



NURSING LEADERSHIP AND MANAGEMENT



Nursing Management

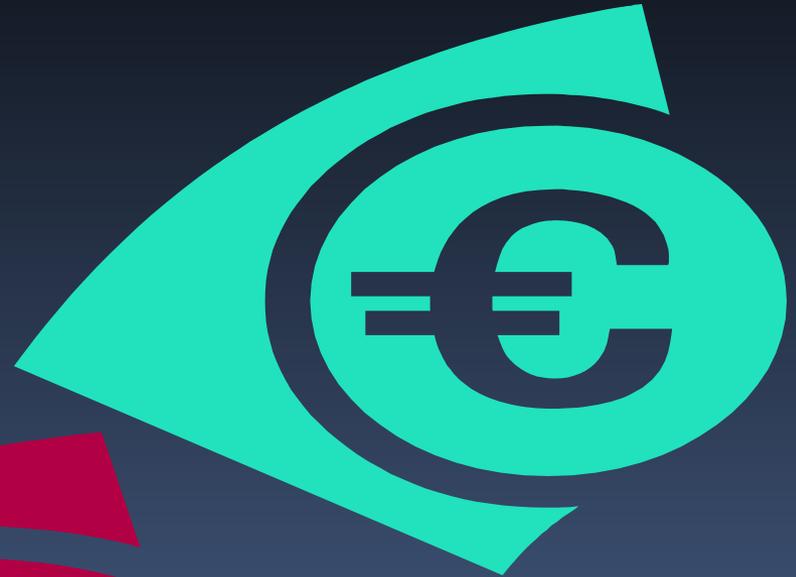




1. MEN



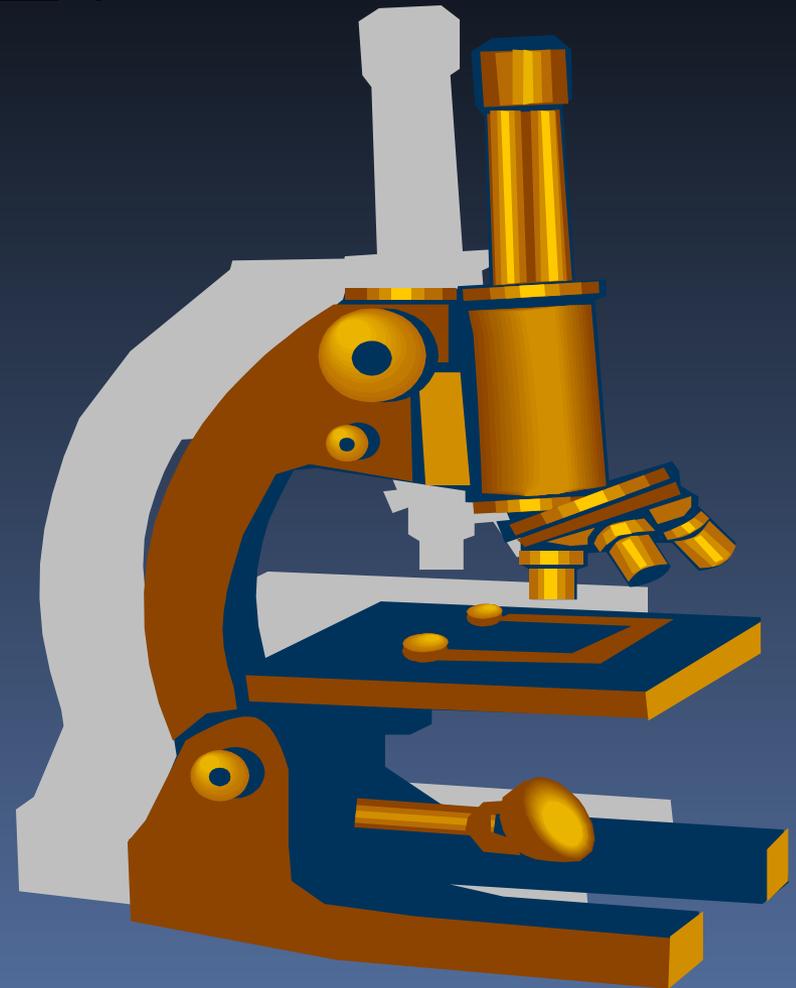
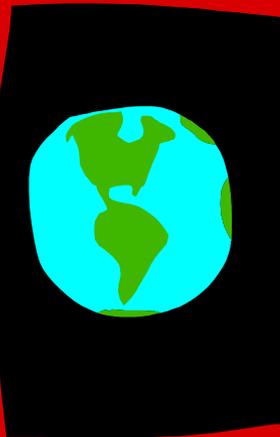
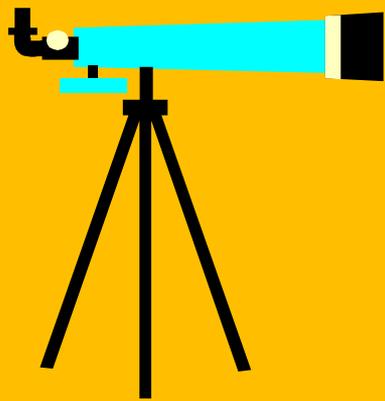
2. MONEY



3. MATERIALS



4. MACHINES



- *What is the Difference*
between a
MANAGEMENT AND
LEADERSHIP?





LEADERSHIP

- **“ leading” as defined in WEBSTER DICTIONARY means “ To Guide, to go before and show the way”**
- **Leadership in nursing is necessary to guide nursing personnel to a specific goal, that is the provision of quality nursing care to their patients**
- **Leadership is the art of developing people**

MANAGEMENT

- **Is a process by which cooperative group directs actions towards common goals.**
- **It involves techniques by which distinguished group of people coordinates the services of people**
- **It includes moral and ethical standards in the selection of right ends towards which managers should strive**



Behaviors of Leaders

PASSIVE	AGGRESSIVE	ASSERTIVE
Self-denying	Self-enhancing at the expense of others	Self-enhancing (self & others)
Inhibited	Expressive	Expressive
Puts down self; low self-worth and confidence	Puts down others	Feels good about self
Allows others to	Chooses for others	Chooses for self
Does not achieve goal	Achieves desired goal by hurting others	Achieves desired goal

Leadership Roles

Management Functions

Acts as a role model, supporter and resource person

. Influences subordinates to utilize delegation to facilitate team building and time management strategies

Guides subordinates in determining appropriate situations for delegation

Ensures patient safety as minimum criteria in determining most appropriate person to accomplish the delegated

2. Knows legal liabilities of supervision

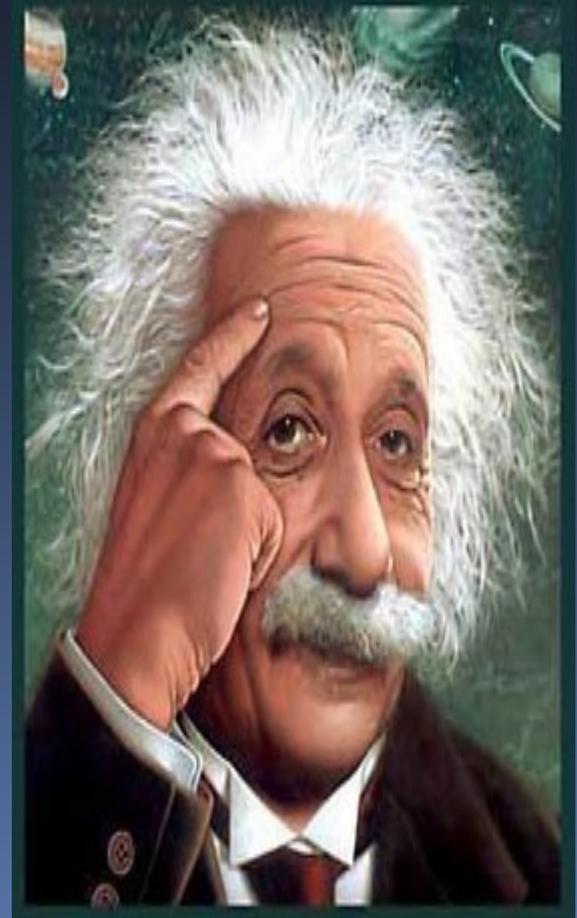
. Aware of capabilities and level of motivation of subordinates during task delegation

4. Generates and implements a periodic review for each delegated task.

Provides incentives and recognition to show appreciation for the delegated task completed.

Why do we have to study MANAGEMENT AND LEADERSHIP?

- **nurses must realize that they have to keep up with the many changes in the health care system and its delivery of services to the people**
- **Nurses believe that leaders are made and not born!!!!**



- **RA 7164 focused on three changes in the effort to improve the people's health from hospital or institutional care, emphasis shifted to community health delivery from emphasis on physical care, efforts are now directed toward holistic approach to the care of individuals, families and communities from being mere recipients of care, patients, individuals, families and communities are now active participants in**

||| **the Philippine Nursing Law of 2002, RA 9173 still emphasizes these concerns of Filipino nurses**

nurses must learn and adjust to the complex interrelationships between and among service units, departments, professional disciplines, community agencies and administration

nurses have to know their place and their specific roles in the organizational hierarchy

nurses find at varying levels that they have to manage people, their clients or patients, their resources and their time!!!

MANAGEMENT PROCESS

- **It is universal**
- **For NURSES, knowledge of this process assures them of the smooth functioning of their units to attain their goal of quality of care through the judicious use of available human and material resources within specified periods**
- **Universal because it is used in business, in the practice of one's profession and even in running one's day to day personal affairs.**

HARBIZON and MYERS offers a three fold concept to emphasize a broader scope of management and MYERS offers a three fold concept to emphasize a broader scope of management

□ **MANAGEMENT is:**

□ **An Economic Resource**

□ **A System of Authority**

□ **An Elite Class**

An Economic Resource

- **management is one of the factors of production together with land, labor and capital.**
- **As industrialization increases, management is substituted for labor and capital**
- **Management resource of a firm determines to a large extent, its profitability and productivity**
- **Management is used more extensively in industries experiencing innovation**



As a System of Authority

- **management first develops with top individuals determining the course of action for the rank and file**
- **humanitarian concepts have later developed paternalistic approaches**
- **the trend toward a democratic and participative approach follows as employees receive higher education**

As a Class and Status System

- **Managers have become an elite group of brains and education. Entrance to this class is based on education and knowledge**
- **The new managers continue to expand their horizons in an effort to attain the ultimate in life**



ROLE OF MANAGERS

孃 **Mintzberg groups the basic roles performed by managers as**

**INTERPERSONAL,
INFORMATIONAL,
DECISIONAL**

1. INTERPERSONAL ROLE

- **As a symbol because of the position he/she occupies and consists of such duties as signing of papers/ documents required by the organization**
- **As a leader who:**
 - **Hires**
 - **Trains**
 - **Encourages**
 - **Fires**
 - **Remunerates**
 - **Judges**



- as a LIASON officer between outside contracts such as the community, suppliers and the organization

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2. INFORMATIONAL ROLE

- **One who monitors information**
- **Disseminates information from both external and internal sources**
- **As a spokesperson or representative of the organization. He/she represents the subordinates to superiors and the upper management to the subordinates**



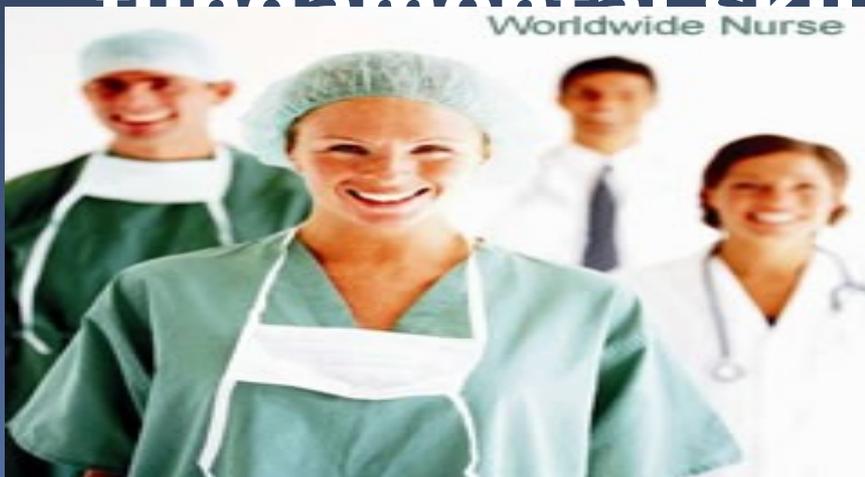
3. DECISIONAL ROLE

- **An Entrepreneur or innovator, problem discoverer, a designer to improve projects that direct and control change in the organization**
- **A Trouble-shooter who handles unexpected situations such as resignation of subordinates and losses of clients**
- **As a Negotiator when conflicts arise**

DEVELOPING FUTURE

MANAGERS

■ **Managerial development programs are very useful means of getting qualified managers. According to KATZ, the necessary fundamental skills**



a. TECHNICAL SKILLS

- relate to the proficiency in performing an activity in the correct manner with the right technique

b. HUMAN RELATIONSHIP SKILLS

- Pertains to dealing with people and how to “Get Along” with them”

c. CONCEPTUAL SKILLS

- deal with the ability to see individual matters as they relate to the total picture and to develop creative ways of identifying pertinent factors, responding to the big problems, and discarding irrelevant facts



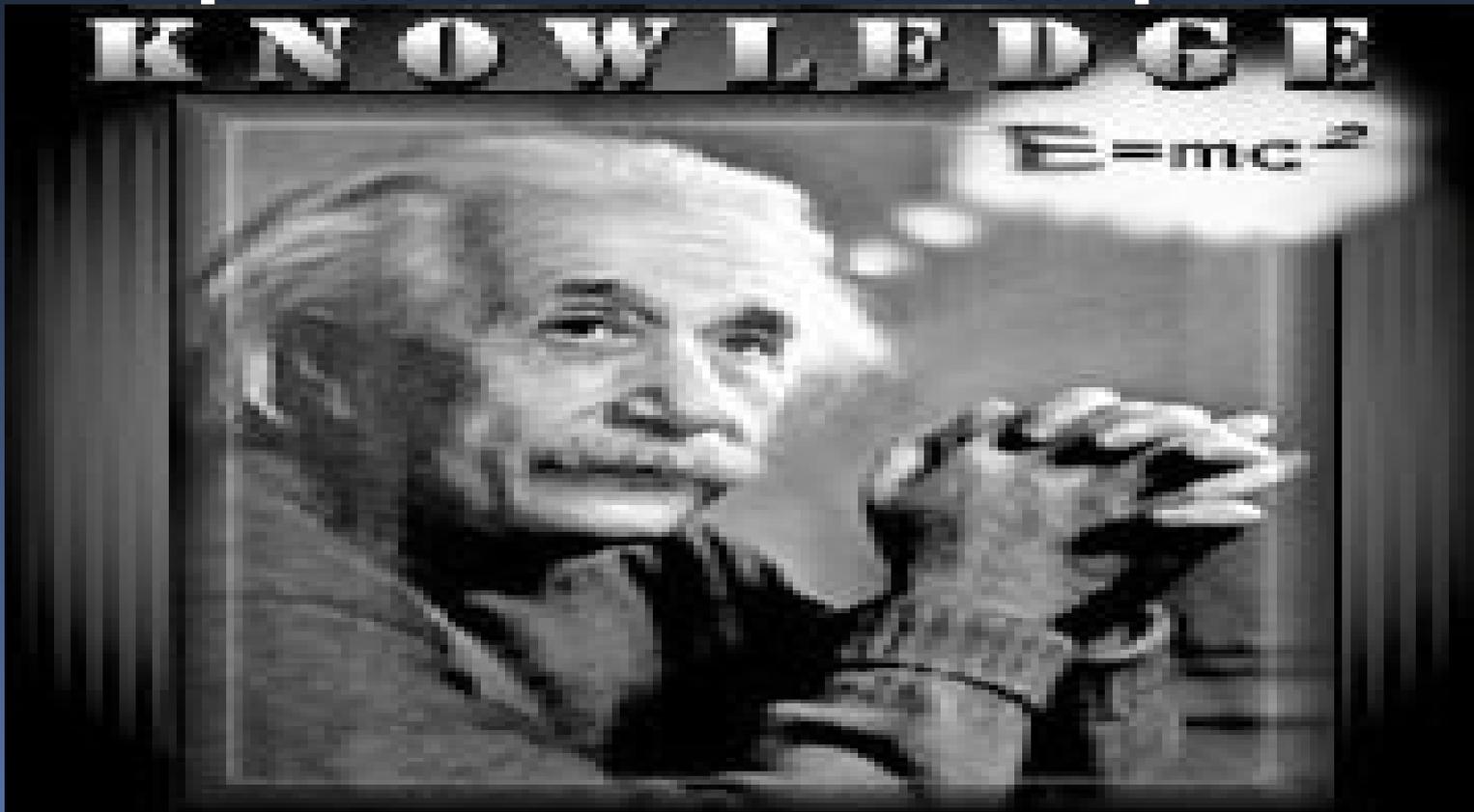
A second approach in developing managers is postulated by Summer in his early work which emphasizes:

a. ATTITUDE FACTORS

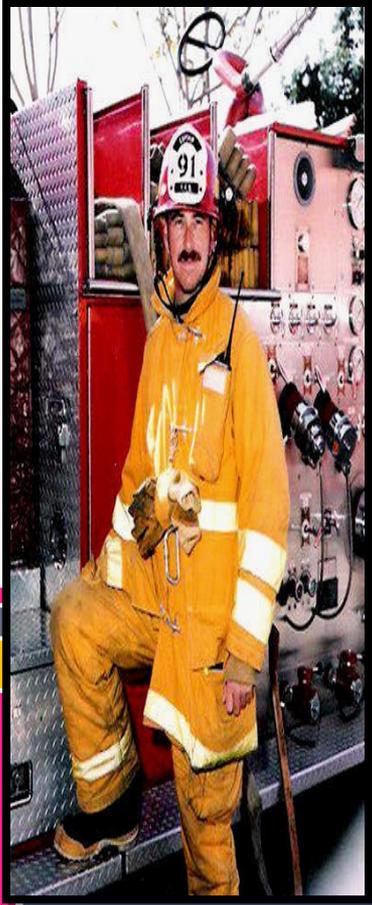
- **relate to those beliefs, feelings and values that may be based on emotions and may not be subjected to conscious verbalization.**
- **Interest in one's work**
- **Confidence in one's mental competence**
- **Desire to accept one's responsibility**
- **Respect for the dignity of one's associates**
- **Desire for creative contribution acquired by proper education**

b. KNOWLEDGE FACTORS

> refers to ideas, concepts or principles that can be expressed and are accepted



C. ABILITY FACTORS



- include skills, art, judgment and wisdom
- in the Philippines, Nursing Service Administrators are required to be academically prepared
- Chief Nurses or Nursing Service Directors of hospitals with 100-bed capacity are required to have MASTER'S DEGREE in NURSING with a major in Nursing Administration
- Supervising Nurses should have at least 9 units of Graduate Studies in Nursing
- prior to promotion or holding of managerial positions, nurses who

LEVELS OF MANAGEMENT





1. TOP MANAGEMENT





2. MIDDLE MANAGEMENT





3. FIRST LEVEL MANAGEMENT

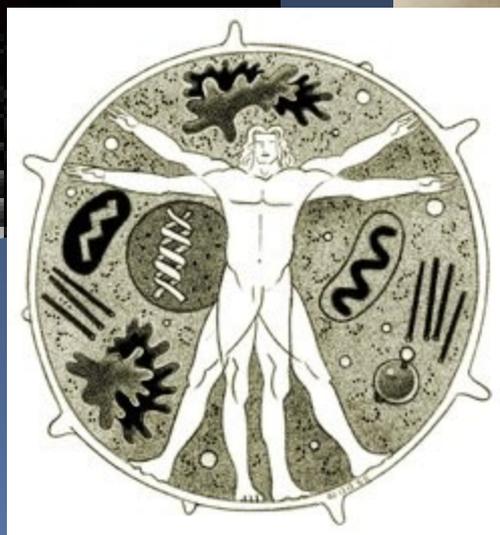
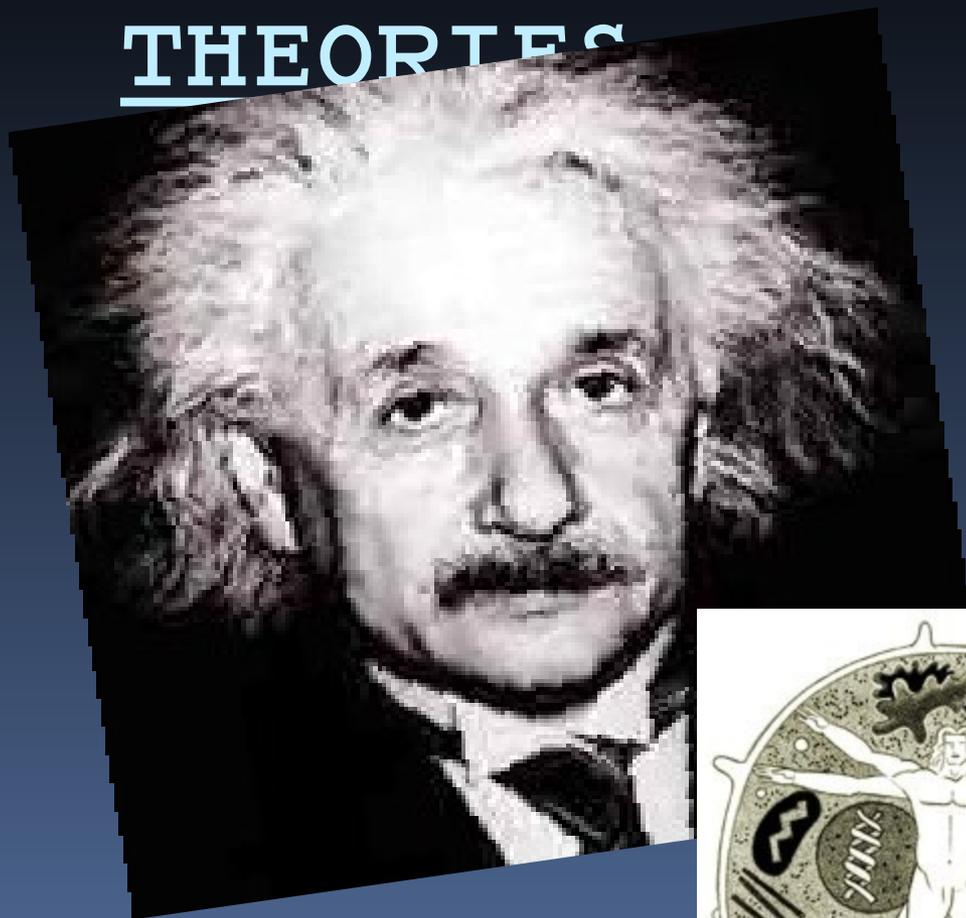


LEADERSHIP ROLES

- **TOP -----**
ADMINISTRATOR
- **MIDDLE-----**
SUPERVISORS
- **FIRST LINE-----**
HEADNURSES/SENIOR
NURSES
- **OPERATIONAL LEVEL-----**
STAFF
NURSES/
NURSING

EARLY LEADERSHIP

THEORIES



A. Trait/ Individual Characteristic Theory

- **Some people have certain characteristics or personality traits that make them better leaders than others**

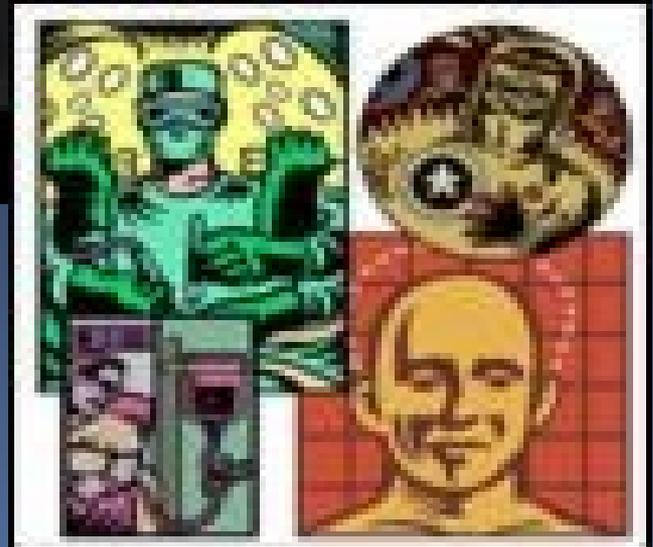
B. Great Man Theory

- Some people are born to lead, whereas others are bo



Marvin Dmítrówicz by Ben Weiss

C. Behavioral Theories



1. Autocratic

- **sometimes called as DIRECTIVE or BUREAUCRATIC**
- **a leader who uses coercion in the exercise of his or her powers**
- **he or she has no confidence and trust in his/her subordinates which in turn his/her subordinates do not feel free to discuss their job with their superior.**
- **Self-centered leader**

Pres. FERDINAND MARCOS





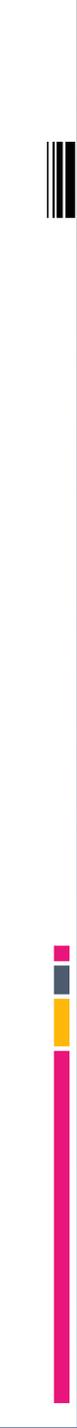
AUTOCRATIC



- 
- **A type of leadership wherein obedience to authority is strongly enforced**
 - **Favors strict rules and established authority**
 - **Well-defined group actions**
 - **High productivity, low creativity, self-motivation and autonomy**
 - **It is most effective in crisis situations when highly specialized skills are required and options for activities are limited**
 - **It is used to bring order out of chaos**
 - **Also called as “Centric or Boss Centered” and THEORY X by MCGREGOR**
 - **Leaders thinks all workers are lazy, need to be coerced, threatened with**

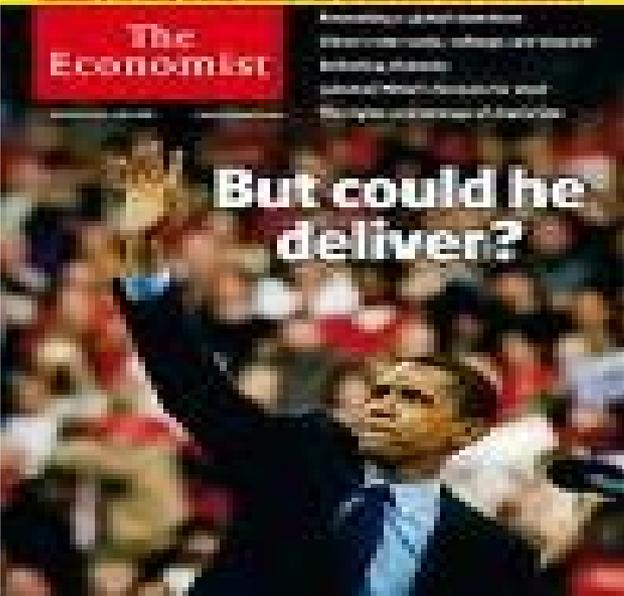
2. Democratic

- **People-oriented leader (“We”)**
- **A type of leadership characterized by free and equal participation in decision-making**
- **Promotes autonomy and growth**
- **Less efficient quantitatively than authoritative leadership**
- **Collaborative spirit and joint efforts exists and open communication prevails**
- **It is a “consultative” style of leadership**



DEMOCRATIC

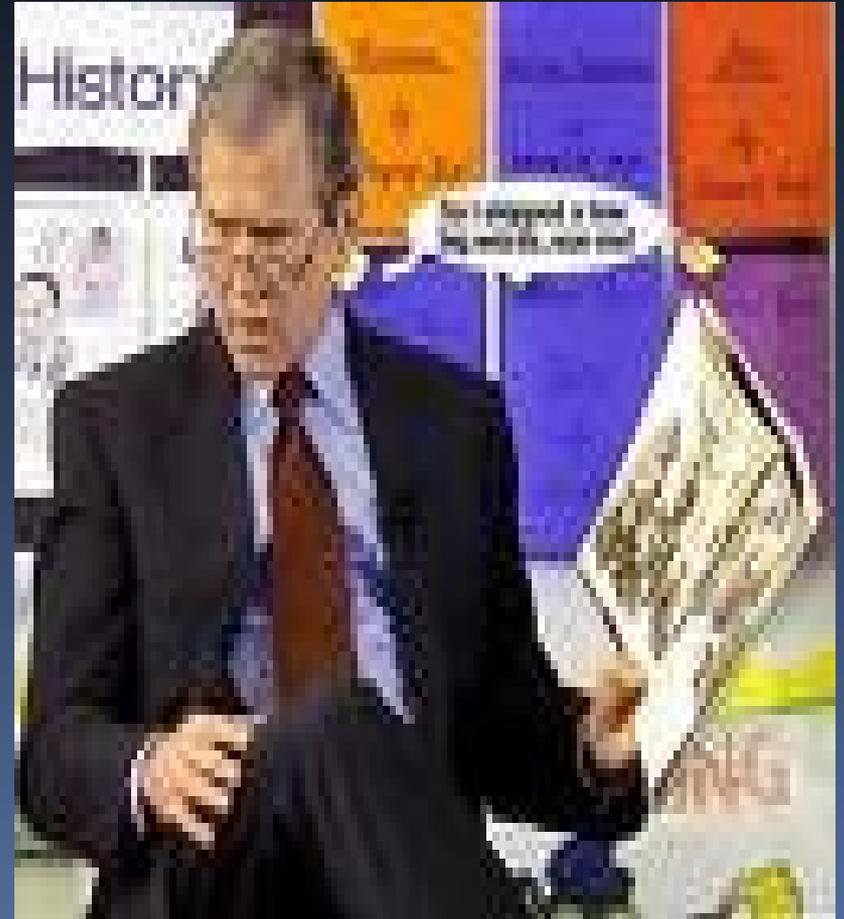
Pres. BARRACK OBAMA



PRES. BILL CLINTON



PRES. GEORGE BUSH



3. Laissez-faire

- **Permissive leader (“You”)**
- **“Let Alone style of leadership**
- **The style of leadership is highly effective in highly motivated professionals like those in research where independent thinking is rewarded**
- **It is not used among health care delivery systems**

- 
- **Workers doesn't develop sense of direction, supervision or coordination**
 - **A type of leadership that is permissive with little or no control and motivates by support when requested by the group of people**
 - **Frustrating due to over freedom**
 - **Appropriate when problems are poorly defined**

D. Theory X and Theory Y by Douglas McGregor

D.1. Theory X Assumptions:

- 1. The average individual has an inherent dislike for work and will avoid it whenever possible.**
- 2. The average individual prefers to be directed, hopes to avoid responsibility, and is more interested in financing incentives than in personal achievement.**
- 3. Because people dislike work, they must be controlled, threatened and coerced to put forth sufficient effort to meet the organization's objectives.**

D. 2. Theory Y

Assumptions

- 1. The expenditure of physical and mental effort is as natural as rest or play.**
- 2. Man will exercise self control and self direction in the service of objectives to which he is personally committed.**
- 3. The average person learns, under proper conditions, both to seek and to accept responsibility.**
- 4. The capacity to apply imagination and creativity to the solution of organizational problems is widely,**

D. 3. Theory Z by OUCHI

- **enlarges upon Theory Y and democratic approach to leadership**
- **has humanistic viewpoint and focuses on developing better ways of motivating people.**

II. NURSING MANAGEMENT

A. Frederick Winslow Taylor (Father of Scientific Management)

- **Taylor's System for Work Improvement Consisted of the following steps:**

Controlled observation of the worker's performance through time and motion study

Scientific selection of the best man to perform each job

Training the selected worker to perform job tasks

- 
- 4. Paying the worker according to a differential piece rate**
 - 5. Appointing a foreman for each aspect of the work and making the production worker responsible for reporting to a different functional foreman for each aspect of his job**

B. Lillian Gilbreth - First Lady of Management

**Benefits of job simplification
and the establishment of work
standards**

**Effects of incentive wage plans
and fatigue on work
performance.**

**Two of their children, Frank and
Ernestine, wrote *Cheaper by the
Dozen***



C. Henry Gantt

- **Development of task and bonus remuneration plan**
 - **Emphasis on service rather than profit objects**
- 



D. Henri Fayol - Father of the Management Process School

- **First identified the management functions of planning, organization, command, coordination, and control.**
- 



Introduced the following principles:

Principle of division of work

Authority and responsibility

Unity of command

Remuneration of personnel

Establishment of tenure

Communication

Centralization

Equity and Justice

Esprit de corps

E. Max Weber

- **(1864-1920), known as the Father of Modern Sociology / Father of Organizational Theory**
- **He advocated that the ideal form of organization is bureaucracy.**
- **Emphasis is on rules.**
- **Bureaucracies are founded on legal or rational authority which is based on law, procedures, rules, and so on. Positional authority of a superior over a subordinate stems from legal authority. Charismatic authority stems from the personal**



Efficiency in bureaucracies comes from:

- **(1.) Clearly defined and specialized functions;**
- **(2.) Use of legal authority;**
- **(3.) Hierarchical form;**
- **(4.) Written rules and procedures;**
- **(5.) Technically trained bureaucrats;**
- **(6.) Appointment to positions based on technical expertise;**
- **(7.) Promotions based on competence;**



F. James Mooney

- he advocated that the management is the technique in directing people.**

G. Lyndall Urwick

- he advocated that the managerial process consists of planning, coordinating and controlling**

H. Mary Parker Follett

- **Keypoints:**
- **a successful leadership was more of a result of training in leadership skills than possession of specific personality traits**
- **suggested that a manager should not give orders to an employee, rather, the two should together analyze the situation and then take orders from the situation**

I. Elton Mayo - Hawthorne Experiments

- **concluded that much more than the physical environment affected worker productivity**
- **other factors which influence productivity by modifying the worker's social and psychological satisfactions**

THE SETTING



HOSPITAL

- **WHO (World Health Organization) defines Hospital as an integral part of social and medical organization, the function of which is to provide for the population it serves, complete health care, both curative and preventive and whose outpatient services reach out to the family in its home and environment**
- **It is also a center for training of health workers and for bio-social research**

HOSPITAL LICENSURE LAW (R. A 4226)

- **Defines the term hospital as a “ place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from illness, disease or deformity, or in need of obstetrical or other medical and nursing care**

CLASSIFICATION OF HOSPITALS

**AS CLINICAL, depending
on the type of patients
treated**

**according to ownership
and control**

**whether it is a training
or non-training hospital**

CLINICAL HOSPITALS

A. GENERAL HOSPITAL

- **provide services for all kinds of illnesses, diseases, injuries and deformities**
- **examples are:**
 - **PHILIPPINE GENERAL HOSPITAL**
 - **QUIRINO MEMORIAL MEDICAL CENTER**

B. SPECIAL HOSPITALS

> provide services for particular kinds of illness or diseases and offer health and medical care

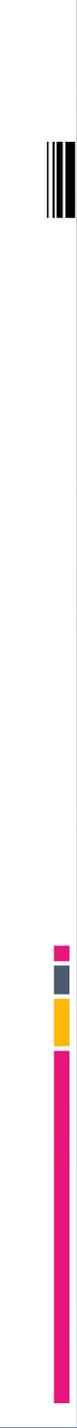
> EXAMPLE: Philippine Children Medical Center

Philippine Orthopedic Center

ACCORDING TO OWNERSHIP AND CONTROL

1. GOVERNMENT HOSPITAL

- ▣ **Are operated and controlled either partially or wholly by the national, provincial, municipal or city government or other political subdivision, board or other agency thereof.**



□ **Example:**

National- those directly under the office of the president such as PGH, NCMH and POC

Regional- Batangas Regional Hospital

Provincial-Bulacan Integrated Provincial Hospital

City- Ospital ng Maynila, Quezon City General Hospital, Mandaluyong City Medical Center

Municipal or Rural- Don Formilleza Memorial Hospital

2. PRIVATE OR NON-GOVERNMENTAL HOSPITALS

- **are privately owned, established and operated with funds, raised capitals or other means by private individuals, associations, corporations, religious**

□ **Examples:**

MISSIONARY

MARYJOHNSTON HOSPITAL

OUR LADY OF LOURDES HOSPITAL

ILOILO MISION HOSPITAL

CIVIC ORGANIZATIONS

QUEZON INSTITUTE run by the
Philippine Tuberculosis Society

COMMUNITY

ROMERO COMMUNITY HOSPITAL

PRIVATE

1. ST. LUKES MEDICAL HOSPITAL

TRAINING AND NON-TRAINING

HOSPITAL

1. TRAINING HOSPITAL

- **Is a departmentalized hospital accredited Residency Training Program in one or more specified specialty or discipline**
- **Examples are:**
 - **Jose Reyes Memorial Medical Hospital**
 - **Tondo Medical Center**
 - **Quirino Memorial Medical Center**
 - **St. Lukes Medical Center**



2. NON-TRAINING HOSPITAL

- May be departmentalized but without an accredited Residency Training Program in one or more specialty disciplines**



HOSPITAL CATEGORIES

- -
 -
 -
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1. PRIMARY HOSPITALS

> are composed of municipal and medicare hospitals which have facilities and capabilities for first contact emergency care and hospitalization of simple cases



2. SECONDARY HOSPITALS

- **Consists of district hospitals with capabilities and facilities for medical care of cases requiring hospitalization. It has the expertise of trained specialists**
- **Examples are hospitals with 50 up To 100 beds**

3. TERTIARY HOSPITALS

- **are specialized centers, regional hospitals, medical centers, provincial or general hospitals.**
- **Tertiary hospitals have capabilities for providing medical care to cases requiring sophisticated diagnostic and therapeutic equipment and expertise of trained specialists and subspecialties**

4. SPECIAL TERTIARY HOSPITAL

- **are fully equipped with sophisticated diagnostic and therapeutic facilities for specific diagnostic and therapeutic facilities for specific medical problem areas.**
- **Examples are:**
 - **LUNG CENTER OF THE PHILIPPINES**
 - **PHILIPPINE HEART CENTER**
 - **PHILIPPINE CHILDREN'S MEDICAL CENTER**
 - **NATIONAL KIDNEY AND TRANSPLANT**



THE MANAGEMENT PROCESS

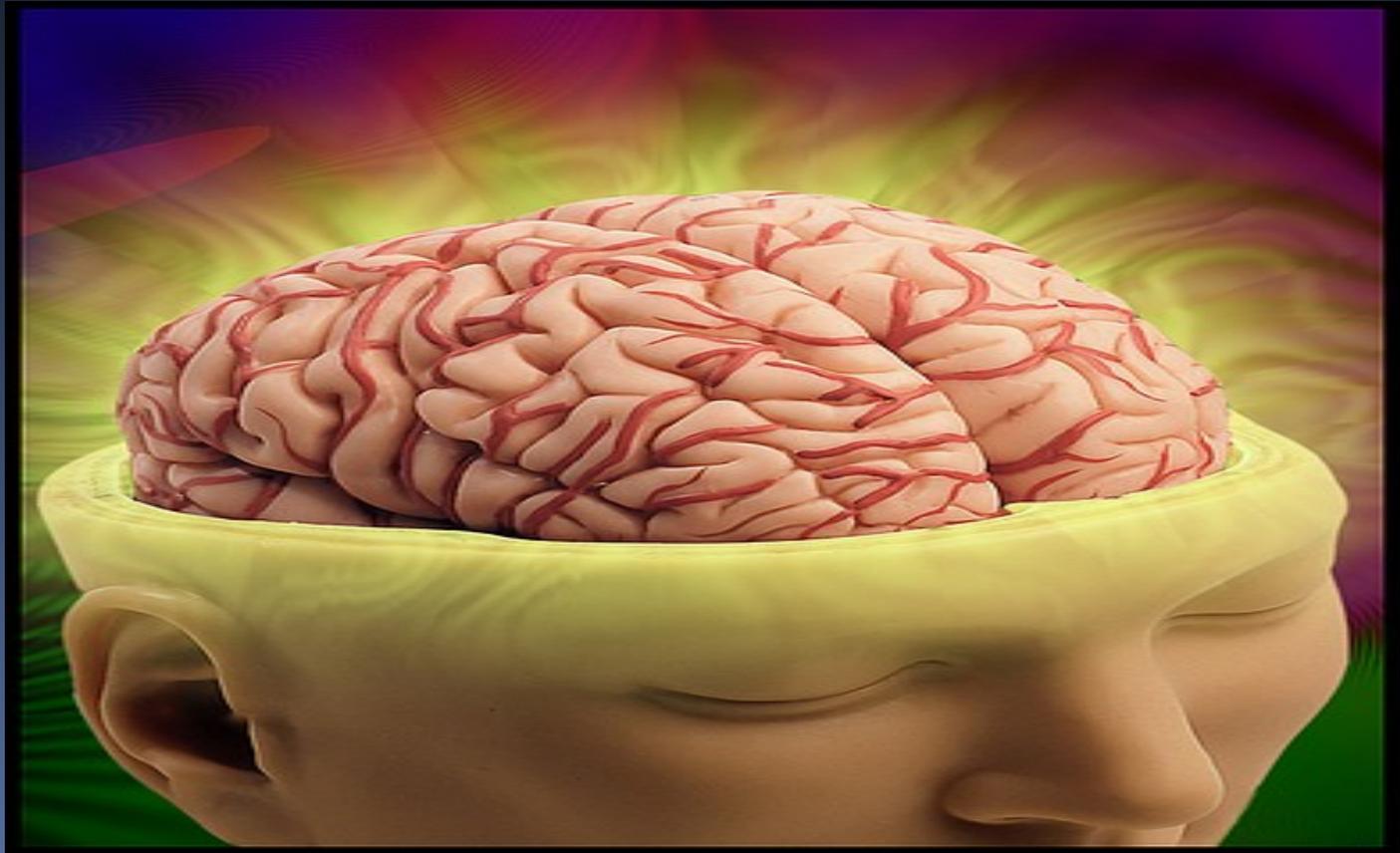
PLANNING
ORGANIZING
DIRECTING
CONTROLLING

THE MANAGEMENT PROCESS



I. PLANNING

- is the first function, one must recognize that it permeates into other functions which are dependent on it
- by FORECASTING one can estimate the future
- by setting OBJECTIVES, the results to be achieved can be determined
- by DEVELOPING and SCHEDULING programs, the activities needed within a set time frame can be defined
- by preparing the BUDGET, tools and resources can be allocated while establishing policies and procedures



PURPOSE OF PLANNING

- **D**
- **I**
- **R**
- **E**
- **C**
- **T**



TYPES OF PLANNING





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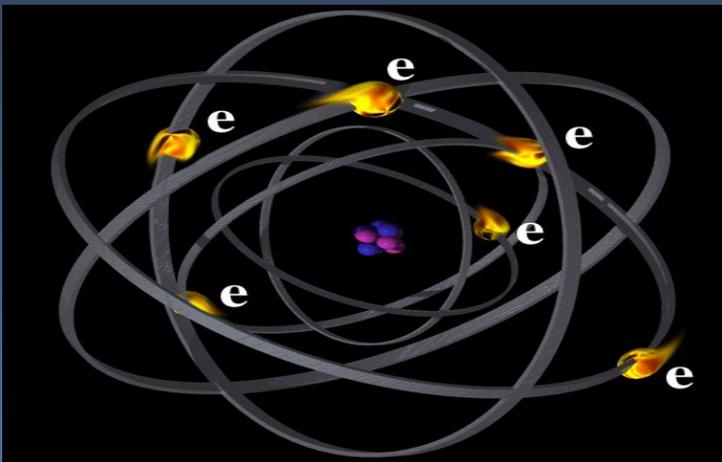
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ELEMENTS OF

IN





1. Forecasting



A vertical bar on the left side of the slide, consisting of several colored segments: a white top section with three thin black vertical lines, a dark grey section, a yellow section, and a long pink section.

It Includes:



SETTING THE VISION, MISSION, PHILOSOPHY, GOALS AND

OBJECTIVES

1. VISION

- -
 -
 -
- 



2. MISSION





3. PHILOSOPHY

- **“EDUCATION IS THE LIBERATION FROM THE BONDAGE OF POVERTY”**
- 



4. GOALS

5. OBJECTIVES





2. Establishing Objectives (SMART)



3. Scheduling





Kron's formula:



TIME MANAGEMENT





According to Davies, the following symptoms of Time Mismanagement are:





TIME MANAGEMENT PRINCIPLES



4. Budget

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a. NURSING BUDGET

b. Hospital Budget





4 components of Budget
in an Health care
institutions

Revenue budget

2. Expense budget





3. Capital Budget

4. Cash Budget





Components of an Institutional Budget



Capital Expenditure

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Personnel Budget



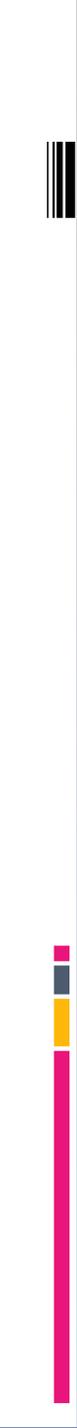


Operating budget

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- 

TYPES OF BUDGET:





Fixed-ceiling -

Open-ended -

Flexible -



**Sunset -
Zero-based
Contingency
Performance -
Program -**



II. ORGANIZING

-
- **establishes formal authority**



- 
- **it sets up the organizational structure by identifying groupings, roles and relationship within the agency**
 - **this is depicted on an organizational chart**
 - **JOB DESCRIPTION – defines the qualifications and scope of responsibilities, the relationships and authorities of personnel**
 - **STAFFING includes determining the staff needed, thus developing and maintaining a staffing**

■ The process covers

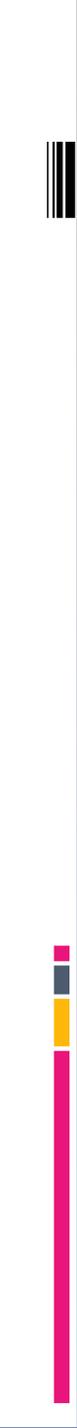
攢 RECRUITING

攢 SELECTING

攢 ORIENTING

攢 DEVELOPING PERSONNEL

- Those selected personnel will then be distributed in the various areas of the agency where they are qualified to belong
- STAFFING SCHEDULES are made to meet the needs of clients, personnel and agency



EFFECTS OF ORGANIZING



ORGANIZATIONAL STRUCTURE

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CHARACTERISTICS OF AN ORGANIZATIONAL CHART

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ORGANIZATIONAL PROCESSES

Delegation -

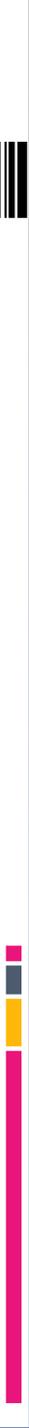
□ Basic concepts in Delegation:





Delegation of authority is guided by several key principles and concepts:

- **a. Exception principle** -
 - **b. Scalar chain of command** -
 -
- 

- 
- *c. Decentralization* -
 - *d. Parity principle* -

- 
- *e. Span of control* -
 - f. Unity principle

- 
- **Responsibility -**
 - **Authority -**
 - **Accountability -**
 - **Communication -**



TYPE OF ORGANIZATIONAL STRUCTURES

1. Bureaucratic

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Advantage:

Disadvantages:

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2. Ad hoc

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Advantage:

Disadvantages:

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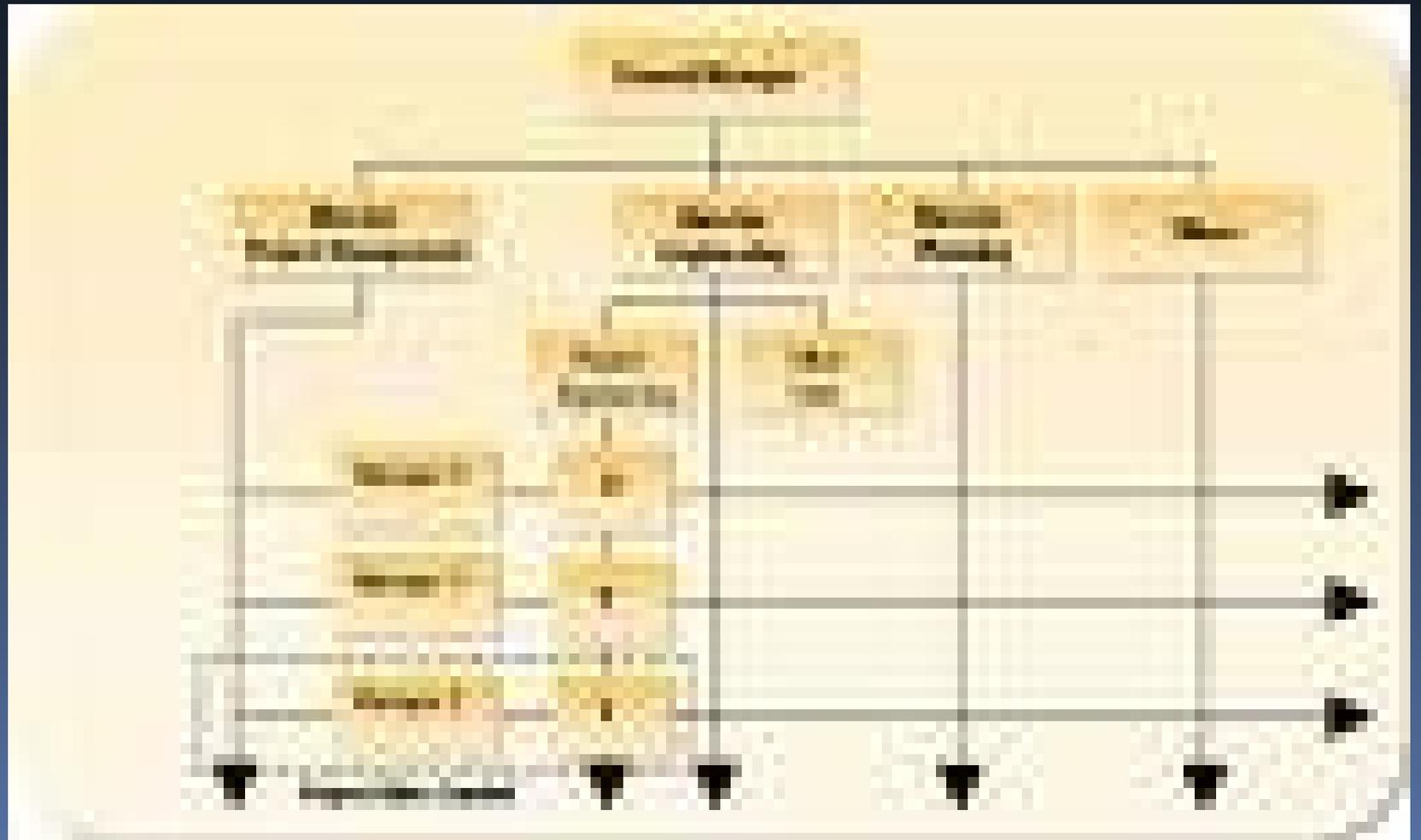
3. Matrix

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Advantages:

Disadvantage:

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- 

















III. DIRECTING/LEADING











































