

# Nurse management assignment

[Business](#), [Management](#)



Introduction The aim of this piece of work will be to describe, analyse and evaluate what role the staff nurse holds in the effective management of the care of the bereaved person. Throughout the author will relate this to the bereavement of a family following the death of a loved one in a care of the elderly setting. In relation to this assignment and because the focus of this assignment is on the staff nurse effectively managing the care of the bereaved person the author will focus on the issue of the importance of good leadership in supporting staff in what could be an emotionally challenging environment.

In relation to supporting the staff nurse being able to provide effective care for the patient the author will also be considering the areas of teambuilding and staff development, training and support. It should be remembered that bereavement may occur not just after a death but after any form of loss. Loss is a normal part of everyday life, life involves change and changes often involve an element of loss, (Read, 2002). What is bereavement?

Shakespeare once wrote “ all that lives must die, passing through nature to eternity”. Death is one of the largest causes of bereavement, although not exclusively.

Bereavement is the term used for the emotions and behaviours felt and displayed by a person who has suffered some form of loss, particularly the death of a person close to them or known to them, (Egan, 2003). Coping with bereavement Coping with the emotions and behaviours of a family who have been bereaved can be extremely stressful. If you have cared for a patient over a period of time and have come to know them and their family well it can be hard not to feel some degree of emotional involvement. Trying to

cope with a bereaved family can bring on feelings of inadequacy and lead to stress, (Kenworthy, Snowley and Gilling, 2002).

It is in this type of situation that the environment you work in becomes very important. To feel supported and to help you cope a good working environment is essential. A good working environment is when your colleagues support you and each other, when time is allocated for team building and team meetings, and sessions are held for debriefing and discussion after difficult issues have arisen, (Kenworthy, et al, 2002). A healthy work environment must offer the concepts of honesty, dignity, integrity and compassion as well as allowing the development of open, trusting and mutually respectful relationships.

Nurse leaders and managers can create, maintain and are responsible for this environment that will facilitate the effective practice of the professional staff nurse, (Huber, 2000). Leadership Leadership can be defined as the process of influencing people to accomplish goals. Hersey, Blanchard and Johnson (1996) as cited by Huber (2000) define leadership as the process of influencing the activities of individuals or groups in an effort to achieve goals in any given situation, (Huber, 2000, p50).

To be a good leader it is imperative to understand that there is no single leadership style that is correct for every situation or every person, (Jinker, 1999). It is considered that there are three leadership styles: Authoritarian, where generally the leader tells the followers what to do, Democratic, where the leader shares the responsibility and involves the followers in the decision making process, and Laissez-faire, where there is a minimum of participation

from the leader who avoids interference and allows events to take their own course, (Huber, 2000).

Hersey and Blanchard (1982) developed the situational leadership theory in the late 1970's. This theory suggests that there is no single leadership style that is best but that it is the individual's ability to adapt their leadership style to the situation that will determine how effective they are as a leader, (McNichol, 2000). This theory was further developed and in 1996 Hersey, Blanchard and Johnston highlighted four leadership styles: Telling, Selling, Participating and Delegating to develop the Tri-Dimensional Leadership Model.

In this case the 'telling' would be the authoritarian style, the 'delegating' would be the democratic style and the 'selling' and 'participating' would draw from and mix both authoritarian and democratic styles. They said that to choose the correct style for a situation the leader would need to be knowledgeable about the readiness of the followers. The follower readiness would then dictate which leadership style to use, situational leadership is the integration between task behaviour, relationship behaviour and follower readiness.

They also state that the leader needs to have flexibility in their behaviour; they need to be able to identify the leadership style appropriate to the situation and to be able to apply it, (Huber, 2000). The author feels having an understanding of the situational leadership theory and the four styles of leadership that in the situation being considered a democratic leadership style would be best so this therefore would be the delegating section of the

theory. Of course this would be dependant on the nurse as well, providing that she is willing to accept the task she is given and approach it with a positive attitude.

The leaders leadership style would always be dependant on the willingness and readiness of the nurse in question, (Huber, 2000). Lewin, Lippitt and White (1939) and Smith and Peterson (1988) both cited in Hayes (2000) carried out various researches to see which leadership style was best, both these studies concluded that generally a democratic leadership style was best, (Hayes, 2000, p511). Staff nurses often need support from their nurse managers or leaders; it is believed that N. H. S trusts should avoid employing managers who have an autocratic management style and managers who pay little attention to their staff, (Alexis, 2002).

It is however acknowledged that there are other theories and leadership styles; one such other style is 'transformational leadership'. A transformational leader has the ability to create and inspire a shared vision for the future; they have the ability to engage others in the change process to work towards the attainment of the groups goals and to provide the support necessary to reach these goals. The transformational leader strives to empower and motivate those that they lead and in turn gains motivation from those they lead.

When someone feels empowered they will feel energised and able to accomplish anything they want, however when people feel over powered they will feel dispirited with low energy levels and will have no desire to accomplish anything. The empowerment felt by the followers of a

transformational leader will allow them to perform far beyond the levels specified to them, (Hocker and Trofino, 2003). One of the most obvious results of good leadership is the production of a good working team, (Thomas, 1998). Teambuilding

Teambuilding can be defined as the system by which a person or person's bring together and establish a group of people into a working unit so that set goals can be attained, (Huber, 2000). The ability to work well in a team is vital. Nurses must be able to work collaboratively with other nurses, their nurse manager and also with others who do not have the same professional background, (Huber, 2000). Section four of the Nursing and Midwifery Council's (NMC) Code of professional conduct (2002) states that ' As a registered nurse or midwife, you must co-operate with others in the team, (Nursing and Midwifery Council, 2002, p6).

The team is defined here as including the patient or client and their family, informal carers and other health and social care professionals within the National Health Service (NHS) and the voluntary and independent services. The Code of professional conduct also clearly sets out that you must communicate effectively and co-operate with all other members of the team, and you may also be required to delegate care delivery to others who may not be registered nurses but you are accountable for this delegation and as such should ensure appropriate support and supervision is provided, (Nursing and Midwifery Council, 2002).

The word ' team' may often be used to describe a work group in the health care field. To become a real team there are three critical elements needed in

development: Establishment of ground rules, role clarification and goal setting. Just because a work group is referred to as a team does not automatically make them a team, (Laing, 2003). The first step to be taken in teambuilding is to establish ground rules. These rules should be devised and upheld by every member of the team.

The ground rules will be a guide for the whole team as they work together to achieve their goals. Some imperative foundation ground rules to be set should include respect for all team members, it is imperative for everyone to feel valued and respected. The development of trust is important however this does not happen immediately, the first step is for the leader to be consistent in what they say and do. The clarification of the roles and responsibilities held by each team member is possibly the most significant ingredient in teambuilding.

Each individual needs to be aware of the responsibility they hold for their performance and the accountability they have. A good effective team will be produced if each individual knows the role they hold and how to perform that role competently. Lastly the team will need to have a clear understanding of the goals they wish to achieve and the belief the goals are worth while, (Laing, 2003). In the creation and maintenance of an effective team the leader holds many roles and responsibilities.

They are responsible for their human, financial and material resources, they must be active in setting goals and direction, use the appropriate methods and conduct themselves in such a way as to gain the commitment from all other members and maintain a high standard of personal performance. The

team leader needs to be the person to encourage, harmonise, compromise, observe and set standards for the team, (Thomas, 1998). In the situation being considered the staff nurse in question has a potentially stressful time ahead in dealing with the bereaved family.

The support she receives from the team on the ward will make all the difference to how well she will cope. She may seek support from her nurse manager, a member of the ward team or she may prefer to seek it from a fellow member of the multi-disciplinary team. If the nurse has this well functioning team support behind her she should be able to feel enhanced and satisfied in her work, if she does not however she may feel an even greater level of stress, (Alexander, Fawcett, and Runciman, 2000). Staff Development, Training and Support

Section six of the NMC Code of professional conduct (2002) states that ‘ As a registered nurse or midwife, you must maintain your professional knowledge and competence’, (Nursing and Midwifery Council, 2002, p8). This means that as a registered nurse or midwife it is your responsibility to keep your knowledge base and practical skills up-to-date. To do this you should attend regular learning activities. If you do not have the necessary skills to carry out certain aspects of care it is your responsibility to acknowledge these limitations and only practice within these boundaries.

It is also your responsibility to ensure that the care you deliver is where possible based on the most up-to-date validated research; this is called evidence based practice, (Nursing and Midwifery Council, 2002). There are now a number of government reports and publications emphasising that



continuous professional development (CPD) matters and makes a difference to the quality of the service provided to the public. One such publication by the Scottish Executive released in 1999 is ' Learning Together: A strategy for education, training and lifelong learning for all the National Health Service (NHS) in Scotland'.

This strategy has many aims, among them are to ensure that all NHS staff are fit for practice and purpose, to improve the access and opportunity by ensuring that all NHS staff are supported and encouraged to develop and maintain their skills, and to raise awareness at NHS micro level of the value of education, training, and lifelong learning. This strategy tells us that individuals should be encouraged to take responsibility for developing their own potential. We are also told that NHS employers in Scotland have the responsibility of supporting and managing staff development.

This strategy means that all staff will be encouraged to take responsibility for their own learning and in return they can expect their employer to support them and help them keep their knowledge and skills up-to-date by facilitating access to appropriate learning resources. Staff can also expect to be given opportunities to discuss at regular intervals with their manager/leader their development needs and to have the chance to identify learning opportunities, (Scottish Executive, 1999). In today's modern ever changing NHS the management of human resources requires even more attention than ever before.

The support and career development of nurses requires great commitment from nurse managers. There are several steps to be considered in the

support and development of staff, these are: induction, clinical supervision, appraisal, and practice development. The process of induction is important for new employees; this stage will ensure they begin to feel like an integral part of the organisation. Clinical supervision is the formal process of professional support and learning that allows each nurse to build on their knowledge and competence base and assume the responsibility for their practice.

If human resources within hospitals are to remain stable then proper clinical supervision of nurses is a must. Appraisal is the process carried out to review each nurse's performance and to review the support she has received from her employer. This is not a method just for identifying nurses' weaknesses but to identify their strengths and to see what else the employer can do to enhance the nurses' development. This appraisal process should be carried out on average twice a year, for some staff it may be more or less frequent.

Practice development is aimed at supporting and developing staff in anyway necessary to achieve and maintain an effective and efficient team that have high standards of individualised nursing care, (Alexis, 2002). Continued professional development and lifelong learning are fundamental core components in the provision of good quality care. The development of staff within an organisation is a part of humane resource management, this is a major role of both nursing managers and executives further up the management ladder, (Huber, 2000). You could say that it is the responsibility of people at both macro and micro levels.

Many nurse managers have come to view the professional nurse employee as a rare and expensive human resource. Therefore a good nurse manager will invest continuously in the ongoing nurturing and educational development of their nurses to maintain the knowledge base essential to the delivery of good nursing care, (Huber, 2000). Having read what the literature says about staff development and support the author feels that the staff nurse in the situation of the bereavement care should be guided by her nurse manager, via clinical supervision, beforehand to offer support.

She should then be allowed to practice as she sees fit with some level of responsibility and autonomy. Afterwards she may feel the need to meet with her manager to discuss any feelings she has about her level of knowledge on bereavement care, this could then lead to some form of further training or development. This meeting could take place as a form of staff appraisal.

Accountability Accountability can be defined as being responsible for something or to someone, (Nursing and Midwifery council, 2002).

The staff nurse must remember that she is accountable at all times for her practice, she is accountable to her manager and employer, the patient and their family, the Nursing and Midwifery Council, and to the law, (Kenworthy, et al, 2002). Section 3. 1 of the NMC Code of professional conduct states that ' You are personally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or directions from another professional', (Nursing and Midwifery Council, 2002, p3).

If a mistake or omission on the nurse's part were to be made then the employer as well as the employee can be held liable even if the employer

were not at fault, this is known as vicarious liability, (McHale and Tingle, 2001). Continuing Professional Development and Personal Reflection A registered nurses continuing professional development is the responsibility of the nurse and the employer, the nurse has the right to expect training opportunities to be made available to them and the employer has the right to expect the nurse to maintain her knowledge and skills base.

All staff nurses working within the NHS are now required to have a personal development plan (PDP); this will help ensure that they maintain their skills and knowledge. The PDP is very similar to the portfolios of the past; in some cases a person's portfolio may be acceptable as a PDP. The personal development plan should contain evidence of reflection upon current competencies, it should have personal objectives or goals set out to be worked towards, there should be an action plan for achieving the goals, evidence of the plan being implemented, and a review of the progress to date as well as learning outcomes achieved.

The appropriate preparation and development of nursing staff is vital for the safe and effective delivery of nursing care, (Kenworthy, et al, 2002). Jernigan (1988) as cited in Huber (2000) stated that ' staff development ultimately is geared towards organisational development', (Huber, 2000, p317).

Essentially this means that the small part of developing each individual is aimed at the development of the whole organisation, the more developed each individual is the more developed the organisation is, (Huber, 2000).

The government paper ' Making a Difference' (1999) says that when planning the continued professional development (CPD) of it's staff the

organisation should ensure that the plans are purposeful and patient centred, targeted towards identified educational needs, educationally effective, and are part of the wider organisational development, (Department of Health, 1999). Having read many articles on CPD the author feels that the purpose of CPD is to benefit everyone concerned, this is the nurse, the patients, the wider nursing team, and the employer and organisation.

In writing this essay the author feels that there are a great many avenues of management still to be explored, this will take time. The author does now feel that the seeds of understanding have been sown and that this is an ideal foundation from which to continue learning. This learning shall take place through reading, listening to and being guided by experienced nurses and managers and through personal experience and CPD. Conclusion By reflecting upon this essay the author can now see that there are a number of issues which will influence and guide the nurse's ability to care for the bereaved family effectively.

The care is not just based on that one individual nurse's knowledge and competence but behind the scenes the effectiveness of her care is supported and underpinned by good management. This essay has highlighted that some of those issues are related to the leadership, staff development and support and the effectiveness of the team of which she is a part. References ALEXANDER, M. , FAWCETT, J. and RUNCIMAN, P. , 2000. Nursing Practice, Hospital and Home. 2nd ed. Edinburgh: Churchill Livingstone. p628. ALEXIS, O.

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