

Staff nurse as manager and leader essay sample

[Profession](#), [Manager](#)



Nurse Managers and administrators increasingly receive responsibility for areas outside their primary discipline, for example pharmacy, contracted services, and other direct and indirect patient care services probably the most important skills to develop in nurse managers and leaders are communication skills, including sharing information verbally, in writing and through technology. Managers must also be competent in managing a culturally diverse workforce. Nurse Managers must transition decision making from the clinical realm (low risk) to the administrative realm (often risky).

Nurse Managers must develop skills for managing daily unit operations (including staffing), complying with professional, regulatory, and governmental standards of care, interdisciplinary coordination, new technology and critical pathways, and care planning. In addition to managing, staff nurse managers must develop strong leadership skills. An effective nurse manager can motivate staff members to go beyond self-interest for the good of the hospital, mold staff members into leaders, and raise staff performance above expectations. (Joint Commission Resources, 157) Staff Nurse

Staff nurses assist the individual with SCI in adapting to an altered lifestyle while providing a therapeutic environment. The staff nurse provides direct nursing care, supervises ancillary personnel, coordinates health education, collaborates with the rehabilitation team, and acts as a resource and role model for staff and students. Nurse Manager Nurse Managers provide accountability for the management of the SCI unit or program.

Responsibilities typically include: staffing, budgets, quality improvement

<https://assignbuster.com/staff-nurse-as-manager-and-leader-essay-sample/>

skills, good interpersonal and interdisciplinary relationships, a creative problem solving ability, and a high level of initiative.

In the manager role, the community nurse also must act as a leader, the nurse directs, influences, or persuades others to effect change so as to positively affect people's health and move them toward a goal. The leading function includes persuading and motivating people, directing activities, ensuring effective two-way communication, resolving conflicts, and coordinating the plan. Coordination means bringing people and activities together so that they function in harmony while pursuing desired objectives.

The nurse leaders in the hospital setting continue to acquire more responsibility and meet different challenges and frustrations. Nurse leaders oversee the only product in hospitals—patients care delivery. Their expanded responsibility reflects the importance of that product, and nurse leaders must continue personal and professional growth to meet those demands and influence strategic decisions at the executive table. A leader is someone who directs the operations, activity, or performance of others.

Nurse leaders are called by many different titles: chief nurse executive, vice president of nursing, director of nursing, vice president of patient care services, nurse manager, patient care coordinator, nursing coordinator, charge nurse, and clinical coordinator, among others. Effective nurse leadership is the cornerstone to any successful hospital, and leaders must demonstrate their commitment to their employees. (Joint Commission Resources, 157) Nurse as organizer The second function of the manager role is that of organizer.

This involves designing a structure within which people and function to reach the desired objectives. A manager must arrange matters so that the job can be done. People, activities, and relationships have to be assembled to put the plan into effect. Organizing includes deciding the tasks to be done, which will do them, how to group the tasks, who reports to whom, and where decisions will be made. In the process of organizing, the nurse manager provides a framework for the various aspects of service so that each runs smoothly and accomplishes its purpose. The framework is a part of service preparation.

When a community health nurse managers a well-child clinic, for instance, the organizing function involves making certain that all equipment and supplies are present, that required staff are hired and are on duty, and that staff responsibility are clearly designated. The final responsibility as an organizer is to evaluate the effectiveness of the clinic. Is it providing the needed services? Are the clients satisfied? Do the services remain cost-effective? All of these questions must be addressed by the organizer.

(Allender, Spradley, 50)

The Nurse Leader as Frontline Manager Although explicit requirement in Joint Commission standards detail the qualifications and responsibilities of nurse executives, the role of frontline nurse managers in each hospital evolves independently. A typical job description for a nurse manager might read as follows: Plans and implements the overall nursing policies, procedures, and services for a unit. The nursing staff should be maintained by recruiting, selecting, orienting, training, and retaining clinical staff. It must be ensured

that nursing staff is current in competency, assessments, licensure, certifications, and other annual training.

May provide direct patient care and is responsible for assessing planning care for, and evaluating patients. Must be a registered nurse having clinical experience in a related field. Generally managers nurses, clinical technicians, and many other non-clinical staff in the organization. Relies on experience and judgment to plan and accomplish goals. (Joint Commission Resources, Inc 9) Staff Nurse as Manager The new graduate nurse holds an individual perception of the staff nurse role as schooling is completed and professional employment begins. This perception may in part be based on past experiences and on anticipation of what lies ahead.

Buckenham (1988) found in research on the student, staff, and manager view of the nurse role that the role of the nurse is a developing role perception for student and often is not well understood until the senior year of schooling.

Taunton and Otteman (1986), in studying the multiple dimensions of the staff nurse role, found that the staff nurse role conception is complex. Part of this complexity may rise from bureaucratic and professional role conflicts, which are sources of stress for today's staff nurses. The staff nurse is both a position specific to hospitals and a nursing role in that setting.

Chaska (1992) defines the staff nurse as a " generalist, clinical nursing role held by a registered nurse in a first-level clinical nursing position in a hospital setting". This definition clearly articulates who is considered in the staff nurse role and that it is generally seen as entry-level position. Douglass (1992) refers to staff nurses as RNs who " provide the bulk of primary

nursing practice in a variety of settings. Stevens (1983) viewed the entry-level role as staff hired primarily to meet the needs of the organization in caring for patients. (Loveridge, Cummings, 133)

In the corporate role, the staff nurse leader provides nursing input management at the corporate level, i. e. top-level management that has the overview and accountability for functions relating to the whole organization. Examples of functions usually managed from the corporate level are strategic planning, policy development, resources allocation, human resourced management, quality improvement, and organizational culture and development. The role requires staff nurse leaders to have the knowledge, experience, expertise and perspective gained as a nurse, which will enable them to make an effective contribution at the top level.

The professional role relates to providing leadership and advice to management on professional nursing functions. Example of these functions are setting and monitoring nursing standards, professional development, nursing legal matters, ethical issues, developing new roles and models for nursing practice, nursing skill mix, nursing research and demonstrating effectiveness of nursing interventions. These staff nurse leaders have to be strong on nursing matters. (Shaw, 66)

The staff nurse collaborates with peers on the shift in various patients care tasks and may use management skills in negotiating for help or seeking advice on particular patients. The staff nurse is accountable to the organization and the patient and managers himself or herself and others through the use of management skills at the beginning technical and human

skill levels. Clinical nursing education stresses relations with patients.

(Loveridge, Cummings, 136) Conclusion Community health nurses play many roles, including that of clinician, educator, manager, collaborator, leader, and researcher.

Each role entails special types of skills and expertise. The type and number of roles that are practiced vary with each set of clients and each specific situation, but the nurse should be able to successfully function in each of these roles as the particular situation demands. The role of manager is one that the nurse must play in every situation because it involves assessing clients' needs, planning and organizing to meet those needs, directing and leading clients to achieve results, and controlling and evaluating the progress to ensure that the goals and clients' needs are met.

As a part of the manager role, the nurse must engage in three crucial management behaviors; decision-making, transferring information and relationship building. Nurses also must use a comprehensive set of management skills: human skills that allow them to understand, communicate, motivate, and work with people; conceptual skills that allow them to interpret abstract ideas and apply them to real situations to formulate solutions; and technical skills that allow them to apply special management-related knowledge and expertise to a particular situation or problem.

There are many types of setting in which the community health nurse must practice and in which these roles are enacted. "Setting" does not necessarily refer to a specific location or site, but rather to a particular

situation. These situations can be grouped into seven major categories: homes; ambulatory service settings, schools; occupational health settings;; residential institutions such as hospitals, continuing care facilities, halfway houses, or other institutions in which people live and sleep; and the community at large, which encompasses a variety of expected and innovative locations. (Allender, Spradley, 59)