

Identification of Nursing Management Planning Standards in Iran

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Abstract

BACKGROUND: In recent century, planning is one of the most important care skills for health service development. Nurses should be ready scientifically for managing situations in order to develop and perform appropriate models for patient care. It is necessary for manager to know about the process and standards of planning and how to apply them in real conditions. With regard to importance of health care planning and lack of nursing management planning accreditation in Iran.

METHODS: This triangulating research was carried out between 2004 and 2006. Fifty professional nursing managers in different level of Iran medical universities and central hospitals, having experience in nursing management at least for five years, and an MS or BS degree in nursing management, were included in a study through purposive sampling. At first, a pilot study with an open questionnaire was conducted in Isfahan and Shiraz and then the study went on in 3 phases including searching for international standards in method by 15 professional nursing manager after consensus on 70% and sending the final was used for data analysis. At last standards for nursing management planning were obtained in Iran.

RESULTS: 48 standards of nursing management planning were obtained. The findings showed that most of the standards were accepted (90%) and there were not any standards with agreement lower than 70%. These standards, accompanied with the standards of other nursing units, can be used for quality improvement. The researcher suggests the ministry of health to use these findings and other related ones to accredit the nursing system and to identify its deficiencies.

KEY WORDS: Nursing management, standards, accreditation

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When human reached the necessity of planning in the life in the process of wisdom growing, he had considered it as a useful instrument serving the management and leadership in society rules. Nowadays, the structure of organization is so complicated that continuation of them is impossible without precise planning ⁽¹⁾.

Planning in the health and treatment organization has a considerable importance because plans should be changed according to the different socio-economic, political and technical situations which are changeable ⁽²⁾. Among all management duties, planning is the most important that is like a bridge connecting

present to future. In other word, planning makes a bridge between the place we are and the place we are going to ⁽³⁾. Management in care and health organization needs some professional nurses with different skills in 21st century. Planning for development the quality of services and effective expense, is an important skill in nursing care and health organization in 21st century ⁽⁴⁾. Managers should know the process of planning and also planning standards to use them in working situations ⁽⁵⁾.

In a research in health system of Midostong, among the nurses who end or change their employment situations during a 9-month period, the findings showed that their impor-

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tant anxiety was about the management in nursing ward, substandard management and no power of identification ⁽⁶⁾. Today, experts have concluded that the best (final) cure for all pains, weakness and loss of social behaviors is standardizing all units of society ⁽⁷⁾. Identifying the executives, job standards and considering the determined rules in employing individuals, will provide the necessary background to make a basic revolution in suitable distribution of employees (personnel) according to their efficiency ⁽⁸⁾. In each specialty, some special standards identify the career and impart the structure and framework for employees. Standard is a preformed framework that is identified by professional societies and all experts agree with it. In fact, standards are suitable and available levels of performance can be compared with in real operation ⁽⁹⁾.

The purpose of nursing performance standards is to explain nurses' responsibility standards, reflect the values, necessities and the path to the professional nursing performance. To obtain this goal, they create a framework for evaluation the nursing performance ⁽¹⁰⁾. From 1930, American nursing society had a key role in development the clinical nursing standards, and has also published some standards for nursing managers ⁽⁸⁾. In the first of twentieth century, health care standards included a large number of wards, services and possibilities of health cares and also their managers and members were defined in Australia. In the last decade of 1980, standards of three basic groups of management and supplementary services, professional and general management were identified in England ⁽¹¹⁾. In a review done in this field, some states and countries like Kentucky, Lebanon, Massachusetts have also introduced some standards in nursing management planning.

Regard to the importance of planning in nursing management duties and its effect on the quality of health care and considering this point that no criteria or standard is available in this subject, the researchers were encouraged to identify some standards to facilitate

nursing managers' work and improve the presentation of the services at the end

Methods

This triangulation research was carried out between 2004-2006. At first, elementary study was done using open questionnaire in Isfahan and Shiraz. Nursing management experts were asked to tell applicable standards of nursing management planning in three structural, procedural and final fields in Iran. Because no answer and result were obtained, the researchers began the basic study in three phases. In the first phase, the international nursing management planning was translated precisely through Internet and gathered sources, then it was prepared as a semi-opened questionnaire followed by a suggestion part. In the second phase, fifteen nursing management experts (head nurses of provinces, master experts of nursing management from universities of medical sciences and nursing services managers (Matron) of the referral hospitals of Isfahan, Shiraz and Tehran) were asked to tell their comments about proposed standards in acceptable or not acceptable words and give other standards had in their minds. In case of (according to their) comments, we called them and we made a decision of 70 percent? at the end in the third phase using the results of a formal routing? of the second phase. Fifty experts in the nursing management centers of Ahvaz, Tehran (Tehran, Iran, Shahid Behesti and Tarbiat Modarres universities), Shiraz, Mashhad, Tabriz, Yazd, Hamden and Kerman were asked to have comment about desirability or no desirability of the standards and finally nursing management planning was identified in Iran. The content reliability of questionnaire was checked in first phase.

As mentioned before, the number of samples was 15 and 50 in Delphi and commentary stages, respectively. Sampling method was upon purpose? and the study criteria were formal employment by health and treatment ministry, MS or BS degree in nursing management with at least for five years? Or BS

degree in nursing management in Medical Science universities and employed nursing managers in referral hospitals (over 300 beds). Finally, descriptive statistic methods were used for data analysis and what about software?

Results

Standards with 95 or more percent of desirability were accepted and they bring exactly unless some editions were needed. Standards with 70-95 percent were mentioned by some improvements and comments, and standards below 70 percent were omitted. Accomplished changes have also done in form of editing, changing standard places, combining two or more standards and omitting. Final standards that were identified in planning domain are shown in Table 1.

Discussion

Planning standard number 19, related to auth⁽¹²⁾ and Massachusetts⁽¹³⁾ states, was one of the low desirable standards. This standard only acquired 37.84 percent of acceptability and it had only editing changes. But considering the present situation that nursing manager plays no role in employing nursing employees, it is necessary to identify some policies to perform this standard by authorities, especially nursing service of the country.

Planning standard number 53, related to Kentucky State of America⁽¹⁴⁾, was accepted with 87.5 percent. Regarding that needs assessment considered as an essential component of nursing management planning and permanence of an organization; we can provide performing grounds of this standard with some methods such as delegation of practicing grounds.

It should be mentioned that we did not have standard with less than 70 percent acceptability. All done changes in standards were edited or written based on suggestions and comments of the studied units. This research can be used for improvement of nursing job, and it will be effective when consider all nursing, hospital, university and all parts of the related units for having a synchronous movement for quality improvement. Researchers hope that this study will be applied in these cases:

- Accrediting nursing managing system of the country.

- Helping planners of the ministry to identify and review related regulations of nursing.

- Identifying a guidance book based on proposed standards for internal evaluation.

Here, we acknowledge all nursing management experts helping us in this research.

Table 1

Planning items	Not acceptable percent	Acceptable percent
1. Planning is one of the duties of nursing management.	—	100
2. Nursing managers should develop, save and evaluate management processes and data collecting systems related to the employees to support nursing operation and care patients.	—	100
3. Developing, saving and evaluating all data which advance desirable and patient-based findings.	6.25	93.75
4. Having a Copy of strategic plan of the hospital	—	100
5. Having a copy of developing quality of the hospital	—	100
6. Having some documents for permanent control of nursing plans	3.04	96.96
7. The purpose of collecting data is existed in register form	—	100
8. Existing some statistical documents from the comparison of the units' data	—	100
9. Existing some examples of nursing management interference based on analysis	—	100
10. Existing some documents about observing policies and scopes of the hospital by nursing employees	—	100
11. Existing some documents of the time of performed meetings by nursing manager.	6.25	93.75
12. Having the abilities and responsibilities of the nursing operation unit in written form	3.23	96.77

13. Providing necessary documents, statements, reports and correspondences in time	3.04	96.96
14. Creating and saving Health information system	3.23	96.84
15. Having a list from all nursing employees consisted of their demographic data (first name, last name age, sex, marriage state, education level, ...), Contact Address, designation and personnel records (experience years, date of beginning job, education documents, passed training terms, previous units, previous designations, present designation, ...)	—	100
16. Accepting and supporting philosophy, goals and policies of nursing cares.	6.46	93.54
17. Having special goals for developing employees and oneself	3.23	96.87
18. Noticing on institute and society needs in performing goals		100
19. Creating policies and methods to employ some professional nursing employees (employment, selection, transfer, save and development) based on individual abilities without considering race, nationality, believes, color, sex or age	15.63	84.37
20. Identifying the guidance book consisting all nursing management scopes and policies and explaining related clinical results of hospital	6.07	93.93
21. Presenting all policies clearly	6.07	93.93
22. Presenting all scopes clearly	6.07	93.93
23. Existing all policies and scopes for managing issues such as evaluating, management dating, purchased, connecting among units, discipline in operation and ...	—	100
24. existing all policies and scopes for clinical services such as public clinical activities, special policies and scopes of units	—	100
25. Existing all policies and scopes for clinical services such as public clinical activities, special policies and scopes of units.	—	100
26. Planning some managing strategies for present and possible nursing problems	—	100
27. Manager's decision should be based on moral principles	—	100
27-1. Nursing manger should state nursing philosophy according to the rules of the country	—	100
27-2. Obey moral rules of the career	—	100
27-3- show the accuracy and exactness in job	3.04	96.96
27-4. Take a suitable operation to report the mistakes of the job, persons or organization	—	100
27-5. Act as a supporter to save and develop employees, salary (such as independence, respect, professional dignity, access to needed in formation for requesting personnel ...)	—	100
27-6. Having documents of all mentioned cases	—	100
28- Regulating operating plans which be scalable, realized and dated	—	100
29. Nursing management planning should find an opportunity for strategic goals of organization and goals of nursing part, service or nursing unit	3.04	96.96
30. Nursing management planning should identify activities, responsible and persons for doing them and have the documents of progress evaluation.	—	100
31. Existing a creative and open-sight plant present cares	6.46	93.54
32. Having a plan for quality development fitted to the quality development plan of the hospital for nursing part	3.13	96.87
33. Having a plan for long term project	6.46	93.54
34. Having a plan for developing and saving policies of employment, familiarity, training during employment, evaluation and ending of employees, service of nursing cares	6.38	90.62
35. Having a plan to accept suitable organizational role and determining the frameworks of employees and duties.	6.25	93.75
36. Having a plan to develop the merits of the employees for doing nursing cares.	—	100
37. Having a plan to present safe and certain nursing cares for patients.	—	100
38. Having a plan to combine all nursing cares plans with general plan of organization	3.23	96.77
39. Planning for budget	9.68	90.32
40. Planning for duties explanation of employees included in identified standards, goals and results.	6.25	93.75

41. planning for applying skilled employees	6.46	93.54
41-1. planning for applying based on date of nursing activity and number of patients.	6.46	93.54
41-2. Coordinating the skills of the members according to the needs of the work	6.46	93.54
41-3. Appointing suitable members for managing	6.46	93.54
41-4. Appointing suitable members for training	6.46	93.54
41-5. Appointing suitable members for researches	6.46	93.54
41-6. Defining no nursing duties to other no nursing parts or personnel.	6.46	93.54
42. Having a plan for working shifts of personnel according to their names and jobs during 24 hours for each part.	9.68	90.32
43. existing a plan to provide necessary sources in restructuring physical possibilities	9.68	90.32
44. Existing a plan for continuous familiarity and training of nursing personnel	3.13	96.87
45. Existing an agreed plan between education of nursing and midwifery faculty and hospital for coordination and assistance	—	100
46. Planning to progress in nursing research by personnel, research activities and performing the results of other researches (researches by others)	6.25	93.75
47. Planning to evaluate organizational goals in level of nursing units and services	30.04	96.96
48. Planning to develop care of patient based on the needs on duties explanation and standards	6.07	93.93
49. Planning to develop care of patient based on the needs of the persons who receive nursing cares services	3.23	96.77
50. Having a plan to identify and solve the problems	3.13	96.87
50-1. Recognizing the problem needed making decision		
50-2. Collecting related data	3.13	96.87
50-3. Identifying suitable solutions for solving the problem	3.13	96.87
50-4. Identifying suitable some criteria for making decision	3.13	96.87
50-5. Comparing the solution with considered criteria	3.13	96.87
50-6. Selecting the reason for choosing every solutions	3.13	
50-7. Determining the selective follow up of the decision.	3.13	96.87
50-8. Identifying existed obstacles for achieving considered follow up	3.13	96.87
50-9. Using necessary sources for supporting the decisions	3.13	96.87
50-10. determining the cases contrasted with the opinions of the colleagues in decision making	6.07	93.87
50-11. Having no contradiction with social fields	6.07	93.93
50-12. Having attention to legal cases in decision making	3.13	96.87
50-13. Analyzing different solutions	3.13	96.87
50-14. Selecting one or more solutions between various solutions	3.13	96.87
50-15. Being satisfied from his/her decisions	3.23	96.87
51. Having specific plan for new diseases	9.68	90.32
52. Having a plan to implement passed projects	6.25	93.75
53. Having a plan to identify educational needs of personnel, patients, families and society	12.5	87.5
54. Having a plan to collect information related to nursing mistakes	—	100
55. Introducing a praiseworthy nurse in writing form to do his/her duties when he/she is absent	3.13	96.87
56. Identifying expected assessments and using financial and manpower sources	3.13	96.87
57. Existing all documents of plans and outcomes	—	100

References

1. Rezaiyan A. Principles of management. 2nd ed. Tehran: publication center of gathering humanities' books of universities; 2004.
2. Heruabadi S, Marbaghi A. Management of nursing and midwifery. Tehran: Publication of Iran medical sciences university and health services; 1996.
3. Tabibi J, Abedi G. 2000 notes of management. 1st ed. Tehran: Ebadifar Publication; 2003.

4. Salari H. Management of nursing. *Jiroft quarterly* 2004;2(6): 1.
5. Marquis BL, Huston CJ. *Leadership Roles and Management Functions in Nursing: Theory & Application*. 5th ed. Lippincott Williams & Wilkins; 2005.
6. Telford P. Quality of work life: a leadership imperative. *Can Nurse* 2004; 100(6):10-12.
7. Sahebzadeh M. Evaluation of observing standards in CCU ward of Isfahan university hospitals. Thesis of MS. Isfahan, Faculty of medicine, Isfahan University of medical sciences. 2006.
8. Ronagh Y. Study in work and job standard. 1st ed. Tehran: educational center of governmental management. 2001.
9. Daneshiyan D. Problems derived from lack of auditing standards in state universities of Isfahan province. MS thesis of governmental management education. Isfahan. Center of governmental management education. 1999.
10. Lindberg JB, Hunter ML, Kruszewski AZ. *Introduction to Nursing: Concepts, Issues, and Opportunities*. 3rd ed. Lippincott Williams & Wilkins; 1998.
11. Sedghiani A. Evaluation of health and treatment cares and hospital standards. Tehran: Moien& Elm-O-Honar Publications; 1997.
12. Oregon administrative rules department of human services seniors and people with disabilities. division 86, nf administration and services. Available from: http://www.dhs.state.or.us/policy/spd/rules/411_086.pdf
13. Swansburg RJ, Swansburg RC. *Introduction to Management and Leadership for Nurse Managers*. 3rd ed. Jones & Bartlett Publishers; 2002.
14. University of Kentucky. Nursing service position description operations. Nursing service director. 2005. Available from: <http://www.mc.uky.edu/uknursing/>