<연구논문>

Nursing Management

—Based on the role of head nurse*—

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CONTENTS

I. Introduction

The western style hospital was first established in the late 19th century in Korea. The western medicine became more popular since the Korean War and the hospital system needed a large scale improvement as the need grew (Kim 1981). The numbers of the specialized private hospital increased with the economic growth of the nation.

There were 103 hospitals in 1960 but by 1985 the number has increased to 498(Tab. 1).

* 본논문은 주한미군 121st Evac Hospital에서 Transcultural nursing, Care of the Adult에 대해 발표한 내용임.

Tab. 1 : The numbers of the hospitals by years

Nos. of Hosp. \ Year	1960	1970	1980	1982	1984	1985
Public	57	60	58	59	61	60
Private	46	177	266	282	385	438
Total	103	237	324	442	446	498

Before 1960 there were a great numbers of people who could not afford the hospital care because of their low income. So they had to they had to take care of their health whatever means they could afford according to their income level.

In the late 1960's the government pased the act of social security along with medical insurance policy. These policies were carried into actual effect in 1979.

While the numbers of the clients had consistently increased as there were more people who could afford as the nation's economic growth was getting stronger, the medical insurance cost was kept low under the government regulation. So many hospitals had to face financial trouble and were struggling to keep up with the high medical standard with low cost.(Kim, 1981).

Furthermore hospitals were getting criticisms from the clients for their service, technics and ethics. So, Korean Hospital Association, Korean Nurses Association and Korean Medical Association stated their principles and purposes stressing their difference from other profit making institution. They put emphasis on professional training with ethical basis and scientific management.

Hospitals attempted to systemize and standardize their management under the philosophical maxim of "Hospitals are for patients or clients." They tried to cast off the unsophisticated, non-automated managerial system and tried to adopt the scientific and methodological system to their management. Instead of serving the patients at random, as first come first serve basis, nurses started organizing and planning their work and setting up specific goals for the quality of their work(Chun, 1983).

For your better understanding, I would like to comment the characteristics of managerial system of Korean Hospital. There are two structural patterns in the hospital organization. One is closed staff system where doctor is the chief administrator and each clinical department has its head to supervise the full time medical staff. The other is open staff system where the medical and managerial sections are separated and a nurse is the administrator. Almost all of the Korean hospitals have closed staff system(Mac Eachern, 1957, Lee,1984).

As I mentioned, Korean hospital is organized with the doctor administrator at the top and there are three departments;Medical, nursing and business. Some of the hospitals keep the nuring service under medical or business department. Under this system director of nursing gets supervision from the chief of medical staff or executive director of business department rather than the administrator, and thus causes the lack of autonomy in nursing activities.

Under the control of the director of nursing, there are 3 assistant directors in charge of administration, clinical practice and inservice education. And also there are a few committees and meetings, such as committee on nursing procedure, committee on personnel policy, committee on welfare for nurses committee on staff development and committee on hospital infection control. In meetings, there are top management meeting, supervisor meeting, head nurse meeting and joint meeting with nursing college. Each committee gets assignment to be discussed from the director. Committee has to submit its suggestion for the meeting but the final decision is made by the director or the supervisor's meeting.

In university hospital in Korea, Dean of nursing college recommends one of the faculties to the hospital administrator for its director of nursing service and the administrator appoints her. This system helps to have close relationship between clinical nurse and nursing faculty and thus narrow the gap between learning and practice by information exchange from both sides.

John Dewdney who was a WHO consultant in 1980 explained the organizational feature of Korean hospital as follows:

First, top-level management team of the hospital is mostly medical doctor.Second,nursing administration in Korea is absence of a cadre of top level, formaly trained specialist nursing service administration. Third, 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.

According to Swansburg 1976, Doughlas (1983) and Yoo 1984, management is the manipulation of people, environment, equipment, budgets and time.

Some of the characteristics of the Korean hospital management system that William(1982) had noticed are listed as follows:

One. strict hierarchial structure in the organization showing a clear pyramid of authority patterns.

Two. considerable, undivided, unshared power given to the chief executive.

Three. uniliateral decision making by the top executive within his terms of authority.

Four. consequent upon 3, little consideration given to what might be called consultative management.

Five. unquestioned leadership authority given to the senior executive at each level of the organization.

Actually, hierarchial structure and functional distribution of professionals are both essential factors for efficient operation of a hospital. It would be ideal if each division is with full of challenging work and at the same time is closely related with others. It is known that among Korean hospitals the top managers tend to show the authoritarian managers style.These top managers do not consult with other staff members in many decision making. It is very important to have a proffesional manager, trained for hospital management for decision making and policy making to carry out the assignment given by the top management, the administrator. It is also important that nursing department takes up a scientific and syste-

matic method for its management. Since almost half of the hospital staff belongs to the nursing department, the efficient management of the nursing department would improve the hospital management in general.

Under these circumstances I would like to emphasize at this moment how important the role of head nurse is.

II. Role of the head nurse

The main function of a head nurse is to supervice nursing personnel in a unit and by effective management of the physical environments and its staff, the head nurse tries to get the best possible result in a given task(Kron 1971, Moon 1984). In a overall hierarchial structure of the hospital, head nurse's position belongs to a low-level management but the head nurse acts a middle manager among nursing department and in each unit she is the top manager. Thus head nurse functions as a midiator, assistant, spokesperson, leader for other staff nurses and she can also be functioning as a consultant to medical staff or can be just a registered nurse to patients, who might be contacted at emergency. To her supervisor or the director of nursing, head nurse is expected to be a deliverer of the nursing department policy and pokicies of hospital itself to the staff nurses. Head nurse is a manager of the patients and at the same time that of the man power in her own unit. Therefore, the role of the head nurse has a unique dual role as a role of professional nurse and a role of the profcssional manager. The expectation of the head nurse from different level of people put tremendous pressure on the head nurse. The position can be very frustrating since it has little power over decision making while it has much expectation and pressure from many different levels.

The role of the head nurse can be divided into 3 parts: patient care management,nursing personnel management and ward management. I would like to concentrate on the head nurse's role as a manager of patient care and nursing personnels.

1. Patient care management for the quality nursing care.

The systematic conceptualization of nursing by King and Rogers in1960's and new definition of nursing by Peplau, Johnson, Henderson in 1970 had tremendous influenceon the nursing profession in Korea.

Instead of traditional treatment or medical oriented approach to the patients, nursing is now directed toward the overall care and satisfaction of the patients. This change in nursing approach has brought about the change in nurse's attitude. Nurses have now more autonomy in their profession and have to assume more responsibility in their performance. Nursing quality assurance has been established to check the quality of the nursing service (Chun, 1980).

In my opinions, the reasons for this assurance are:

First, there has been increasing awareness of human rights among patients and also

increased knowledges and concern for their own health. The patients want to know and participate in the process and decision making with the health team rather than to follow the orders.

Second, Health personnels including nurses now much more respect to the rights of the patients and have concern for the ethical aspects of the medcial act.

Third, since the late 1970's, the hospitals are required to establish the guidelines for the measurement of performance levels for the yearly audit of hospital standardization.

Fourth, Because of this change in nursing approach, the nursing process are applied in the clinical practice. Nurses have to be involved with the patients not just to take care of their physical health but also of their social and psychological adjustments.

It has been agreed by Korean hospital management personnels that the nursing process that is currently in use among the hospitals of the western nation is impracticable for Korean hospitals since it needs much more manpower, paperwork and complex processes than it can handle for now. But still there has been continued effort toward scientific and systematic approach to include judgements from many different levels in nursing care. In order to carry out better quality service, the nursing quality assurance evaluation is established. It contains the criteria for the performance evaluation and guidelines for the objectives of nursing care. Nursing evaluation criteria consist of structure criteria, process criteria and outcome criteria (Langford, 1981).

(1) Evaluation in structure criteria includes the evaluation of the physical facilities where nursing care is provided, and the manpower, supplies, nursing philosophy, objectives and nursing manuals.

(2) Evaluation in process criteria means the evaluation of nursing performance. Nursing performance can be evaluated through the patient who is the care receiver or through the nurse since it is done through the interaction between these two parties. It is more appropriate if it is done through the patient for quality evaluation. But the patient's understanding of care performance in Korea is still too low to be meaningful for the input of the performance.

(3) Evaluation in outcome criteria is the end result shown on the patient by the nurses professional service. It is hard to assess which part is the direct result of the nurse's care and which is done by other medical staff. Again it is hard to measure the emotional and social change in the attitude of a patient.

(4) Evaluation in process and outcome criteria The outcome on the patient and the nurse's professional service process are evaluated without any differentiation.

Now, to these evaluation criteria, two kinds of evaluation method are applied. One is retrospective method and the other is concurrent method.

1) Retrospective Evaluation: The purpose of retrospetive evaluation is to improve the nurse's service by going over what was done and trying to see what could have been done. This evaluation is done to the above mentioned evaluation criteria, such as the structure, process and outcome criteria. The most common things in the retrospective evaluation is as

follows:

(1) Audit of the discharged patient chart: Ths is to measure the patient's outcoime by comparing with nursing performance that is shown on the discharged chart. This evaluation hand over to the head nurse. Thus input of the evaluation can be put to use to improve the quality of nursing care. This type of evaluation is most effective to evaluate the efficiencies of the nursing process which is on trial in Korea. Also it helps the nurse to be more accuntable for their performance.

The contents for the patient chart evaluation are:

a) Nursing history taking: It checks whether the history taking is done corretly, not be left blank: respiration, diet habit, elimination, daily activities, personal hygiene, sleeping and rest, safety, psychological and emotional status, religion and achievement.

The last two checks psychological and emotional status and the religion and achievement are not yet recorded specifically. Also it checks whether the patient's problem is clearly defined.

b) Nursing diagnosis: It checks wheter the nursing diagnosis is logically and clearly stated.

c) Nursing plan: It checks whether the planning is done properly.

d) Implementation: This should be recorded specifically according to the hospital charting mannuals. Also it checks whether the final nursing progress charting is kept at the end of each duty.

(2) Interview with discharge planned patient: This interview in the form of questionaire with simple checks of "Yes" or "No" to the questions on the physical environment and the facilities. This interview is done by administratative supervisor.

Among the questionaire items, I am going to explain about some items which I think you may be in doubt due to difference of culture. For instance, the interviewer asks to the patients "Did you be interviewed with nurse within 15 minutes after admission?" The reasons for this question is; American hospitals require their outpatients to make appointments beforehand. So the rooms are reserved for them and are shown to them by admitting department personnel (Mac Eachern, 1957). On the otherhand Korean hospitals are different in the admitting process. As soon as the admission paperwork is done by the admitting department, the patient needs to find the room for himself. If there happens to be a poor coordination between the admitting department, the ward nurse and the patient, the patient can be left in the ward indefinitely without being attended to.

In second question, did the nurse introduce herself to you when she met you first? by having the nurse introduce herself to the patient, the relation-ship between the nurse and the patient can be closely established and it helps the nurse to be more responsible for her behavior.

In third question, "have you been given orientation for hospital and ward such as usage of call bell, hospital regulation and visiting time?" it makes sure, that ward and hospital orientation was done to minimize the inconveniences of patient's hospital stay.

In fourth question, "Have you has any dialogue with nurse on complaining about hospital diet?" in Korean hospital the meals are uniformly served excepting those who need treatment diet; namely, salt resrtrict diet, diabetic diet, ulcer diet, renal failure diet etc. This interview also checks about the patients feeling toward the meal service in general so that there can some input for the dietitian.

In fifth question "Have you had any guidance by nurse, so that you could get comfortably down the bed with various instrument hanged on you for I.V.or other therapeutic purpose?" it checks whether the proper use of the hospital bed is demonstrated to prevent any accident for those who are not used to sleeping on the bed.

(3) Case Conference: Participants for this conference are all of the nursing personnels in the unit who were involved in the patient's care.

Through the general discussion of the problems they learn to cope with complicated situation. Recently, the case conference is expanded to joint conference with other units that are involved in the same patient (For example, surgical unit nurse and operating room nurse.).

2) **Concurrent Evaluation:** Concurrent evaluation is done each day by checking the progress of the patient's condition and the nursing care. It gives the nurse a chance to improve herself by comparing each day what kind of care is better with the patient. The methods for concurrent evaluation are as follows:

Open chart auditing: Supervisor or head nurse audits the inpatient chart any time and gives open consultation to the nurse for the better care.

Bedside Auditing: This means that the performance of the nurse is evaluated by the criteria that was prescribed beforehand. Through head nurses ward rounding, she can evaluate more accurately by actual contact with the psysical environment and the nursing performance process.

2. STAFFING MANAGEMENT:

Staffing management means the utilization of the staff man-power for its full capacity by the use of systematic methodology and professional technology in management. Staff management is necessary for quality patient care and for the improvement of nursing personnel. The strategy for this will be on the proper use of the nursing man-power for the goal cost effectiveness and higher level of productivity.

Staffing management includes recruitment, employment, salaries, promotion, demotion, termination, inservice education, job evaluation, personnel evaluation and interpersonal relationships (Swansburg, 1976, Douglass, 1983, Park, 1984). For staffing management I would like to concentrate on the interpersonnel relationships, the job evaluation, personnel evaluation and scheduling which are important for better utilization of man power.

1) **Interpersonal Relationship:** Interpersonal relationship is a process where two people try to accomplish a set goal through their interactions (Peplau 1951, Travelbee 1971, Arndt 1980). Especially nurses have to maintain a close relationship with the patient to take care

of his problems and also keep a direct and indirect relationship with medical and paramedical personnels. Head nurse plays on important role in trying to meet the patient's needs by securing the best working environment for nurses. In this respect, the doctor-nurse relationship and patient-nurse helping relationship are very crucial in accomplishing the common goal.

(1) Doctor- Nurse Relationship: It goes without saying that doctors and nurses have to co-operate in order to accomplish their common object, that means the health care. But it has been known that there are more conflicts than cooperation between these two profession. Some of the reasons for this conflict in Korea are;

Traditional male dominant culture in Korea still keep the hierachial ratings for profession, that certain professions such as lawyers, doctors and teachers are to be more respected than others(Park 1980). The role of the traditional medical oriented nurse used to be the assistant to the assistant to the doctors and thus doctors used to be the masters and nurses is the assistants (Chun 1983). Recently the academic approach to nursing and the better understanding of nursing profession help promote the relationship with doctors. Thir relationship is now to be co-workers relationship. Lt still the traditional attitude prevails among many hospitals and the nurses get conflicted by this reality. Robbins(1974) states that conflict "refers to all kinds of opposition or antagonistic interaction. It is based on scarcity of power, resources, social position, and differing value structures. This definition refers to social conflict, either interpersonal or intergroup, not to psychological conflict. The conflict between nurses and doctors is intergroup conflict and thus social conflict. According to a research by Lee(1981) entitled "A study on nurse's role conflict in a university hospital", nurse showed the highest conflict mean score for physician. 87.5% of the study population expressed conflict caused by the unwarranted expectations or requests from the doctors. Doctors do not treat nurses as their co-workers but as their assistants. The doctor's attitude is still authoritarian and male chauvinistic one.

Under these circumstances, one of the important functions of head nurse's is to convey to the chairman or chief residents the discrepanies in understanding and expectations of doctors and nurses in order to minimize the conflict between both of them.

(2) Helping the nurse-patient relationship: Nurse-patient relationship is the basis for nursing care and the emphasis is on the helping relationship through the interaction between the nurse and the patient. In establishing a good relationship the initiator, in this case, the nurse has to show empathy, respect and warmth towards the patient so that patient can open up to self-exploration and for cooperation for his health care (Lamonica 1971, Kim 1984).

A research was done by Kim (1984) to measure the nurse's helping behavior. The level of nurse's helping behavior to the depressive patient got 1.34 out of total points 4.00, to anger patient got 1.49, and to happy patient 2.06. This shows that the average point is below 3.0 which is required level of cooperation from the patient. Similar outcome was collected by E. Lamonica (1975). This shows that in order to meet the patient's physical, psychological and social needs, the nurse has to help the patient to open up and cooperate.

For this purpose there has been facilitative relationship training for the nurses in Korea. One important factor in nurse-patient relationship in Korea is that it has to include the patient's relatives who ase expected to move in with the admitted patient, stay with him and take care of him. It is very different from Western Hospitals custom where patient care is the sole responsibility of nursing personnel. Again in case of emergency, special treatment or operation on the patient can not be performed without the consent of the relative regardless of the patient's age. So it is crucial to include the relatives in patient-nurse relationship.

2) **Job Evaluation:** This is the evaluation of all the personnel duties excluding people. It evaluates the job skill, effort, responsibility, working condition etc. This evaluation is performed according to the job description and job specification(Langford 1981). Job evaluation in Korean hospitals is still limited to work performance rather than tries to cover the overall content of the job prescribed by the job description. For example, they check oral medication, I.M. injection, soap suds enema, and foley catheterization, etc.

This performance evaluation is done by Inservice Education Department or Supervisor but sometime it is done by head nurse for the staff management of her unit. The performance evaluation is still at the level of checking the accuracy of the nursing permance procedure. The format for evaluation consists of simple observation requiring answers "Yes" or "No".

3) **Personnel Evaluation:** There are two methods for personnel evaluation: such as Rank Method and Rating Scale Method. The rating scale method is more used in Korea.

According to Langford(1981), the purposes for personnel evaluation are described as follows:

To provide information to the employee about performance in order for improvement to occur.

To provide information that can serve as a reward and positive reinforcement for good performance.

To identity personnel for potential development and promotion or additional responsibilities or other positions.

To document the basis for salary increases.

To document the basis for demotion or terminations.

To provide data for development of inservice education activities.

To formalize communication between nursing managers and employees about job expectation and performance.

and to promote overall high-quality performance within the organization toward its goal.

Personnel evaluation in Korea is done once to four times per year and each is divided into two parts.

The first part is done by the supervisor and the head nurse. The second part is done by the director of the nusing service, the top management.

As many researches have recommended it is desirable to include the person who is evaluated in the evaluation process. It is true that the purpose of the personnel evaluation is for the productive input and change for the better. In order that to happen the content

of the evaluation has to be delivered and discussed with the person in a most effective way. There are different ways of communicating the evaluation result to the receiver of the evaluation. One of them is direct evaluation counseling where evaluator holds a counseling session with the evaluatee. The other is indirective evaluation counseling where the evaluating staff has a session with the unit head nurse and the result be reflected in the ward management (Langford 1981). The most common practice in Korea on this account is indirective evaluation counseling where the evaluation is confered to the head nurse for her reference.

My experience as a director of nursing service for many years has shown me the directive evaluation counseling does not work very well in Korea. The reasons for that are: The supervisor and the head nurse who are the middle managers in nursing department lack the theoretical knowledge to deal with the evaluation inspite of their clinical experience. Two. The position of supervisor is looked upon as an evaluator rather than as a co-worker, counselor or helper. Thus, the relationship between staff nurse and supervisor can be an uneasy one. Three. The workload of a supervisor would be too heavy. Sometimes a supervisor needs to cover several units. It would be impossible for a supervisor to give fair amount of attention to each staff. Also supervisors and head nurses are aften lack of confidence on evaluation due to not sufficiently trained for anecdotal record evaluation. Four. The head nurse tends to be more protection of her staff nurse than be more critical and look for productive reinforcement through performance evaluation. It is hoped that there would be more positive participation through clear understanding of the purpose of evaluation by the staff. It is also hoped that evaluation would be better prepared and equipped properly for the purpose.

4) Scheduling: Staffing methodology is based on the hospital policies. For scheduling the working hours per week, length of vacation, number of holidays are taken into consideration

Decisions about scheduling should reflect written policy and should be applied fairly to personnel. And also scheduling should be geared for the cost effectiveness and promotion of the higher productive level for nursing personnels. Scheduling may be performed centrally or at the unit level or combined those of two(Barrett 1968, Eusanio 1978, Langford 1981, Park 1984).

Centralized schedules are less time consuming for the head nurses freeing them for other activities and can be distributed effectively in a more balanced manner among the nursing units. The one who determines the master schedules is in a position of Administrative Supervisor or Director to know the overall staffing situation. Other advantages are fairness to employees through consistent objective. But lack of individualized treatment of employees is a main complaint.

With decentralized schedules, head nurse has an opportunity to base the scheduling plan on knowledge of the clients and of the personnel assigned to that unit. The problem with the decentralized scheduling is that the head nurse has to accomodate the staff for emergency case and for staff time off.

On the otherhand, the combined scheduling is responsibility of the head nurse and it needs

to be checked to see whether there is a proper distribution of nurses according to the Patient need. To prepare for the emergency cases and evening or night duty there has to be a reservation of the floating or pool nurse.

There are cyclical scheduling and fixed scheduling. Most of the nursing staff in Korea are on cyclical scheduling with 4~6 weeks turns with combined scheduling. But graduate students prefer to have fixed schedule with night duty,, since night duty staff gets 2 nights off per week.

Working hours are 8 hours a day and one day off per week which is set by the labor law in Korea. Nursing manpower determination can be flexible according to the daily care hour for patients but 2 nurses per 5 in-patients ratio are legally required in Korea. Many of the training hospitals are able to meet this ratio but most of the private hospitals do not meet this standard requirement due to financial problem. Also 2 nurses per 5 inpatients ratio does not take the classification of patient into consideration and in patient care the lack of nursing staff is actually felt, and therefore, there has been steady effort by Korean Nurses Association to change this law.

Ⅲ. Conclusion:

I have tried to cover the trends of the Korean hospitals and its facilitation among Korean hospitals by taking the role of the head nurse as a focal point. Among the responsibilities of the head nurse, I mentioned the quality assurance program for patient management and interpersonal relationship, job evaluation personnel and scheduling for staffing management.

It is evident that more scientific and systematic nursing management is necessary for more professional and academic approach in nursing. But it is true that there has been much progress in hospital nursing management through the effort of Korean Hospital Association.

It is a credit that they established the audit system for accredition of hospital standards to gear for more scientific approach in nursing. But still we need tools for the development of evaluation and for systematic management in order to reach the goal we have set for nursing department.

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<국문요약>

한국경제 수준의 향상과 보험제도의 도입으로 병원을 찾는 대상자의 수가 증가하게 되었다. 아울러 저렴한 보험수가가 병원의 경영난을 초래하게 되므로 병원주는 이를 극복하기 위한 과학적이고 체계적인 병원관리에 관심을 갖게 되었다. 특히 간호부(과)에서도 목적지향적인 계획과 업무수행에 관심을 갖게 되어 그 관리체계나 간호의 질이 향상하기 시작하였다.

간호의 질을 향상시키기 위한 간호관리란 그 내용이 방대하므로 본 논문에서는 수간호원의 역할에 중점을 두었다. 즉 간호의 질향상을 위한 평가중 소급평가로써 퇴원환자 기록지 감사, 퇴원예정환자면접 및 병실집담회에 관한 내용과 동시 평가로써 환자 기록지 감사 및 환자면접 내용에 관해서 논하였다. 또한 인력관리를 위해서는 간호원—환자간의 관계, 간호원—의사간의 관계, 직무평가, 업무평가 및 간호인력 활용에 관해서 미국과 한국의 차이점을 제시하였다.

결론적으로 한국의 간호관리는 병원표준화 심사실시 및 간호원의 계속적인 노력으로 많은 향상을 보았으나 아직까지는 간호업무 수행절차에 관한 평가에 불과하므로 목적 지향적인 업무체계화와 한국병원상황에 적합한 평가도구의 돌개발과 질적간호를 위한 적정간호인력의 확보에 관한 노력이 계속되져야 한다고 본다.