The Nursing Service Administrator

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LEADERSHIP is defined by the way in which a Supervisor/Director of Nursing undertakes the processes of representation, interaction, standard setting, goal emphasis, participation, direction, rule enforcement and motivation. A Director's leadership style is determined by the manner in which one conducts this set of processes, each process having a particular point in its own continuum at which the Director performs.

How does the Director/Supervisor/Administrator, Executive obtain the full support of his/her team? 1. All Nurses lead and manage to some degree. 2 Leadership can be an exciting experience. 3. Leadership is a learned process. 4. Effective Nurse managers/leaders know that they themselves can identify their strengths and weaknesses and capacities for growth and development, have knowledge of leadership and management theory and can use the self to get the right things done at the right time.

The job of the Nursing Service Administrator is to organise a department that will deliver Nursing services based upon the "care principle" and to achieve this within a tremendous number of constraints. Let us tailor departments for patient service. It is a new world now and a newer world ahead.

Guiding Principles

The seven guiding principles suggested by Katherina Davis Foster (1975) NLN are:

1. Be Organisational Specialists

It is not enough to understand Nursing; there is need to be skilled in management. She expresses that Nurses have a headstart on physicians with their solo practice orientation, for in general Nurses have often functioned within an organisational setting. There is need for a continuing study of new skills with which to cope with the managerial and communications complexities in health care. These days we are passing through the era of diagnosis and treatment of total body politic.

2. Study Management Economy

The day is rapidly passing when more is better. Some questions posed in the economic method are: What services are individuals and the government willing and able to pay for? This determination is generally based on past and present patterns of health expenditure. The questions are regarding the quality appropriateness.

3. Function as Part of Top Administration.

This is the time that the Nursing Service Administrator should not report to anybody less than the top. The logic is overwhelming. When one looks at the central role of Nursing, the management of Nursing services alone is not enough. The fragmented patient services once more are required under the coordinating direction of Nursing service leaders. Perhaps more of us are required to take up Masters degree in Business Management and Health Care Administration. The Head Nurse needs to recognise the unique nature of her role. The unique factor is the responsibility for translation of concepts and goals into concrete activities.

4. Accept the Loneliness of Leadership

The demand of the time is that the leadership obtains its authority from those it leads. Simultaneously, there should be acceptance of the fact that leadership can often be a lonely role. Nursing leaders are required to be more flexible and open to receiving feedback. Reinforcements of the moral through organising workshops and conferences is to be provided with reminders that we are not as far off the track as some back home may pretend and we can share with each other and learn of the trends and expectations, challenges and responsibilities.

5. Accept the Reality of What We Have

Once you have decided that decision making affects you as a Nurse Administrator and Nursing services in many crucial ways your next concern is how to influence the process by which these decisions are made. Can you as an individual have an effect on such things? To keep informed about legislation and health care become familiar with the sources of information. Study of your daily newspaper and professional journals and use of radio and television viewing are valuable.

6. Move Outside Your Four Walls

There is a great need to be more sensitive to the community's needs for health. It is not to just care during sickness alone but every now and then to take the opportunity and render services for the cause of community health and relate with the community's needs, to promote health of the people in the neighbourhood and around.

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7. Play Politics in the Real World

Nursing leaders can no longer remain apolitical. There is a strong need to articulate the role of Nursing. Politics is often thought of as the way in which the government functions. However, in reality it is far more than that. Politics is the way in which people in a democratic society try to influence decision making and the allocation of resources. The resources include money, time and personnel. Resources are always limited, so the choices have to be made how these will be used. There is no perfect process for making optimum choices.

Where are the power bases for resource allocation?

What games are played?

How well do you play them?

What is the politics of the institution, the politics of the Medical staff?

What is the politics of the hospital administration?

It is quite a barter system that works. But it must be faced that being sweet, lovely and feminine is seldom enough any more for survival. It takes work, brain and skill; the world has changed and there are new realities to face.

You will recognise that politics is a part of every organisation as well as part of the government at every level.

Finally, the administrators need to update themselves by in-service education programmes because of:

- Rapidity of change taking place in the society.
- Scientific advances and growth of technology.
- Specialisation.
- Supervision and complexity of human relations.
- Turnover of personnel.

Let us together change the climate of opinion for Nurses, and by Nurses!

References:

1. Jenice & Celia *Nursing in Today's World: Challenges, Issues & Trends.* 2nd edition, JB Lippincot Co.

2. Bateman & Peterson, *Targets for Change.*

EVENTS

CNI Workshop on Nursing Management

The Nursing wing of the Synodical Board of Health Services, Church of North India, headed by Dr. (Mrs.) Margaret Dean, conducted a ten-day Workshop during November 4-December 3, 1997 at New Delhi. The theme of the workshop was: 'Management: Nursing Education and Services'.

The participants were Nursing Educators/Administrators and Supervisors. There were on the whole over 20 participants, from the States of Maharashtra, Madhya Pradesh, Haryana, Delhi, Punjab and Chandigarh. There were very efficient and renowned Resource Persons.

The first day of the workshop, November 24, started with devotion and Holy Communion in the CNI Chapel at 9.00 am by Rev. Patrick Moti Lal, the Presbyter-in-Charge, Cathedral Church of Redemption, New Delhi following which there was Registration for the participants.

Dr (Mrs.) Margaret Dean welcomed all the participants and introduced the Chairperson, Dr. V.S. Lall, General Secretary of CNI Synod. He emphasised that Christians should be Role Models and should have ethical values. He also said that as Christians we have to update our knowledge to be able to cope with modern explosion of science and technology to utilize it for maximum benefit of the people at large.

Mr. Enos Das Pradhan, Treasurer, CNI Synod, introduced the Chief Guest, Dr. Helen Simon, Director, National Institute of Health & Family Welfare. Mr. Pradhan gave the first lesson, not to be afraid or shy to admit ignorance when he himself gracefully admitted that he could not decode all the abbreviations attached to Dr. Simon's degrees and qualifications. But, he promptly suggested to find out from her when she had time.

Dr. Helen Simon, the Chief Guest, emphasised that the Nurses are immediate and most important care givers to the people. They should be physically, mentally, educationally, socially and spiritually prepared to face the demands of time. She remembered her training time at Vellore where the Nurses were experts in their own fields. She said that she herself learnt a lot of Nursing care from them specially in Obstetrics.

Lt. Col (Retd.) Miss Molly David, Assistant Secretary-cum-SNA Advisor, TNAI, proposed a vote of thanks to all the members on the dais specially Dr. (Mrs.) Margaret Dean, who was the main organiser and a teacher for many including some participants.

During the course of this seminar, discussions on management, planning curriculum, Community Health, importance of coordination, interpersonal relationship, standard of patient care, concepts of asepsis, budget, supervision and legal implications in management were discussed. Handouts were distributed for job descriptions. Group Discussions brought out many recommendations from the participants, who evaluated the Workshop as most effective and recommended that such workshops should be conducted frequently. Dr. Samuel Kishan, Chief Functionary and Secretary of Synodical Board of Health Services, CNI, brought the Presbyterian Church in USA delegates led by Rev. Victor Makari, to meet the participants.

The workshop was blessed by Rev. George Vais, Moderator Commission and Ex-Moderator in Canada. Dr. Samuel Kishan welcomed 20 guests from Canada and all the staff of CNI and the participants. He also deliberated on the activities of the Synodical Board of Health Services of Church of North India. The Rt. Rev. Dr. D.C. Gorai, Chairman of Synodical Board of Health Services, expressed deep concern about Christian Hospitals, their meagre salaries and lack of human resources. Rev. Marjorie Ross, Associate Director of Presbyterian Church in Canada, acknowledged the value of the Nursing profession as a Christian witness, and she gave away the certificates and CNI souvenirs to all the participants.