
UNIT 4 ROLE AND RESPONSIBILITIES OF A NURSE MANAGER

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4.0 OBJECTIVES

After completing this unit, you should be able to:

- differentiate and identify the relationship between the leader, the nurse manager, and the follower;
- analyze the role and functions of nurse manger; and
- explain the responsibilities of nurse manager.

4.1 INTRODUCTION

When nurses govern committees, lead a team, plan the services, nurses get many opportunities to influence client care. They get other opportunities at the bedside, in the hospital or in the community health areas such as interacting with the clients, family members, physicians, other health care team members to provide quality nursing care. With such extension of nursing practice, nurses assume more responsibilities and accountability for the consequences of their decisions.

Modern nursing and hospital administration emerged from the work of Florence Nightingale who first appreciated the importance of linking care provision with care management. Today professional nursing practice combines care provision and care coordination in the integrated discipline of nursing administration. The title of nurse administrator has changed to nurse executive in most progressive settings. Executive roles include head nurses; supervisor; co-ordinators; directors; chiefs; managers; faculty

members who manage courses; principal investigators, deans, vice-president, presidents, chief nurse executive and so on and so forth as per the changing scenario.

While some of the executives have a higher degree of authority and more responsibility than others, yet they may be classified as per their levels of hierarchy. The classification can be as (i) top level managers e.g., Director or chief of nursing services, (ii) middle level managers e.g., Deputy and assistants, (iii) low level managers e.g., floor supervisors, head nurses/ward incharges.

Although the combination and levels of skills may vary, the fact lies that the basic skills i.e. human relations, conceptual, and technical are needed by all.

In this unit you will learn about roles and responsibilities required to be discharged by the nurse manager. You will also be able to differentiate and identify the relationship between the leader, manager and follower.

4.2 LEADER VS. MANAGER VS. FOLLOWER

Nurses often think leading and managing responsibilities are reserved for nurses in management position. Being a follower means blindly following the directions of others such as carrying out medical orders without question. Nurses must realize that all professional nurses must display leadership behaviours when they are engaged in leading and managing activities at the bed side, in delegating assignments or when serving in position of formal authority over one and many services.

In order to be an effective follower one must go far beyond the passive actions carried out without responsibility. Today effective leadership and followership behaviours need to function optimally in clinical setting. Nurses are called upon to be effective as they keep shifting between each role within moments of time, when necessary.

Nurses are expected to complement client and family care needs involving their leadership – followership roles.

Let us now see the definition of leadership, and followership.

Leadership: Leadership is defined as the use of personal traits to constructively and ethically influence clients, families, and staff through a process where clinical and organisational outcomes are achieved through collective efforts.

The nurse as a leader engages in relationships building to empower those being led (e.g., followers) toward a vision of optimal well-being and organisational achievement.

Followership: Refers to those with whom the leader interacts. Followership is the healthy and assertive use of personal behaviours that contribute to client, family, and health care team achievement. Followers share a common purpose with the leader, believes in the organisation's goals, desires in achieving success both of the leader and the organisation. Many a times followers work silently accepting or agreeing to the leader in some tasks like directing, planning. Therefore, the followership comprises set of behaviours that demonstrate collaboration, influence, and action with the leader.

You should remember that the attributes and behaviours of leaders are the complementary behaviours of followers. Follower's are leaders, however, most people are leaders in some situation and follower's in other situations.

Finally, by virtue of organisational position, some nurses will be designated as **managers**. These nurses use their leadership skills and additional management skills to set organisational goals and objectives, manage human resources, provide feedback, and facilitate changes to meet client care organisational requirements.

Leading and managing require different skills from those associated with the technical aspects of nursing. Leading and managing require self-awareness of personal motives, that are influenced by our values and beliefs and that give meaning to our lives, both personally and professionally.

Leaders and managers must constantly seek self-awareness of their motives and values in order to inspire others.

Some of the attributes of leaders/managers are given in Table 4.1.

Table 4.1: Attributes of Leader/Manager

- Uses focused energy and stamina to accomplish a vision.
- Uses critical thinking skills in decision making.
- Trusts personal intuition, then backs up intuition with facts.
- Accepts responsibility willingly and follow up on the consequences of actions taken.
- Identifies the needs of others.
- Deals with people skillfully: coaches, communicates, counsels.
- Demonstrates ease in standard / boundary setting
- Examines multiple options to accomplish the objective at hand flexibly.
- Is trustworthy; handles information from various sources with respect for the source.
- Motivates others assertively toward the objective at hand.
- Demonstrates competence or is capable of rapid leading in the arena where change is desired.

Managers address **complex issues** by planning, budgeting, and setting target goals. They meet their goals by organising, staffing, controlling and problem solving. Managers relish change and are supposed to be effective!

Leaders set a **direction**, develop a vision, and communicate the new direction to the staff. Leaders represent change and are supposed to be excellent!

Followers perform their roles at various levels from serving those for whom the organisation exists, to serving leaders and themselves. Leaders and followers enter into contractual agreement that facilitate both pursuing a common purpose within the context of their own value system. For power to be balanced, leaders and followers must experience shared leadership. Being a followership does not mean to be in a position of weakness, rather, it implies a condition that permits leadership not only to exist, but also to thrive and gain strength. Followers, on the other hand, provide "glue" from unity in the profession by debating leadership ideas and ultimately giving support to outcomes that offer both leader and follower a win-win situation. Leaders and followers provide inputs in making nursing decisions.

Drucker explains the role of manager in strategic planning so that she anticipates the areas in which greatest changes are likely to occur, and enable the unit / department / institution to take advantage of the unforeseeable. The nurse manager assists the staff to think strategically about what they are doing and what they should be doing for their clients.

Nurse managers must be excellent care providers in the areas they manage. Joiner and Corkrean (1980) refer to three types of skills needed by a nurse manager viz. Technical, Behavioural and Conceptual.

However, the effectiveness lies in linking the variables of these skills. These variables are motivation, ability and role clarity. The link between the variables is shown in Fig. 4.1. These elements are also applicable to a nurse follower.

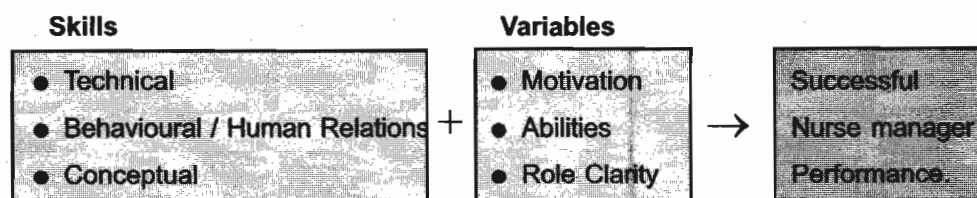


Fig. 4.1: Skills and Qualities of Nurse Manager

The key abilities and skills that can assist the leader and managers are listed in Table 4.2.

Table 4.2: The Key Abilities And Skills For New Nurse Leaders/Managers

<ul style="list-style-type: none">● Analyse nursing care requirements critically.● Influence others in their enactment of nursing.● Create a desire in others to continue self-development.● Synthesize data from multiple sources.● Develop staff, considering their abilities and the organisation's needs.● Translate the organisation's vision into work reality.● Make informed decisions readily.● Solve problems fairly and effectively using staff input.● Mentor, coach, acknowledge, empower, and challenge staff.● Communicate clearly and accurately.● Exhibit flexibility, creativity, commitment, enthusiasm, caring, and cultural sensitivity.● Demonstrate clinical competence.● Evaluate others and their work in light of standards.● Predict, control, and evaluate needed resources.● Have "long-short" vision (balance today's demands without losing sight of tomorrow's needs).● Build teams and their commitment.● Choose a personal management style.● Assess, plan, implement, and evaluate.● Embrace change and quality.● Resolve "unending" disputes creatively.● Live a positive life.● Manage your career and facilitate others' careers.● Enjoy the work.● Value people.● Facilitate goal attainment.● Enrich the environment.● Maintain humor.● Have faith.
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Personal Attributes of a Successful Nurse Executive

Successful executives in nursing must have goals and dreams and ideas and a love for their work. Of the possible attributes the nurse executives need atleast three important attributes to survive. These attributes are:

- Courage
- Conviction
- Creativity

Courage: Courage implies to firmness of mind and will in the event of difficulty and a determination to achieve one's ends. Courage provides the mental or moral strength to venture, withstand danger, fear, or difficulty. Nurse executive requires courage to make changes that need to be made, even those changes that are unpopular and little appreciated. For example, to practice joint collaborative model of care, (service and education) the nurse executive should be prepared to withstand personal and professional criticism. She needs to make friendships, establish herself before the two groups, conduct discussion, identify

opposition. She also needs to meet one to one, in small or large groups the personnel from both the sides i.e., service and education. In order to verify her ideas she can allow challenge and question without being stubborn. Stubbornness should not be confused with courage, as stubbornness implies a closed mind, one that is not willing to test out new ideas.

Courage also involves accepting negative criticism, meeting with opponents and trying to achieve like mindedness. Above all, it takes courage to not shed tears, even when angry and frustrated.

Conviction: Conviction is a strong persuasion and belief, an opinion held with complete assurance despite opposing arguments. A belief stronger than an impression and less strong than positive knowledge. One cannot have courage without convictions, and conviction without strong inner discipline and high ideals.

One who has conviction about nursing ideals only can attempt to convert others to the same way of thinking, establish goals that are meaningful to nursing and the institution. With conviction comes the ability to communicate one's opinion both verbally and in writing.

Conviction requires persistence needed to bring about change, and bring about internalisation of ideas in others without force. It is like planting a seed and making concerted efforts for the seed to grow and multiply.

Creativity: Creativity is evolving something from one's own thought. Creativity is not one quality but contains elements of creative thoughts: divergent thinking, Flexibility, fluency, and originality. Creativity is the highest order of conceptualisation and problem solving. Creativity is based on premise of "can do", philosophy.

Everyone can learn the theoretical basis of principles of administration – planning, organising but the few can combine principles and apply in their day to day management of activities, solving problem. Creativity is truly the art of seeing what everyone else is seeing, but thinking what no one else has thought.

Creativity can be recognized only if it is observable by others. The outcome of creativity can be recognised in the results of one's labours, and changed behaviours of fellow workers.

The creative leader is in fact an effective teacher, one who influences the thinking and behaviour of others. The creative leader will take advantage of teachable moments and seize opportunities for infiltrating the minds of others. Creativity then produces achievement, of dreams, visions, and goals.

The other attributes of a nurse manager includes – knowledge, of other peoples', motivations and pressures; integrity, ambition, judgement, courage, stamina, enthusiasm, communication skills, planning and administrative abilities. The administrative abilities include political skills, vision, charisma, ability to lead the dynamics of a situation.

Check Your Progress 1

1) List the three main attributes of nurse manager.

- a)
- b)
- c)

2) List six abilities of a nurse manager.

- a)
- b)
- c)
- d)
- e)
- f)

4.3 ROLE AND FUNCTIONS

Management is a generic function that includes similar basic tasks in every discipline, and in every society. A nurse manager can be effective, when she is well versed with her nursing practice. Drucker (1974) identified five basic functions for a manager. These function are:

- Establishes objectives and goals for each area.
- Communicates them to the persons who are responsible for attaining them.
- Organises and analyzes the activities, decisions, and relations needed and divides them into manageable tasks. For example: dividing up daily work activities for staff.
- Motivates and communicates with the people responsible for various jobs through teamwork, and positive reinforcement.
- Analyzes, appraises and interprets performance and communicates the meaning of measurement tools and their results to staff and superiors.
- Develops people, including self.

The application of these basic management functions apply to the nurse manager and are listed in Table 4.3.

Basic Manager Functions*	Nurse Manger Functions
Establishes and communicates goals and objectives.	Delineates objectives and goals for assigned area. Communicates them effectively to staff members who will help attain goals.
Organises, analyses, and divides work into tasks.	Assesses and evaluates activities on assigned area. Makes sound decision about dividing daily work activities for staff.
Motivates and communicates.	Stresses the importance of being a good team player. Provides positive reinforcement
Analyzes, appraises, and interprets performance and measurements.	Completes performance appraisals of individual staff members. Communicates result to staff and management
Develops people including self	Addresses staff development continuously through mentoring and preceptorships. Further self-development by attending educational programmes and seeking specialty certification credentialing.

*Drucker (1974)

The classical view of the manager as the organiser, coordinator, planner and controller becomes less important in present day organisations that supports participatory management.

Mintzberg (1990) suggests that effective management incorporates a balance of cerebral and insightful aspects. He further suggests that the effective manager's role involves interpersonal, informational, and decisional activities. The manager's effectiveness is significantly influenced by insight into the nature of the work.

The manager's primary task is joint performance by nurturing common goals, common values, the right structure, ongoing training, and development needed to perform and respond to change. The role of the first line manager must take on new dimensions to facilitate quality patient care and patient care provider activities.

Failure of the nurse managers to use professional nurses congruent with their education and expertise is perceived by many as contributing factor to shortage of nurses, conflicts, frustration, and dissatisfaction among nurses.

The current and emerging role of nurse managers is explained below. The role is redefined in the light of the traditional role.

4.3.1 Managing Health Care Settings

The nurse manager has strong bonding between herself and her community. Her community comprises the clients and the staff. Nurse manager must keep herself abreast of the current and emerging trends and issues that help her to meet the challenges that arise in managing the health care settings.

Health care settings are changing rapidly. The paradigm of client care is shifting from in-hospital settings to client-directed outpatient and community settings, and from acute care disease treatment models to health promotion/ prevention models.

The nurse manager managing care in such settings will have to acquire and develop new skills into her dynamic, rapidly changing managerial role. The principles of case management i.e., interdependence needs to be applied by the head nurse. The critical component of interdependence is collaboration which uses the different strength of each person. This role requires the nurse to be **flexible, broadminded, and to have a strong self-concept**. Collaboration can not be achieved without having mutual respect, and good listening skills. **Active listening** is the most important facilitation skill by which one makes a conscious effort to understand someone else.

Nurse manager must share a strong work culture with the members of the team. Members with strong work culture become effective survivors during crisis.

Nurse manager should provide a framework for stability, continuity, and growth of her team and that of the organisation (management by values).

A significant new role for managers is emerging in the work place is that of facilitating. In the words of Weaver and Farrell (1997), leaders are concerned with doing the right thing, managers are concerned with doing things right, and facilitators are concerned with helping people do things.

4.3.2 Managing Resources

The nurse manages her environment by managing the resources in it. Majority of the practice settings of tomorrow will continue to include client care in hospitals. More practice models operating from a community based framework may evolve. Predictors of effective outcomes to ensure quality client care include rationed and multitiered distribution of health care services e.g., Health Maintenance Organisations (HMOS), Preferred Provider Organisations (PPOS). Nurse manager thus should provide restructured work environments, and make use of all levels of health care personnel. The manager is also responsible for managing resources designated to the unit of care. This includes all personnel, professional, and non-professional under the manager's span of control. The wise manager will quickly determine that how the unit must function and realizes how nursing is to be delivered.

Using research findings, networking, through the internet with other nurse manager sharing concerns/difficulties, and being willing to step outside of tradition can assist future managers in making decisions about resource utilization.

Informatics have highlighted two roles for nurse managers (i) educator and (ii) research translator. Informatics have made these roles easy with rapid access to current, retrospective clinical client data. The use of internet and world wide web (www) have facilitated the education of staff, clients and their families. The nurse manager must ensure accuracy of staff data inputs and how the data is used to deliver care.

Till date nurse managers have no role in decision of **budget**, budget spending, but future nurse may make decisions at Point-Of-Service (POS) which does not require hierarchical approval and a rationale for budgetary spending.

Management of **human resources** poses challenges for nurse managers in today's society. Violence, and sexual abuse / assault at work place is increasing. Nurse managers may make suggestions and ensure implementation of recommendations of human rights commission; provide or arrange for training of staff to control violent clients and ensure provision of adequate security of the staff at all times.

4.3.3 Quality Care

Nurse managers shares the responsibility to create, foster work environments that promote quality care. The nurse manager addresses to the quality that meets client's expectations and yields measurable outcomes while controlling costs.

The ultimate responsibility of the nurse manager is to develop quality indicator for use in long-term and community – based client practice areas. The Joint Commission for the Accreditation of Health Care Organisation (JCAHO) has given Quality Assessment (QA) ten-step process for health care organisations which the nurse manager must follow and develop a QA program. These steps are:

- 1) Assign responsibility
- 2) Delineate scope of care
- 3) Identify important aspects of care
- 4) Identify indicators
- 5) Establish threshold for evaluation
- 6) Collect and organise data
- 7) Evaluate care
- 8) Take action to improve care
- 9) Assess action and document improvement
- 10) Communicate information

The nurse manager has an important role to report about nosocomial infections, and in a community set-up the spread of infection / infectious disease through specific known agent or toxic substances, modes of transmission to appropriate agencies. She must also ensure implementation of specific preventive or prophylactic measures and maintain records.

In selling the concept of nursing research throughout the agency nurse manager must encourage staff to understand and participate in research related activities. The nurse manager must then practice changes on the basis of the research findings, relevant to her practice areas. Therefore, it is necessary that nurse managers possess knowledge about research and its skills. She should also appreciate research findings.

4.3.4 Professionalism

The nurse manager must possess professionalism. She should be a role model for her subordinates. Professionalism guides humanistic philosophy of the nurse manager that includes regard for self determination, independence, and choice in decision-making. Professionalism encompasses: the way the manager interacts with personnel, other disciplines, patients / clients, families and reflects her professional philosophy. Both legally and ethically the nurse managers are also accountable for the standards of practice, nursing actions delegated to others. Conveying high standards, holding others accountable, shaping the future of nursing for a group of health care providers are inherent in the role of a manager.

The professional philosophy of nurse manager also incorporates client's rights. These rights are human dignity, confidentiality, privacy, informed consent, living wills, and rights to health care accessibility.

In the health care setting nurse manager must not promote "Queen bee" syndrome as it interferes with the advancement of the professional nursing.

The "Queen bee" syndrome has been identified by Halsey (1978) as certain antifeminist behaviours of women who successfully secure positions in management and other traditionally male dominated career worlds. These individuals have a desire to work independently of other nurses, identify with people outside nursing, align tenaciously with the institutions and have little interest in making changes that would benefit nursing.

Check Your Progress 2

- 1) List any five functions of nurse manager.
 - a)
 - b)
 - c)
 - d)
 - e)
- 2) List the components that a nurse managers includes in her role for managing resources.
 - a)
 - b)
 - c)
 - d)
- 3) How do you explain the professionalism in a nurse manager?
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4.4 RESPONSIBILITIES/TASKS

The list of attributes of managers and leaders as listed earlier under subunit 4.2 strengthen the managerial tasks. Gardner (1990) describes the tasks of leadership in his book on leadership. Nurses as leaders and managers have daily opportunities to carry out these nine tasks, whether the focus is on patient care management, or unit/organisational management.

Gardner's nine tasks are:

- 1) Envisioning goals
- 2) Affirming values
- 3) Motivating
- 4) Managing
 - a) Planning and setting priorities
 - b) Organising and institution building
 - c) Keeping the system functioning
 - d) Setting agendas and making decisions
 - e) Exercising political judgement

- 5) Achieving workable unity
- 6) Explaining
- 7) Servicing as symbol
- 8) Representing the group
- 9) Renewing

Let us now see how nurse managers performs these tasks.

4.4.1 Envisioning Goals

Envisioning goals as a leader is performed by the nurse manger and her unit staff. The nurse manager respects all opportunities for interaction with client's – patients or staff – and establishes goals. "Visioning" requires the leader to assess the reality, determine what a desired state would be and then manage the resultant tension. The tension can be **creative tension**, and **emotional tension**. Managing the staff positively results in creative tension and movement towards the desired goal. Emotional tension drains the energy of the staff and can cause further distress.

4.4.2 Affirming Values

Values are the inner forces that give us purpose and character. Organisations, through its members have composite values that guides its purpose and character as expressed through its mission and philosophy.

The word value comprises an image of worthiness. Our values have worth to us. The responsibility of the leader is to clarify, optimize the values that underlie the need to solve problems or create something new. Values are powerful forces that promote acceptance of change and achievement of a vision. Shared values bring about cohesiveness in a group. For example, the implementation of a new practice will be enhanced if the persons affected by the change understand the guiding value, such as continuity of care, quality outcomes and opportunities for demonstrating caring behaviours. If the values are known and important to the group the change is more easily implemented.

4.4.3 Motivating

Values drive our actions and become a source of motivation. Motivation is enacting on our values, both personally and professionally. Motivators are factors that reinforce to keep positive actions alive.

Motivating staff as individuals is a challenging task. Nurse mangers leads whole groups of staff members towards a common vision. Nurse managers responsibility is to unlock the motives in her staff. Recognition, rewarding the performance leads to creating job satisfaction. For example: job dissatisfaction can also be unlocked by introduction of hygiene factors from Herzberg (1991) two factor theory. Hygiene factors include working conditions, salary, status, security.

4.4.4 Managing

Managing reflects the importance of mutual relationships and vision setting between the manager and staff.

Management skills require planning and priority setting. Once a vision has been established; planning requires the following:

- Deciding on the course of action.
- Determining the chronology of events to achieve vision.
- Determining talent and skills needed to accomplish the objectives and then assigning the tasks to individuals.
- Assessing the time requirements and coordinating tasks around deadlines.

- Considering the driving forces (motivating factors) working in one's favour needed to accomplish the objectives.
- Considering the restraining forces that will work against the desired accomplishments.
- Developing methods to stabilize the desired state once it is reached by way of reinforcement.
- Evaluating the attainment and maintenance of desired state. Managers must celebrate the accomplishments and reinforce the values and efforts that led to the success.

Other aspects of managing include using a promoting human resources to develop or extend the existing services. Thereby, the managers promote institution building through all levels of organisation.

Managers have the responsibility to objectively solve day-do-day problems of the staff. Problems may not always get solved but managers must be realistic, respect staff, use and adapt to systems of care to meet the needs of the staff and that of the client. Managers can not influence change by just focusing on problem solving. But infuse freedom in staff to meet client needs by quality decisions surrounding the needs of the client.

4.4.5 Achieving Workable Unity

The challenging task of the managers is to avoid or diminish conflict so that desired vision can be achieved. It is essential for managers to acquire conflict-resolution skills. Irrespective of the cause of the conflict, it is useful to follow a defined set of principles for conflict resolution.

4.4.6 Explaining

Leading and managing requires willingness to communicate and explain – again and again. The art of communication requires the leader to:

- Know **what** information needs to be shared.
- Know the parties who will receive the information. What will they **hear** in the process of communication?
- Provide the **opportunity** to dialogue and feedback. Face-to-Face Communication provides immediate feedback. Written feedback is useful for reinforcement of the message, or to follow-up on inquiries.
- Know **how** much information to be given.
- Be **willing** to repeat information in many different ways, at different times. Give simple information esp. in diverse groups.
- Explain **why** something is being asked or is changing.
- Provide opportunity for **honest** communication.
- Be sensitive to **nonverbal** communications.

4.4.7 Serving as Symbol

Every leader has the opportunity to speak for others. Serving as a symbol means that unity, collective identity, and continuity of services are represented.

4.4.8 Representing the Group

While serving as a symbol of nursing, or of nursing management, there are many opportunities for managers to represent the group. Organisations are decentralising decision making and removing layers of management. In a participative management style managers are getting more opportunities of participation. Managers must treat these opportunities with respect and honestly try to represent the group with an attitude of openness and integrity. During these representative opportunities managers are called on to demonstrate an understanding of the organisation's objectives and to contribute to its purpose.

4.4.9 Renewing

In organisations and nursing practice, there is a constant need to find a balance between problem solving (energy expending) and vision setting (energy production).

Gardner states that “The consideration leaders must never forget is that the key for renewal is the release of human energy and talent”. This requires personal – well-being and focused energy.

Furthermore, the managers must take care of themselves – eat a balanced diet, get adequate sleep and exercise, participate in the wellness-oriented activities, relaxation programmes e.g., yoga asanas, meditation to maintain their perspective and the necessary energy level.

Check Your Progress 3

1) List nine tasks of nurse manager.

- a)
- b)
- c)
- d)
- e)
- f)
- g)
- h)
- i)

2) List four principles of conflict resolution.

- a)
- b)
- c)
- d)

4.5 LET US SUM UP

This unit has provided you with the list of the terms used for nurse administrators i.e., nurse in executive roles. The terms leaders, manager, and follower are explained in the light of the role of each one. Managers have the roles of decision making and problem-solving, leaders have collaborative role, and followers have interdependence and complementary roles. The attributes of the nurse manager include his/her focused energy, and stamina; critical thinking; trust of personal intuitions; accepting responsibility; identifying needs of others; skillful dealing; demonstrating ease, flexibility, trustworthiness; motivating others, demonstrating competencies. These attributes are explained under three headlines – courage, conviction and creativity. The role and responsibility of the manager are based on her personal qualities. The five basic functions of basic manager are given by Drucker. Based on these five functions the functions of nurse manager are explained. The role and functions of nurse manager in reference to modern day participative management style is described under four headings – managing health care setting, managing resources, quality care, and professionalism.

Gardner’s nine task of leading and managing are explained along with the responsibilities. These nine tasks are – envisioning goals, affirming values, motivating, managing, achieving workable unity, explaining, serving as symbol, representing the group, and renewing.

4.6 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1)
 - a) Courage
 - b) Conviction
 - c) Creativity
- 2)
 - a) Knowledge
 - b) Judgement
 - c) Communication Skills
- 3)
 - a) Analyze nursing care requirements critically.
 - b) Influence others in their enactment of nursing.
 - c) Create a desire in others to continue self-development.
 - d) Synthesize data from multiple sources.
 - e) Develop staff, considering their abilities and the organisation's needs.
 - f) Translate the organisation's vision into work reality.

Check Your Progress 2

- 1)
 - a) Delineates objectives and goals for assigned area Communicates them effectively to staff members who will help attain goals.
 - b) Assesses and evaluates activities on assigned area Makes sound decision about dividing up daily work activities for staff.
 - c) Provides positive reinforcement
 - d) Addresses staff development continuously through mentoring and preceptorships.
 - e) Further self-development by attending educational programs and seeking specialty certification credentialing.
- 2)
 - a) Case management/clients/families
 - b) Staff management
 - c) Management of informatics
 - d) Management of budget
- 3) Professionalism is explained in the humanistic philosophy of the nurse manager that includes regard for self determination, independence, and choice in decision making. Professionalism is also explained in the interactions of nurse manager with personnel, other disciplines, patients/clients and families. Professionalism in nurse manager includes her philosophy towards client's rights.

Check Your Progress 3

- 1) Nine tasks
 - 1) Envisioning Goals
 - 2) Affirming Values
 - 3) Motivating

- 4) **Managing**
 - i) Planning and setting priorities
 - ii) Organising and institution building
 - iii) Keeping the system functioning
 - iv) Setting agendas and making decisions
 - v) Exercising political judgement
- 5) Achieving workable unity
- 6) Explaining
- 7) Servicing as symbol
- 8) Representing the group
- 9) Renewing
- 2)
 - a) Focus on interests.
 - b) Build in "loop-back" to negotiation.
 - c) Build in consultation, before and feedback, after the negotiations.
 - d) Provide the necessary motivation, skills and resources.

4.8 FURTHER READINGS

Simms, Lillian M., Price Sylvia A., *et. al. The Professional Practice of Nursing Administration*, 2nd ed., New York, Delmer Publishers, 1994.

Yoder – Wise, Patricia S., *Leading and Managing in Nursing*, 2nd ed., St. Louis, Mosby, 1999.