

## MODERN CONCEPTS AND TRENDS IN NURSING ADMINISTRATION IN HOSPITALS

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I have had the pleasure and privilege of spending the past eighteen months in your beautiful country. During that time I have had the opportunity to learn something of the fascinating history and the unique culture of the Korean people. Also I have had the opportunity to learn something of the Korean health care delivery system—its strengths and its problems. Through visits to quite a number of hospitals—national hospitals, teaching hospitals, provincial and municipal hospitals, special hospitals, foundation hospitals, private hospitals—I have come to be aware of the strengths and problems of the hospital services, and inevitably make comparisons between the Korean hospital services and those in other parts of the world that I have visited.

One of the most striking contrasts to me is between the 'British' pattern of hospital organization, in which the most senior nursing administrative staff are recognized as members of the top-level management team of the hospital and the Korean pattern which is largely a replica of a Japanese model. One notes that this Japanese model is now-regarded as out-dated by some of the more progressive leaders of the Japanese hospital field. Another striking feature of the Korean hospital nursing administration is the absence of a cadre of top level, formally trained, specialist nursing service administrators. Of course, as I look around this room, I recognize that there are a considerable number of very competent nursing service administrators in Korea, but one might say that they have developed their expertise by that most difficult route—unaided personal effort. Also one might say that the organizational structure of the typical Korean hospital does not facilitate the full exercise of the administrative talent and competence of the senior nursing administrator.

You will have noticed that my remarks have been concerned with the role, training and activities of the upper level nursing service administrator. One could say much about the proper role, training and activities of lower level nursing staff with managerial and supervisory responsibilities—for example head nurses or charge nurses—but in the limited time we have let us concentrate our attention mainly on the top most levels of hospital nursing administration—the directors of nursing services, their deputies and immediate assistants. It is these high level nursing administrators who are potentially most influential in matters of nursing administration, because their influence can shape both the position of the nursing service within the overall organizational structure of the hospital, and can be very effective in shaping the proper development of lower level nursing management and nursing supervisory staff.

So we will first have something to say about the nature of nursing administration as a field of professional expertise in its own right.

### **Nursing Administration as a Specialty**

It is sometimes said that the principles and techniques of administration are universal, that they can be applied to any type of undertaking whether it be a factory, business, a hotel, a hospital. This leads to the contention that anyone who knows these principles and techniques can apply them without any detailed specialised knowledge of the industry or undertaking within which they are to be applied. We find therefore some people who say that there is nothing specially unique about administering nursing services and that there is no good reason why nursing service administrators should be nurses. And, in fact, one finds in the USA, for example, that non-nursing administrators may be appointed to take charge of hospital nursing services.

I do not agree with this argument. The problems of running a hospital effectively, efficiently and economically call for a real appreciation of the work of the hospital, including an appreciation of the technical content and difficulties of the work done in hospital, a sensitivity to the needs of patients and those of the wide range of health professionals and other workers in the hospital, and in particular an understanding of the full significance of the term 'good patient care'. Furthermore, the person responsible for the administration of nursing services must be able to give advice on technical matters of nursing; although he or she may not, indeed can-not be expert in every field of technical nursing, the senior nursing administrator must possess sufficient nursing experience to evaluate the opinions of others who have closer acquaintance with some particular aspect of nursing. This appreciation, this awareness, this ability to make informed comments and to make appropriate decisions on nursing matters are likely to be found in some nurses-they are not likely to be found in persons who have not themselves been trained in nursing. Therefore it seems to me reasonable to say that a nurse who has been appropriately trained in administration is likely to be a better administrator of nursing services than someone who has been trained only in general administration or hospital administration.

Indeed, it has been well recognised for many years that nursing administration is a specialty in its own right. Twenty six years ago the World Health Organization called together an Expert Committee on Nursing to advise on the principles of nursing administration and to assist, through its report, in an effort to improve the administration of nursing services through out the world. The work of that committee and some associated groups led to the publication in 1958 of WHO Monograph No. 41, entitled 'Principles of Administration Applied to Nursing Service'. It is interesting to note that the original committee, and other groups associated with it, included a number of nurse administrators who were then, more than a quarter of a century, ago, occupying very senior positions as Chief Nursing Officers in various Ministries of Health around the world. By way of

contrast, one notes that even now there is no very senior position in the Korean Ministry of Health and Social Affairs occupied by a nursing administrator.

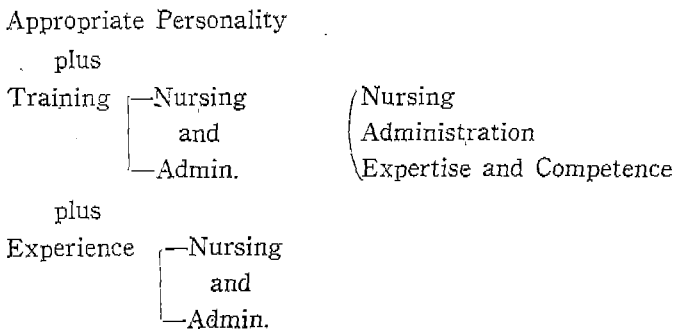
And, also, by the early nineteen fifties a number of countries had established formal programmes for the training of nurses as specialists in nursing service administration. The first professional level training programme for nursing administrators in Korea will commence next year-some thirty years later! A little later we will come back to the provision of training for nurse administrators, but now let us briefly review the range of expertise required of the competent nursing administration specialist.

### Nursing Administration Expertise

It is undoubtedly true that not every person who becomes a registered nurse can become a successful nursing administrator. Success in any field of administration calls for a particular set of personality characteristics-if this basic personality structure is absent then no amount of experience, no amount of training will produce a really competent administrator.

It is also true that the development of administrative expertise calls for experience. The fruits of experience may be gathered in two ways. The first way is by one's own personal efforts to solve problems to resolve conflicts, to try out alternative solutions, to make mistakes, to meet with success and encounter failure-to learn from one's own past. This is one way, but it may be a long and difficult way, and inevitably the progress that anyone person alone and unaided can make will be limited. So we turn to formal training-the method of learning from the accumulated experience of other people-in order to speed up the acquisition of competence and extend its boundaries far beyond those attainable by any one individual working in isolation.

In summary, we may say that



Nursing administration, like all branches of administration, is partly an art, partly a science. Its practice calls upon contributions from many disciplines. The expert administrator must be aware of the existence of these disciplines and their content, and be able to select from them appropriate principles and techniques to apply to the delivery of good patient care.

The basic process of administration can be represented by the cyclic figure below which shows the continuing sequence of planning-action-evaluation.

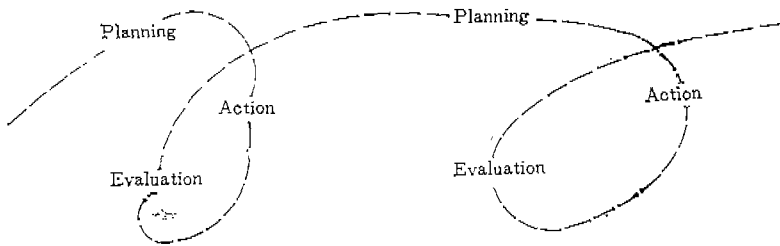


Figure 1 The cyclic process of administration

In all parts of this continuing process there will be the necessity analyse and solve problems, to make decisions, and to communicate. The table below (Table 1) takes some problems which commonly confront nursing service administrators and for each problem indicates one or more disciplines and one or more techniques which may be of assistance in coping with that problem. The list of disciplines with which the expert nursing administrator should be familiar is a long one. If she is to take her proper place as a member of the top management team in team in the hospital she will need to have an awareness of all the disciplines which contribute to the field of health service administration including-

- health service organization
- management, theory and practice
- organizational theory
- behavioural science
- financial management
- law, ethics
- hospital design and construction
- information science
- research methods
- personnel practice
- industrial relations

Your will, no doubt, be able to add to that list. In addition to this general knowledge of the disciplines within the broad field of health service administration, the nursing administrator will have received formal training and acquired experience in nursing. Of course, no nursing administrator can be an expert in way one of these disciplines, but she or he must know sufficient to be able to utilize whatever help may be available from them, and be able to appreciate when and where a particular approach or technique is likely to be of value.

Table 1

Problem	Relevant Discipline/s	Example of Appropriate Technique
Shortage of nurses	Management, Quantitative Methods, Computing,	Activity analysis Allocation techniques Computer based scheduling
High nursing staff turnover rate	Personnel Mgt., Behavioural science	Counselling Reward system
Shortages of ward supplies	Management	Materials flow analysis
Shortage of ward equipment	Financial management	Budgeting
Cramped work space	Hospital Design and construction	Economic study
Low morale of nurses	Behavioural Science, Industrial Relations	Leadership training Work value study Contract negotiation
Poor relationship with medical staff	Management, Behavioural science	Organizational review, Assertiveness training

A very important part of any senior administrator's work is understanding what colleagues from other professions are saying, judging the soundness of their views and making informed decisions about the relevance of their ideas to the situation under review.

It is obvious that the field of expertise with which the nurse administrator must have at least some knowledge is very wide. This brings us to consider the formal training of nursing administration experts.

#### The Training of Nursing Administration Experts

Here we face a problem. Should training be directed towards simply providing the trainees with a knowledge, attitudes and skills just sufficient to equip him or her to do a job in its present form? If, for example, senior nursing administrators are required to work within very narrow limits, occupying a rather lowly position in the hospital organization structure, then it might be said that all the training they really need is some instruction in such subjects as rostering, team leadership, job allocation, supervision. If this opinion is followed, then there will be no possibility of senior nursing administrators playing a larger role in the work of the hospital.

But in my opinion the trend, already apparent in some countries and, inevitably and eventually occurring elsewhere, is to provide a very comprehensive formal training prog-

ramme for nurses who occupy or will occupy the most senior positions in the nursing field. For example, in the School of Health Administration with which I am associated in Australia, nurses who are preparing themselves for senior positions in nursing administration follow a program embracing all the major health administration disciplines. This common core program is also taken by trainee medical administrators and trainee 'lay' (non-medical, non-nursing) hospital and health service administrators. The nurses also take an elective course which focusses on the topics of particular and specialised concern for future nursing service administrators.

In my opinion, it is desirable that nursing service administrators receive a substantial part of their formal training in company with other administrators in the hospital and health care field. The nursing administrator, whether she be employed in a hospital, a public health agency, a ministry of health or some other setting must be able to work with senior administrative and professional personnel from a variety of backgrounds. The formal training program provides an opportunity to develop a proper awareness of, a sensitivity to, the attitudes, specialised knowledge and potential value of these other actors on the health care scene. Therefore I have reservations about the wisdom of developing graduate programs for the training of senior nursing administrators within nursing colleges and schools of nursing. Rather, I would consider the appropriate setting for the formal training of these senior nursing administrators to be graduate schools of management, schools of public health, schools of health administration and schools of health science—all of these would provide the nurse-students with opportunities to interact with graduates working in a variety of professional fields.

I mentioned the word 'trend' just now. Let us spend a little time thinking about trends in nursing service administration.

### **Trends-1. Evaluation and Economy**

One need look at only a few nursing journals to see very clearly that there is currently an enormous amount of interest in 'quality control', in ensuring that patients receive care of 'good quality'. But looking at a few journals one also sees very clearly that there is very serious and widespread concern with the ever increasing cost of providing health care.

In some hospitals I have seen the first objective of the hospital, or of the nursing department written as "to provide the highest quality-patient care". That sounds a very good objective, but when we look at it closely we see that it really doesn't have any great usefulness as a guide to practice. Our present recognition of the need for effective, efficient and economical health care delivery leads us to rewrite that objective more carefully-

'To provide the highest quality of patient care attainable with the resources at our command'.

This represents a real challenge to the nursing service administrator. Already most

hospitals in most countries are trying to provide good patient care with apparently inadequate resources. But the trend is undoubtedly towards further restriction of resources allocated to hospitals. Indeed in some countries the problem of setting standards for patient care is not a matter of discussing 'optimal standards' or 'maximum attainable standards' (as was fashionable some years ago in some nursing circles) but rather a matter of defining minimum standards of safe patient care, minimum standards below which nurses will refuse to work.

So I think in the future we will see nursing administrators becoming more and more concerned with the evaluation of nursing services and nursing practice, more and more concerned with ensuring that whatever resources they are able to obtain are used to the very greatest benefit of the patients in their care.

### **Trends-2. Greater Administrative Involvement**

Regarding the extent to which nursing staff play an important role in administering patient care services, I see two trends operative, and moving in different directions. One trend is away from administrative involvement of nurses, with greater concentration upon clinical role of the nurse- the growth of the concept of the nurse- clinician who assumes some of the present roles of the physician and adds or develops roles as a sort of psychotherapist et cetera. Along with this exclusive concentration upon the nurse's clinical role has come the call to free nurses from 'non-nursing duties'. But many non-nursing duties are really patient care duties or at least activities which bear very directly on patient care and well-being. The outcome of this trend has been to weaken the position of the nursing service administrator (and also of lower level nursing managerial and supervisory personnel). Instead of controlling many of the non-nursing but nevertheless patient care related services, the nursing administrator has to negotiate with other departments in order to get patient care services which are not provided by the staff directly under her control.

On the other hand, there is trend for nursing administrators to become more involved in the high level decision making processes of hospitals in some countries. Several factors have contributed to this. The increasing militancy and strength of nursing trade unions has been important in some places. The increased assertiveness of women (everywhere men are a minority group within the nursing profession) has also played some part. Important, too, has been the increase in the number of nurses who have received formal training in administration- indeed in some hospitals one finds that the senior nursing administrators are the only members of the hospital staff with any formal training in management!

Which of these trends will emerge as dominant? Because of the increasing commitment of nurses to formal training in nursing administration, their involvement in training programs outside the narrow confines of nursing colleges, and because of the increasing number of competent women moving into senior posts in many other fields, I think it is

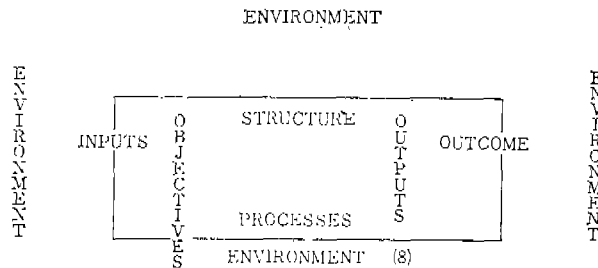
inevitable that the influence of nursing administrators in hospitals will increase-but in some countries the rate of increase may be slow.

**Trends-3. Hospital Nursing Administration or Nursing Administration?**

In some countries the place of the hospital is changing. Instead of being an institution into which come patients to receive services, we see services going out from the hospital to serve patients in the community. Also, we see stronger links being forged between the hospital and community based services such as health centres and community health-workers. In Korea we see some very interesting moves in this direction by the Yonsei University with its hospital-community project, and a similar to be developed by Korea University.

Some of you may have seen my picture of a hospital before (Figure 2). Traditionally hospital administrators, including nursing service administrators and medical administrators, have been very much concerned with the hospital's inputs, objectives, structure, processes and outputs. They have not directed much attention to what was happening to the people in the environment outside the hospital. Nor were they generally much interested in the outcome of hospital care-what happened when patients left the hospital and returned to the outside world.

**Figure 2 The Hospital as a System**



There is a growing awareness that hospital staff should be actively involved in what happens outside the hospital wall mean that senior administrators must be prepared to extend their interests and expertise to include the hospital within a comprehensive health care delivery system. Over the past two decades numbers of programs of hospital administration have changed their names and broadened their content to become programs of health service administration. Similarly, I think there will be a move away from the distinction between hospital nursing administration and public health nursing administration towards a broad general concept of nursing service administration.

**Trends-4. Specialist Training Administrators**

I have already mentioned the establishment many years ago of graduate programs for the formal training of nursing administrators. Over the years the number of programs has increased and the upward trend will, I am sure, continue. This movement has



been accompanied by an increase in the status of senior nursing administrators, higher salaries and of course greater responsibilities. I think this trend will continue.

**Conclusion-The Hospital Management Team**

There is already a well established body of expertise which should be known to and applied by senior nursing administrators. An important element in securing a proper recognition of the great contribution that can be made by properly trained nursing service administrators is the existence of appropriate high level training programs which will produce a growing number of nursing administration experts to take their proper place as members of the hospital management team. This team brings together the expertise of the three major functional components of the hospital-medical, nursing and 'business' affairs-as shown in Figure 3.

**Figure 3**

