reports directly to a manager
- ❖ Centralization
 - ✓ The staff all reports to one person that is higher to them
- Decentralization / Delegation
 - ✓ Transferring specified decision making to lower levels of the organization
- ❖ Organization — the structure and process which allows an agency to enact its philosophy and achieve its goals

Types of Organization

Line Organization

- ✓ It is the simplest and most direct type of organization
- ✓ Each position has general authority over the lower positions in the hierarchy.
- ✓ E.g. Clinical and Administration

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Maintain simplicity • Encourages speedy action • Makes a clear division of authority 	<ul style="list-style-type: none"> • Neglects special planning • Overworks key People • Depends upon retention of few key people

Staff Organization

- ❖ It is purely advisory to the line structure with **no authority** to put recommendations into action.
- E.g. Training and Research

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> Frees the line executive of detailed analysis Affords young specialist a mass training Enables specialist to give expert advise 	<ul style="list-style-type: none"> Reduces expert power to place recommendation into action Tends towards centralization of the organization Continues the organization even if its functions are not clear

Functional Organization

- It is one where each unit is responsible for a given part of the organization's workload.
- There is clear delineation of roles and responsibilities which are actually interrelated

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> Relieves line executive of routine specialized decision Provides frameworks for applying expert knowledge 	<ul style="list-style-type: none"> Makes relationship more complex Makes limits of authority of each specialist a difficult coordination

ORGANIZATIONAL CHART

It is a diagrammatic representation of the organizational structure

Five Major Characteristics

- Division of Work
- Chain of command
- Type of work to be performed
- Grouping of Work Segments
- Levels of Management

FORMS OF ORGANIZATIONAL CHART	
Vertical Chart	<ul style="list-style-type: none"> Also known as Tall Chart Depicts the Chief Executive at the top with line of authority flowing down the hierarchy.
Horizontal Chart	<ul style="list-style-type: none"> Also known as Circular Chart Depicts the manager at the top with a wide span of control
Concentric Chart	<ul style="list-style-type: none"> Also known as Circular Chart Shows outward flows of Communication from center

STAFFING

- It is the process of determining and providing the acceptable number and mix of nursing personnel to produce a desired level of care to meet the patient's demand.

Purpose: To provide each nursing unit with an appropriate and acceptable number of workers in each category to perform the nursing tasks required.

Schedule — a timetable showing planned workdays and shifts for nursing personnel

Types of Scheduling

- ❖ **Centralized**
 - Done by the Chief nurse.
 - He/ She assigns the nursing personnel to the various units of the hospital.
- ❖ **Decentralized**
 - The shift and off — duties are arranged by the Nurse Super-visors or Senior nurse of the particular unit.
- ❖ **Cyclical**
 - Covers a designated number of weeks as one cycle, which is repeated thereon.

Advantages

- It is fair to all
- Saves time
- Enables employees to plan ahead of time
- Scheduled leaves are more stable
- Productivity is improved

The Hospital Nursing Service Administration Manual of the DOH has recommended the following nursing care hours for patients in the various nursing units of the hospital

Cases/Pt	NCH/Pt/day	Prof to Non-prof ratio
General Medicine	3.5	60:40
Medical	3.4	60:40
Surgical	3.4	60:40
Obstetrics	3.0	60:40
Pediatrics	4.6	70:30
Pathologic Nursery	2.8	55:45
ER/ICU/RR	6.0	70:30
CCU	6.0	80:20

Patient Care Classification

- Method of grouping patients according to amount and complexity of nursing requirements

LEVELS OF CARE

Level 1: Minimal	For discharge, non- emergency, 1.5 hours per day
Level 2: Moderate	Some help with ADL, IV, VS 3x per shift, 3 hours per day
Level 3: Total / Intensive	Completely dependent, VS q30 6 hours per day
Level 4: Critical	Continuous observation 6- 9 hours or higher per day

PERCENTAGE OF PATIENTS IN VARIOUS LEVELS OF CARE

TYPE OF HOSPITAL	MINIMAL CARE	MODERATE CARE	INTENSIVE CARE	HIGHLY SPECIALIZED CARE
Primary	70	25	5	----
Secondary	65	30	5	----
Tertiary	30	45	15	10
Special Tertiary	10	25	45	20

TOTAL NUMBER OF WORKING DAYS PER YEAR

	40 hours/ week	48 hours/ week
Non - working days	213	265
	152	100
Working hours	1, 704	2, 120
Relievers needed	0.15	0.12

Staffing Formula

- Categorize according to level of care needed. Multiply the total number of patients by the percentage of patients at each level of care (whether minimal, intermediate, intensive or highly specialized).
- Find the total number of nursing care hours needed by the patients at each category level.
 - Find the number of patients at each level by the average number of nursing care hours needed per day.
 - Get the sum of the nursing care hours needed at the various levels
- Find the actual number of nursing care hours needed by the given number of patients. Multiply the total nursing care hours needed per day by the total number of days in a year.
- Find the actual number of nursing care hours rendered by each nursing personnel per year.
 - Multiply the number of hours on duty per day by the actual working days per year.
- Find the total number of nursing personnel needed.
 - Divide the total number of nursing care needed per year by the actual number of working hours rendered by an employee per year.
 - Find the number of relievers. Multiply the number of nursing personnel needed by 0.15 (for those working 40 hours per week) or by 0.12 (for those working 48 hours per week)
 - Add the number of relievers to the number of nursing personnel need.
- Categorize the nursing personnel into professionals and non-professionals. Multiply the number of nursing personnel according to the ratio of professionals to non-professionals
- Distribute by shifts.

Professional to Non-Professional

Type of Hospital	Ratio Prof. to Non-Prof
Primary	55.45
Seconder	60. 40
Tertiary	65.35
Specialized	70.30 or 80:20

Distribution Per Shift

AM – 45%
PM - 37%
Night - 18%

DIRECTING

- ❖ Issuance of orders, assignments and instructions that enable the nursing personnel to understand what are expected
- ❖ Involves command and coordination

Elements of Directing

- Communication
- Delegation
- Supervision
- Coordination
- Staff Development
- Decision-making

COMMUNICATION

- ❖ Transmission of information, opinions, and intentions between and among individuals
- ❖ Types
 - Verbal
 - ✓ Oral
 - ✓ Written
 - Non- verbal
 - ✓ Facial expression
 - ✓ Tone of Voice
 - ✓ Body Language
 - ✓ Touch

LINES OF COMMUNICATION	
Downward - From superior to subordinate	Examples: <ul style="list-style-type: none"> • Policies • Rules and regulations • Memorandum • Employee • Handbooks • Performance Appraisal
Upward - From subordinates upward	Examples: <ul style="list-style-type: none"> • Incident report • Grievance report
Horizontal -between peers, personnel, or departments on the same level	Examples: <ul style="list-style-type: none"> • Endorsements • Conferences • Nursing Rounds
Outward - From caregivers to patient and their relatives	Examples: <ul style="list-style-type: none"> • Discharge teaching
Diagonal -From individuals or departments that area not in the same level or the hierarchy	Examples: <ul style="list-style-type: none"> • Nutrition department to nursing department
Grapevine - informal communication; often rapid and subject to much distortion	Examples: <ul style="list-style-type: none"> • Gossip • hearsay

Delegation

- ❖ Process by which a manager assigns specific tasks/duties to workers with commensurate authority to perform the job.
- ❖ **Principles of Delegation**
 - Select the right person is to be delegated
 - Delegate both interesting and uninteresting tasks
 - Provide subordinates with enough time to learn

- Delegate gradually
- Delegate in advance
- Consult before delegating
- Avoid gaps and overlaps

❖ What Cannot Be Delegated

- Overall responsibility, authority and accountability for satisfactory completion of all activities in the unit
- Authority to sign one's name is never delegated
- Evaluating the staff and/or taking necessary corrective or disciplinary action
- Responsibility for maintaining morale or the opportunity to say a few words of encouragement to the staff especially to new ones
- Jobs that are too technical and those that involve trust and confidence

RESPONSIBILITIES

RN	IV Medications Health Teaching Assessment Evaluation Over-all accountability Unstable/critical Patients
Licensed Practical Nurse	Medications (IM, SC, ID, Except IV) Wound cleansing Blended Feeding Suctioning
Nursing Assistant	Routine activities V/S Application of pulse oximeter sensor Post-mortem Stable patients / ambulatory/ MGH

NURSING CARE ASSIGNMENTS

- ❖ Can also be called modalities of nursing care, systems of nursing care, or patterns of nursing care.

1. Functional Nursing

- This kind of nursing modality is task- oriented in which a particular nursing function is assigned to each worker.
- Divides work to be done & every member is responsible for his actions
- Best system that can be used if there are many patient and professionals

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> - Work is done fast - Workers learn to work fast 	<ul style="list-style-type: none"> ✓ Fragmentation of nursing care; therefore, holisticis not achieved ✓ Patient cannot identify who their real nurse is ✓ Nurse- patient relationship is not fully developed ✓ Evaluation of nursing care is poor ✓ Outcomes are rarely documented ✓ It is hard to find a specific person to answer relative questions

2. Total Care Nursing

- One nurse is assigned to one patient for the delivery of total care.
- Works best when there are plenty of nurses whereas patients are few.

3. Team Nursing

- One nurse leads a group of nursing personnel in providing nursing needs to a group of patients
- Decentralized system of care

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> ✓ Team effort ✓ Frees patient care coordinator to manage the unit ✓ Nursing care conferences help problem solve and develop staff ✓ Nursing care plan 	<ul style="list-style-type: none"> ✓ Time needed to coordinate delegated work

4. Primary Nursing

- RN is responsible for the total care of a small group of patients (4-6) from admission to discharge.
- **RN** remains responsible for the care of those patients 24 hours per day.

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> ✓ Patient and family are able to develop trusting relationship with the RN. ✓ Assures continuity of care ✓ Improves communication with the members of the health team and eliminates the use of nursing aides in the provision of direct nursing care. 	<ul style="list-style-type: none"> ✓ High cost because there is higher RN skill ✓ Proximity of patient assignment ✓ Overlapping of staff functions ✓ Nurse patient ratio must be realistic

5. Case Method

- One is to one nurse patient ratio
- E.g. ICU nurse, private duty nurse

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Consistency of one individual caring for the whole shift. • More opportunity to observe and monitor the patient 	<ul style="list-style-type: none"> • The Nurse may not have the same patient the next day • It does not serve the purpose of decentralization

6. Modular Method

- Also termed as District Nursing
- Modification of team and primary nursing
- It is sometimes used when there are not enough RNs to practice nursing
- It differs from team nursing in that the registered nurse provides direct nursing care with the assistance of aides.

Supervision

- ❖ It is providing guidelines for the accomplishment of a task or activity with initial direction and periodic inspection of the actual accomplishment coordination, and synchronization of services

Principles of Good Supervision

- ❖ Good supervision requires adequate planning and organization which facilitate cooperation, coordination, and synchronization of services
- ❖ Good supervision gives autonomy to workers depending on their competency, personality and commitment.
- ❖ Good supervision stimulates the worker's ambition to grow into effectiveness.
- ❖ Good supervision creates an atmosphere of cordiality and trust.
- ❖ Good supervision considers the strengths and weaknesses of employees
- ❖ Good supervision strives to make the unit an effective learning situation of the task or activity.
- ❖ Good supervision considers equal distribution of work considering age, physical condition, and competence.

Staff Development

- ❖ Providing structure and assistance for employees to learn more.

1. Orientation

- Done for new employees
- Refers to planned and guided activities of an employee in the organization, the work environment and in his job

2. In-Service Education

- Consists of on the job instructions that are given to enhance employee's recent job performance

3. Specialty Courses

- Offered by hospitals with trained specialist, facilities and source
- E.g. dialysis nursing, oncology nursing, cardiology nursing

4. Formal Education

- Graduate Degree: Master's Degree

Coordination

- Unites personnel and services toward a common objective
- Synchronization of activities among various services and department
- Prevents overlapping of functions
- Promotes good working relationships
- Work schedules are accomplished as targeted

Conflict Management

Conflict

- ❖ A clash between two opposing parties. It is a type of behavior involving two or more parties in opposition to each other.

Types of Conflict

- 1. Intrapersonal**
 - From within one person
- 2. Interpersonal**
 - Between two persons
- 3. Intragroup**
 - Within the group itself
- 4. Intergroup**
 - Conflict between two groups of people in the organization

CONFLICT RESOLUTION		
Avoidance	Avoid confrontation	Lose-lose
Accommodation	One gives way to other	Win-lose
Collaboration	Both work out ways to solve the problem	Win-win
Compromise	Both will sacrifice	Lose-lose
Competition	One wins	Win-lose

Decision Making

- ❖ The process of arriving at a course of set of that is consciously chosen from alternatives

Decision Making Process

1. Define the Problem
2. Analyze the Problem
3. Develop alternative solution
4. Select possible solutions
5. Implement follow-up

Controlling

- ❖ Also called "evaluating"
- ❖ An on-going function of management which occurs during planning, organizing and directing activities

Basic components of the control process:

- Establish Standard
- Measure actual performance
- Compare performance vs. standards
- Reinforce correct behavior
- Implement corrective action

Performance Appraisal

- A control process wherein an employee's performance is evaluated ^{against} standards

Characteristics of an Evaluation Tool

- Objectivity
- Reliability
- Validity
- Sensitivity

Performance Appraisal Tools

- ✓ Checklists
 - Compilation of all nursing performances expected of a worker.
- ✓ Rankings
 - In simple ranking, the evaluator ranks the employees according to how he or she fared with co-workers with respect to certain aspects of performance or qualifications.
- ✓ Rating Scales
 - Includes a series of items representing the different tasks or activities in the nurse's job description
- ✓ Anecdotal recording
 - Describes the nurse's experience with a group or a person, or in validating technical skills and interpersonal relationships.
- ✓ Essay
 - The appraiser writes a paragraph or more about the worker's strengths, weaknesses and potentials.

Informal Appraisal

- Consists of incidental observation of performance while the worker is engaged in performing nursing care.

Formal appraisal

- Collecting objective facts that can demonstrate the difference between what is expected and what was done.

Quality Assurance

- Evaluation of the health care system and the provision of healthcare services by workers.

Quality Assurance Criteria

- Structure
 - ✓ Physical setting and condition
 - ✓ Focus on the structure or management system used by the agency to deliver care
- Process
 - ✓ Steps in nursing process
- Outcome
 - ✓ Measure results of care and the desirable changes in client

Benchmarking

- A tool to assist in quality of care decision making
- A continuous process of measuring what exist against the best

Continuous Quality Improvement (CQI) or Total Quality Management (TQM)

- A way to ensure customer satisfaction by involving employees in the improvement of the quality of every product or service
- Process of continuously improving a system by gathering data or performance

Nursing Audit

- It measures the actual performance of the nursing personnel against standards
- It is composed of a representative from all levels of the nursing staff

Patient Care Audit

✓ Concurrent

- One in which patient care is observed and evaluated through:
 - Review of the patients' charts while the patients are still confined
 - Observation of the staff as patient care is given

- Observation of the effects of patient care

✓ Retrospective

- One in which patient care is evaluated through:
 - Review of discharged patients' charts
 - Questionnaires sent to interviews conducted discharged patients

Peer Review

- Audit done by peers evaluating another job performance of the employees of the same rank against accepted standards

Discipline

- A constructive and effective means by which employees take responsibility for their own performance and behavior

Stages of Disciplinary Action

1. Counseling and Oral Warning

- ✓ Best given in private and in an informal atmosphere
- ✓ Employee is given a fair chance to air his side

2. Written Warning

- ✓ Identify the rule violated, list consequences if behavior is continued, employees commitment to take corrective actions

3. Suspension

- ✓ It is given after an evidence of oral and written warnings.
- ✓ Temporary withdrawal from duties

4. Dismissal

- ✓ Permanent removal of a person from organization

LEADERSHIP VS MANAGEMENT

	Leadership	Management
Motto	Do the right thing I	Do things right
Challenge	Change	Continuity
Focus	Purpose	Structure and I procedure
Time Frame	Future	Present
Methods	Strategies	Schedules
Questions	Why?	Who, What, when, where, how?
Human	Potential	Performance

LEADERSHIP AND CHANGE

Strategies for effecting change

- ✓ Empirical- Rational
 - Based on the assumption that people are rational and behave according to rational self-interest.
 - It follows that people should be willing to adopt a change if it is justified and if the people are shown how they can benefit from the change.
- ✓ Normative- Reeducative
 - Based on the assumption that people act according to their commitment to sociocultural norms
 - Manager pays attention to changes in values, attitudes, skills and relationships in addition to providing information.
- ✓ Power- Coercive
 - Involves compliance of less powerful people to leadership, plans and directions of more powerful people
 - E.g. Use of strikes, sit-ins negotiations, conflict confrontation and rulings

Kurt Lewin's Theory of Change

- ✓ Unfreezing
 - Development through problem awareness of a need for change.
 - Coercion and induction of guilt and anxiety have been used for freezing.
- ✓ Moving
 - Working toward change (identifying problem, exploring alternatives, defining goals)
- ✓ Refreezing
 - Integration of the change into one's personality and the consequent stabilization of change.

Types of Change

- ✓ Coercive Change
 - Non-mutual goal setting, imbalanced power ratio, and one-sided deliberativeness characterize coercive change.
- ✓ Emulative Change
 - Transition is fostered through identification with and imitation of power figures.
- ✓ Indoctrination
 - Uses mutual goal setting, has an imbalanced power ratio, and is deliberative.
- ✓ Interactional Change
 - Mutual goal setting, fairly equal power, but no deliberativeness
- ✓ Natural Change
 - Includes accidents and acts of God.
 - Involves no goal setting deliberativeness
- ✓ Socialization Change
 - Individual conforms to the needs of a social group.
 - When there is greater deliberativeness on the power side, change becomes indoctrination.
- ✓ Technocratic Change
 - Collecting and interpreting data bring about change
 - Technocrat merely reports the findings of the analysis to bring about the change.
- ✓ Planned Change
 - Involves mutual goal setting, an equal power ratio, and deliberativeness.

Theories of Motivation

- ✓ **Need Theory**
 - Abraham Maslow 's Hierarchy of Needs
 - People are motivated to satisfy certain needs to complex psychological needs.
- ✓ **The Two — Factor Theory**
 - Hygiene factors (relate to the working conditions such as salary, quality of supervision, job security)
 - Motivating factors (relate to job itself; "satisfiers")
 - Nurse managers need to use both of these factors to recruit and retain staff.
- ✓ **McClelland's Three Basic Needs Theory**
 - Includes the three basic needs that people should possess in varying degrees (achievement, power, and affiliation)
- ✓ **Expectancy Theory**
 - Victor Vroom's Expectancy Theory Human Motivation
 - ✓ Indicates that felt needs individuals in work settings are increased if a person perceives positive relationship between effort and performance.
- ✓ **Operant Theory**
 - B.F Skinner's Operant Theory
 - ✓ Suggests that an employee's work motivation is controlled by conditions in the external environment instead of internal needs and desires.
- ✓ **Equity Theory**
 - Perceptions about equity and inequity
 - Found that employees assess fairness by considering their input and the psychological, social and financial rewards in comparison with those of others.

NURSING RESEARCH

DEFINITION

- ✓ Research
 - Systematic inquiry that uses disciplined methods to answer questions or solve problems.
 - Scientific method
 - Solve Problems and answer questions
- ✓ Nursing research
 - Systematic inquiry designed to develop trustworthy evidence about issues of importance to the:
 - Nursing profession
 - Nursing practice
 - Education
 - Administration
 - Informatics

PURPOSES OF NURSING RESEARCH

- Accountability for Nursing Practice
- Credibility to Nursing, Cost effectiveness
- Evidence-Based Nursing Practice
- Documentation of Nursing Care

TYPES OF RESEARCH ACCORDING TO PURPOSE

BASIC	APPLIED
General knowledge	Find solution to existing problem
Formulate/ refine a theory	Focus on intervention to achieve desired goal
General principles of human behavior	How principles can be used to solved problems in such nursing practice
Ex: in-depth study to be better understand normal grieving process	Ex: study to determine Effectiveness of a nursing intervention to ease grieving.

✓ Basic Research

- Undertaken to extend the base of knowledge in a discipline, or to formulate or refine a theory.

Example: The Sun to the Earth And beyond: Panel Reports (2003)

✓ Applied Research

- Focuses on finding solutions to existing problems and thus tends to be of greater immediate utility for evidence based practice.

- Designed to indicate how these principles can be used to solve problems in nursing practice.

Example: The use of breastfeeding for pain relief during neonatal immunization injections.

TYPES OF RESEARCH ACCORDING TO DESIGN

✓ Quantitative Research

- Uses mechanism designed to control the study
- Information gathered in such a study is numeric information that results in some type of formal measurement and that is analyzed with statistical procedure

- Quantitative data-** information in numeric form

✓ Qualitative Research

- Materials are narrative and subjective
- Takes place in the field, often over an extended period of time
- Tends to emphasize the dynamic, holistic, and individual aspects of human experience.

- Qualitative data-** narrative description

VARIABLES

Variables- a characteristic or quality that takes on different values.

• Independent variable

- ✓ The presumed cause of, antecedent to, or influence on the dependent variable.

• Dependent variable

- ✓ The behavior, characteristic or outcome the research is interested in understanding, explaining or affecting. It is the presumed effect.

- ✓ Example: The relationship between the number of prenatal classes attended by pregnant women and the degree of anxiety concerning labor and delivery

- Independent variable:** number of prenatal classes

- Dependent variable:** degree of anxiety

QUATITATIVE	QUALITATIVE
Positive traditions	Naturalistic inquiry
Scientific method	Human experience
Numerical data	Narrative description data
objective	Subjective
Systematic/ controlled	Flexible/ evolving
Empiricism (use of senses)	Analytical insight
General/broad	Specific/direct
Cause and effect	Meaning discovery
Deductive reasoning	Inductive reasoning
Theory testing	Theory development
Laboratory setting	Field setting

QUANTITATIVE RESEARCH

Experimental research

- Researchers actively introduce an intervention or treatment
- Example: the effect of the pressure relieving devices on prevention of heel pressure ulcers.

True Experimental Design

1. Manipulation

- ✓ An intervention or treatment is introduced to some subjects

✓ Treatment group

- The group who receives intervention

2. Control

- ✓ The experimenter introduces control over the experimental situation

✓ **Control group**

- Group without treatment
- Refers to a group of subjects whose performance on dependent variable is used to evaluate the performance of the treatment group on the same dependent variable.

3. Randomization

- ✓ The experimenter assigns subjects to a control or experimental condition on a random basis.
- ✓ **Random** means that every subject has an equal chance of being assigned to any group.

Example: An experimental study was conducted to determine the effects of classical music in improving the grades of elementary school students. The students were selected through random sampling. One group was exposed to classical music during review sessions. The other group was placed into another room without the intervention. After the review session, a post test was given to the students.

- **M-** The classical music
- **R-** The students were randomly selected
- **C-** The presence of a control group (without intervention)

• **Quasi-experimental design**

Involves an intervention, however, quasi-experimental designs lack **randomization**, the signature of a true experiment.

Non-Experimental Research

- ✓ They collect data without introducing treatments or making changes.
- 1. **Correlational Research**
 - Designs that examine relationships between variables.
 - A correlation is an interrelationship or association between two variables, that is, a tendency for variation in one variable to be related to variation in another.
 - Eg. The relationship of nursing supervisor's perceived sense of humor staff nurses' job satisfaction.
- 2. **Comparative Research**
 - Identify, analyze and explain similarities and differences across society
 - Eg. Preparing Educators towards Educational Technology: Comparative, study of Students' and Educators perception in Learning Programming languages
- 3. **Survey Research**
 - Is designed to obtain information about the prevalence, distribution, and interrelation of variables with in population.
Telephone interviews Questionnaires
 - E.g. For a political or ethical survey, about which anybody can have a valid opinion, you want to try and represent a well-balanced cross section of society
- 4. **Methodological Research**
 - Studies are investigation of the ways of obtaining and organizing data and conducting rigorous research.

QUALITATIVE RESEARCH

1. Grounded Theory

- ✓ Researchers strive to generate comprehensive explanations of phenomena that are grounded in reality
- ✓ A research method that will
 - Develop a theory
 - Offer an explanation
 - Focus on the main concern of the population
 - Show how the concern is resolved or processed.

2. Phenomenological Research

- ❖ Is concerned with the lived experience of humans
- ❖ Is an approach to thinking about what life experiences of people are like.
- ❖ Example: In-depth interviews to explore the experiences of women who had undergone vaginal closure surgery to correct severe vaginal prolapse.

3. Ethnographical Research

- ❖ Is the primary research tradition within anthropology, and provides a framework for studying the patterns, lifeway and experiences of a cultural group in a holistic fashion.
- ❖ Example: Ramon and Mei Joy conducted ethnographic fieldwork in two rural Ecuadorian communities and studied the burdens of women's roles, the women's perceived health needs, and health care resources.

4. Historical Research

- ❖ The systematic collection and critical evaluation and interpretation data relating of historical evidence (past occurrences)

5. Case Studies

- ❖ Are **in depth investigations of a single entity or a small number of entities**
- ❖ **Example:** Ralf and Carlo conducted in-depth case study of a patient who had had a stroke 2 years ago and is experiencing eating difficulties.

MAJOR STEPS IN A QUANTITATIVE STUDY

Phase 1: Conceptual Phase

• Formulating and Delimiting the Problem

- Identify an interesting, significant research problem and research question
- Research problem
 - ✓ Is the situation that causes the researcher to feel apprehensive, confused and ill at ease
 - ✓ Is the demarcation of a problem area within a certain context involving the who or what, the where, the when and the why of the problem situation.
- Problem statement
 - ✓ Articulates the problem to be addressed and indicates the need for a study through the development of an argument.
- Research questions
 - ✓ Are the specific queries researcher wants to answer addressing the research problem?

2. Reviewing the Related Literature

- Provides a foundation on which to base new evidence and usually is conducted well before any data are collected.
 - ✓ Primary Source
 - Descriptions of studies written by the researchers who conducted them.
 - Mostly recommended.
 - ✓ Secondary source- description of studies prepared by someone other than the original researcher.

3. Defining the Framework and Developing Conceptual Definition

- Framework is the overall conceptual underpinnings of a study.
 - ✓ Conceptual framework
 - Deals with abstractions that are assembled by virtue of their relevance to a common theme.
 - It is a study that has roots in a specified conceptual model
- **Theoretical framework**
 - It is a study based on a theory.
- **Conceptual definition**
 - ✓ Presents the abstract or theoretical meaning of the concepts being studied
 - ✓ **Eg.** Weight is a measurement of gravitational force acting on an object
- **Operational definition**
 - ✓ Specifies the operation that researchers must perform to collect and measure the required information
 - ✓ **Eg.** Weight is a result of measurement of an object on a Newton spring scale.

4. Formulating Hypothesis

• Hypothesis

- ✓ Is a statement of the researcher's expectations about relationships between study variables
- ✓ **Research hypothesis**
 - Statements of expected relationships between variables.
 - **Non-Directional**
 - Eg.** There is a difference in the test scores of students, of clinical instructors **with** 5 years bedside experience and students of clinical instructors with only 1 year of bedside experience.
 - **Directional**
 - E.g.** There is a positive relationship between fast food consumption and weight gain
- ✓ **Null hypothesis**
 - State that there is no relationship between the independent and dependent variables.
 - **E.g.** There is no significant relationship between anxiety and duration of infertility

Phase 2: The Design and Planning Phase

1. Selecting a Research Design.

Cross-sectional design

- ✓ Involves the collection of data once: the phenomena under study are captured during one period of data collection.

Longitudinal design

- ✓ A study in which data are collected at more than one point in time over an extended period.
- ✓ **E.g.** Premature infants-evaluating development during childhood.

Retrospective design

- ✓ Involves collecting data on an outcome occurring in the present, and then linking it retrospectively to antecedents or determinants occurring in the past.

Prospective design

- ✓ Information is first collected about a presumed cause or antecedent, and then subsequently the effect or outcome is measured.
- ✓ E.g. Framingham Heart Study; Nurses Study. Those who develop certain diseases are compared to those who don't.

2. Identifying the Population

- People who provide information to the researchers or investigators are:
 - ✓ Subjects
 - ✓ Study participants
 - ✓ Respondents
 - ✓ Informant (Qualitative study)
- **Population**
 - ✓ All the individuals or objects with common, defining characteristics.
- **Accessible/ Source population**
 - ✓ Aggregate of cases that conform to designated criteria and that are accessible as subjects for a study.
- **Target population**
 - ✓ Aggregate of cases about which the researcher would like to generalize.
- **Sample**
 - ✓ Subset of population elements
- **Element**
 - ✓ Most basic unit about which information is collected. The key consideration in assessing a sample in a quantitative study is representativeness.
- **Pilot Study**
 - ✓ Small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study, called parent study.

2. Designing the Sampling Plan

- **Sampling**
 - ✓ Process of selecting a portion of the population to represent the entire population so that inferences about the population can be made.
- **Representativeness**
 - ✓ The key consideration in assessing a sample in a quantitative study.

Probability Sampling

- Involves random selection of elements.

1. Simple Random Sampling

- ✓ Most basic probability sampling design.

2. Stratified random sampling

- ✓ It subdivides the population into homogeneous subsets from which an appropriate number of elements are selected at random.

3. Cluster sampling (Multi-stage sampling)

- ✓ Involves the successive selection of random samples from larger to smaller units by either simple random or stratified random methods.

4. Systematic Sampling

- ✓ Involves the selection of every nth case from a list, such as every tenth person on a patient list.

Non-probability sampling

- Elements are selected by nonrandom methods.

1. Convenience/Accidental Sampling

- ✓ Entails using the most conveniently available people as study participants.

2. Snowball/Network/Chain Sampling

- ✓ Variant of convenience sampling. Early sample members are asked to refer other people who meet the eligibility criteria.

3. Quota Sampling

- ✓ One in which the researcher identifies population strata and determines how many participants are needed from each stratum.

4. Purposive/Judgmental Sampling

- ✓ Judgmental sampling is a non-probability sampling technique where the researcher selects units to be sampled based on their knowledge and professional judgment

Phase 3: The Empirical Phase

1. Collecting the Data

❖ Data saturation

- Involves sampling to the point at which no new information is obtained and redundancy is achieved.

Instruments in Data Collection

❖ Observation

- Way of gathering data by watching behavior, events, or noting physical characteristics in their natural setting.

• Types of Observation:

- ✓ **Overt-** Everyone knows they are being observed
- ✓ **Covert-** No one knows they are being observed and the observer is concealed

Types of observer:

✓ **Non-participant, or direct, observation**

- Is where data are collected by observing behavior without interacting with the participants.

✓ **Participant observation**

- Is where data are collected by interacting with, and therefore experiencing, the phenomenon being studied.

• **Advantages of Observation:**

- ✓ Collect data where and when an event or activity is occurring.
- ✓ Does not rely on people's willingness or ability to provide information.
- ✓ Allows you to directly see what people do rather than relying on what people say they did.

• **Disadvantages of Observation:**

- ✓ Susceptible to observer bias.

Susceptible to the '**hawthorne effect**,' that is, people usually perform better when they know they are being observed, although indirect

- ✓ By the interviewer to Observation may decrease this problem.
- ✓ Can be expensive and time-consuming compared
- ✓ To other data collection methods.
- ✓ Does not increase your understanding of why people behave as they do.

❖ Questionnaires

- Is a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from the respondents.

• **Types:**

✓ **Closed-ended questions**

- Is a question format that provide respondents with a list of answer choices from which they must choose to answer the question
- E.g. Do you get well with your boss

✓ **Open-ended questions**

- An open-ended question is designed to encourage a full, meaningful answer using the subject's own knowledge and/or feelings
- E.g. Tell me about your relationship with your boss

• **Advantages of Questionnaires**

- ✓ **Cost-** less costly, less time and energy to administer
- ✓ **Anonymity-** offer the possibility of complete anonymity,
- ✓ **Interviewer bias-** absence of an interviewer ensures that there will be no interviewer bias.

❖ Interview

- Is a conversation between two people (the interviewer and the interviewee) where questions obtain information from the interviewee.

- Types:

✓ Structured

- Require adherence to a very particular set of rules. Each question that is outlined should be read word for word by the researcher without any deviation from the protocol

✓ Semi-structured

- Semi-structured interviews are a bit more relaxed than structured interviews.
- While researchers using this type are still expected to cover every question in the protocol, they have some wiggle room to explore participant responses by asking for clarification or additional information.

✓ Unstructured

- Have the most relaxed rules of the three.
- In this type, researchers need only a checklist of topics to be covered during the interview.
- There is no order and no script.

• Advantages of Interview

- ✓ Response rates- tends to be high in face to face interview
- ✓ Audience- many people cannot fill up questionnaire. Interview is feasible with most of the people.
- ✓ Clarity- interviews offer some protection against ambiguous or confusing questions.
- ✓ Depth of questioning- open-ended questions are used mostly in interview
- ✓ Missing information- less likely to give missing information in interview
- ✓ Order of question- in interview, researchers have control over question ordering

❖ Physiological Measurements

- Weight- most objective

❖ Likert Scale

- Is a psychometric scale commonly involved in research that employs questionnaires

• Delphi technique

- Is a structured communication technique, originally developed as a systematic, interactive, forecasting method which relies on a panel of experts

✓ Pre-existing Data

- Preparing the Data for Analysis

Phase 4: The Analytic Phase

1. Interpreting the Results

- Interpretation is the process of studying the results and examining their implications Inferential Statistics

Parametric tests

- Are characterized by three attributes:
 - They involve the estimation of a parameter
 - They require measurement on at least an interval scale
 - They involve several assumptions, such as the assumption that the variables are normally distributed in the population.

Non-parametric tests

- They involve less restrictive assumptions about the shape of the variable's distribution than do parametric tests

Levels of measurement

Non-parametric:

1. Nominal

- Involves assigning numbers to classify characteristics into categories.
- E.g. gender, blood type, marital status

2. Ordinal

- Involves sorting objects based on their relative ranking on an attribute
- E.g. levels of anxiety (mild, moderate, severe and panic)

• Parametric:

3. Interval

- Occurs when researchers can specify the rank-ordering of objects on an attribute and can assume equivalent distance between them.

- E.g. Fahrenheit temperature scale

4. Ratio

- It is the highest level of measurement.
- They have a rational, meaningful zero.
- It provides information concerning the ordering of objects on the critical attribute, the intervals between objects, and the absolute magnitude of the attribute.
- E.g. Scores in the board examination

• Measurements:

• **Chi-Square Test**

- ✓ To test hypotheses about the proportion of cases that fall into different categories, as when a contingency table has been created.
- ✓ For non-parametric variables

• **T-test**

- ✓ Assesses whether the means of two groups are statistically different from each other.
- ✓ This analysis is appropriate whenever you want to compare the means of two groups

• **Analysis of variance (ANOVA)**

- ✓ Is the parametric procedure for testing differences between means when there are three or more groups

Descriptive Statistics

❖ **Measure to condense**

- Frequency distribution
 - ✓ A systematic arrangement of values from lowest to highest together with a count of the number of times each value was obtained.

• **Percentage**

- Is a way of expressing a number, especially a ratio, as a fraction of 100.

• **Graphic Presentation**

- The transformation of data through visual methods like graphs, diagrams, maps and charts is called representation of data

❖ **Measures of Central Tendency**

- Are indexes expressed as a single number that represent the average or typical value of a set of scores.
 - **Mode**
 - Most frequently occurring score value in a distribution
 - **Median**
 - Is the point in a distribution above which and below which 50% of cases fall.
 - **Mean**
 - Is the sum of all scores, divided by the number of scores
 - Also referred to as the average

Measures of Variability

- ❖ It shows how spread out the data
- **Range**
 - Simply the highest score minus the lowest score in a distribution
- **Standard deviation**
 - Indicates the average amount of deviation of values from the mean.
- **Variance**
 - Is equal to the standard deviation squared.
- ❖ **Percentile**
 - Is the value of a variable below which a certain percent of observations fall

Measures of relationship

- ❖ Pearson's r- This coefficient is computed with variables measured on either an interval or ratio scale
- ❖ Spearman's rho (p)- the correlation index usually used for ordinal-level measures.
- ❖ Correlation coefficient
 - Indicates the magnitude and direction of a relationship between two variables
 - It can range from -1.00 (a perfect negative relationship) through zero to +1.00 (a perfect positive relationship).

Hypothesis testing

	True	False
True (null is accepted)	Correct decision	Type II error (False negative)
False (null is rejected)	Type I error (False positive)	Correct decision

Phase 5: Dissemination Phase

1. Communicating the Findings

- Final task of the research project is the preparation of a research report that can be shared with others.

2. Utilizing the Findings in Practice

CRITERIA IN ASSESSING QUALITY OF RESEARCH

- ❖ **Reliability**
 - Refers to the accuracy and consistency of information obtained in a study
- ❖ **Validity**
 - Is a more complex concept that broadly concerns the soundness of the study's evidence- that is whether the findings are unbiased, cogent, and well grounded.
- ❖ **Dependability**
 - Refers to evidence that is consistent and stable.
- ❖ **Conformability**
 - Is similar to objectivity
 - It is the degree to which study results are derived from characteristics of participants and the study context, not from researcher biases.
- ❖ **Credibility**
 - An especially important aspects of trustworthiness, is achieved to the extent that the research methods engender confidence in the truth of the data and in the researchers interpretation of the data.
- ❖ **Triangulation**
 - Is the use of multiple source or referents to draw conclusions about what constitutes the truth.

ETHICS IN RESEARCH

- ❖ **Nuremburg code**
 - Developed after the Nazi atrocities were made public in the Nuremburg trials.
 - The commission established by the National Research Act, issued a report in 1978 that is referred to as the **Belmont Report**, which provided a model for many of the guidelines adopted by disciplinary organizations in The United States.
- ❖ **Declaration of Helsinki**
 - Allowed for the inclusion of vulnerable populations in research: (1) minors (2) indigenous peoples

Ethical Principles for Protecting Study Participants

- ❖ **Beneficence**
 - Imposes a duty on researchers to minimize harm and to maximize benefits
- ❖ **The Right to Freedom from Harm and Discomfort**
- ❖ **The Right to Protection from Exploitation**
- ❖ **The Right to Self-determination**
 - The principle of self-determination means that prospective participants have the right to decide voluntarily whether to participate in a study, without risking any penalty or prejudicial treatment.
- ❖ **The Right to Full Disclosure**
 - Full disclosure means that the researcher has fully described the nature of the study, the person's right to refuse participation, the researchers responsibilities and likely risks and benefits.
 - **Concealment**
 - The collection of information without the participants' knowledge or consent
 - **Deception**
 - Either withholding information from participants or providing false information.
- ❖ **The Right to Fair Treatment**

- **Justice**

- Connotes fairness and equity, and so one aspect of the justice principle concerns the equitable distribution of benefits and burdens of research.

- ❖ **The Right to Privacy**

- Researchers should ensure that their research is not more intrusive than it needs to be and that participant's privacy is maintained throughout the study.

- **Anonymity**

- ✓ The most secure means of protecting confidentiality occurs when even the researcher cannot link participants to their data.

TOPRANK REVIEW ACADEMY, INC