



**CONTENTS >**

- 1 Planning and organisation**
- 2 Building and leading a team**
- 3 Leading on clinical practice and service quality**

The work of front-line nurse managers has become increasingly demanding and more complex as service volumes and patient expectations continue to grow.

Specifically in relation to front-line nursing and midwifery management the Commission on Nursing recommends that front-line managers fulfil the following functions:

- › professional/clinical leadership
- › staffing and staff development
- › resource management
- › facilitating communication.

The Commission also recommends that clerical and information technology support should be made available to nurse and midwife managers in order to support them in their managerial function.

The **primary purpose of the role** in front-line nurse management is to co-ordinate and lead the implementation and delivery of nursing activities within a circumscribed unit of service. The unit of service may be a ward, a day treatment service, a geographical catchment area for public health, a community psychiatric nursing service, or a day or residential service unit for people with an intellectual disability.

### Scope of the role

The role typically encompasses key result areas including

- › planning of services in terms of need analysis, activities, targets and priorities
- › deployment of resources, both human and physical, including budgeting, scheduling and task allocation
- › the development of care and individual service plans
- › providing leadership on standards and quality assuring service delivery and evaluation
- › acting as a professional role model, counselling, tutoring and mentoring less experienced staff
- › acting as a focal service contact point and primary liaison with other disciplines and service collaborators
- › providing direction, support and supervision to front-line staff on the discharge of their roles
- › providing a limited direct client service role, usually in areas of greater complexity or sensitivity.

### Timeframe of impact

Short-term impact of most decisions: from immediate to one month ahead.

### Critical success factors in the role

- › the effectiveness and quality of the service response
- › the smooth co-ordination of resources and activities
- › the efficiency of resource usage
- › provision of leadership in crisis response
- › setting a positive tone for the service delivery
- › ongoing development of staff capability and performance.

### Evolving trends and role challenges

- › greater input into resources planning and accountability
- › greater emphasis on tracking activity levels, processes and outcome against the resources deployed
- › trends towards more formalised and systematic approaches to quality assurance and service audit.
- › greater emphasis on multi-disciplinary models of service delivery
- › challenge of keeping abreast with the latest developments in service technology and of applying research-led best practice in the practical service delivery context
- › growing emphasis on consumer rights and the need to provide services that empower and positively educate clients
- › the emphasis on a continuity in service care across delivery settings and programmes
- › the research identifies three critical role competencies as well as the full range of generic competencies that underpin management success at all levels.



## Definition

Plans and organises resources efficiently and effectively within a specified time frame. Co-ordinates and schedules activities. Manages unexpected scenarios.

### AREAS OF APPLICATION

- › Allocation and co-ordination of resources to achieve tasks, scheduling of rosters
- › Procuring and evaluating material resources
- › Prioritisation and meeting demands under pressure or in emergencies
- › Record keeping and reports for operational activities
- › Planning of meetings, case conferences or other events

# 1



## Planning and organisation

### Indicators of MORE effective performance

- › Ensures maximum use of available resources in annual, monthly and weekly rostering
- › Plans ahead to cover foreseeable demands and eventualities
- › Is proactive and flexible in problem solving staff shortages and demand fluctuations
- › Plans and organises individual and group programmes in a consultative way to achieve best possible outcomes
- › Delegates well, giving clear task accountability and taking into account the strengths, weaknesses and development needs of staff
- › Is proactive in evaluating client care and ensures efficient planning liaison with interdisciplinary colleagues
- › Anticipates clinical problems or other service user issues and takes proactive action
- › Responds in an organised and calm way to unexpected developments, quickly taking stock, and prioritises actions and resources
- › Keeps open channels of communication with a range of relevant personnel across the services (nurses, doctors, paramedical, technical, IT) etc
- › Makes early contact with family and other service staff to plan and organise the next sequence of care activities (i.e. transfer across programmes, community discharge)

### Indicators of LESS effective performance

- › Rosters in a mechanical and routine way without thinking about demand patterns
- › Does not anticipate scheduling problems or leave issues etc
- › Fails to anticipate staff shortages and may respond in a blanket way that wastes resources
- › Is more directive and less consultative in patient allocation and does not link activities
- › Is clinically competent but does not delegate clearly and may lack knowledge and insight of individual staff capabilities
- › Is reactive in organising client care and lacks initiative in co-ordinating interdisciplinary activity
- › Less adept at thinking ahead and anticipating client needs
- › Concentrates too much on the present delivery of service (thinks today only)
- › Responds in a disorganised manner to unexpected or crisis situations
- › Works too much in a singular or single discipline manner and does not link effectively across services and staff
- › Leaves continuity of care planning too late and does not organise the next sequence of service in a seamless way.

## Definition

Acts as a role model in terms of capability and professionalism. Leads a team confidently, motivating, empowering and communicating with staff to promote provision of a quality service. Blends diverse styles into a cohesive unit, coaches and encourages improved performance.

### AREAS OF APPLICATION

- › Promoting high standards in the daily running of the clinical services at unit level
- › Leading and managing interdisciplinary care for service users
- › Empowering staff through team meetings, coaching, education and promotion of staff initiatives

# 2



## Building and leading a team

### Indicators of MORE effective performance

- › Articulates a vision and sets clear objectives for service delivery
- › Provides a regular forum for staff communication, is receptive and respectful of contributions from staff
- › Leads and manages change. Makes a positive case for change
- › Develops good team relations and deals promptly with individual and team discord, thus creating and maintaining favourable working environment
- › Understands the importance of culture and good working relationships
- › Deliberately monitors and works to improve the team process, encourages team review and reflection
- › Develops staff to their full potential by devolving authority and responsibility within professional limits
- › Believes in and promotes the self-governance model
- › Models excellent work practices and uses his/her skills to educate others through coaching, mentoring and thus disseminates good practice
- › Encourages initiative in staff and expects individual accountability, recognises positive performance and intervenes when standards fall

### Indicators of MORE effective performance

- › Monitors workload pressures on staff and intervenes as appropriate
- › Develops and maintains staff morale by delegating appropriately, supporting, motivating and expecting individual accountability
- › Positively promotes change and leads from the front in trying out new or better ways of delivering services.

# 2



## Building and leading a team

### Indicators of LESS effective performance

- › Lacks enthusiasm and vision for the service
- › Lacks structure in eliciting contribution from staff and does not hold regular meetings. May appear not to listen or value staff contribution
- › Slow to develop the team. Requires advice and prompting to meet staff needs
- › Fails to create an environment suitable for team cohesion
- › More comfortable following and avoiding team conflict. Too concerned about what others may think or say
- › Less concerned about working atmosphere and does not appreciate its effect. Does not see the importance of shared success
- › Uses an authoritarian or overly directive approach in work assignments
- › Tells others what to do but does not delegate stretching tasks or encourage autonomous practice
- › Does not show confidence in the use of the self-governance model
- › Knowledgeable and clinically competent but does not participate in staff development and does not pass on skills and knowledge to the team

### Indicators of LESS effective performance

- › Relies heavily on the team to provide necessary care but does not liaise or monitor demand levels on staff
- › Slow to intervene when standards slip
- › Ignorant of the type of pressures placed on staff and does not seek to alleviate stress
- › Tends to follow rather than initiate change
- › Takes few initiatives personally to improve services and does not go out of way to encourage initiative.

## Definition

Sets and monitors standards and quality of service, leads on proactive improvement.

### AREAS OF APPLICATION

- › Ensuring that service users receive a good standard of clinical care and client service
- › Implementing and monitoring standards of clinical care for the service
- › Interdisciplinary networking to ensure high quality effective systems for service delivery
- › Monitoring and evaluation of accommodation and catering services for the service area

## 3



## Leading on clinical practice and service quality

## Indicators of MORE effective performance

- › Regularly reviews practice and clinical standards of care and measures them
- › Judges clinical service provision based on clinical expertise
- › Possesses sound knowledge of procedures and protocols in operational matters
- › Develops new ideas in order to improve care and optimise to full potential
- › Identifies service problems – assesses, plans, and takes action
- › Strives for leading edge in practice
- › Stimulates and supports clinical and research initiatives to improve care
- › Shows a strong knowledge of quality assurance processes
- › Identifies areas for quality improvement and works with interdisciplinary team members to improve particular processes/practices
- › Regularly reviews the quality of hotel, catering and other support services. (e.g. CSSD). Convenes regular meetings for feedback
- › Encourages staff evaluation of supplies and equipment (e.g. IV giving sets, syringe drivers and other pumps)

## Indicators of MORE effective performance

- › Develops service user care plans, which transcend disciplines and programmes of care (e.g. hospital to community)
- › Has an active involvement in contributing to policies, which are critical to patient care
- › Demonstrates high standards of practice in own work areas and acts as a professional role model for the staff
- › Educates staff opportunistically on the job
- › Monitors and scans the environment non-invasively, making sure everything runs smoothly
- › Does a regular review of service user perspectives and complaints and of incidents (e.g. falls) and seeks out methods to achieve better outcomes.

## 3



## Leading on clinical practice and service quality

## Indicators of LESS effective performance

- › Lacks knowledge and expertise to judge service and clinical care provision by staff
- › Ignores problems until they become critical and/or unmanageable
- › Shows an inadequate knowledge of procedures and protocols
- › Has no impetus to be a leader of clinical practice
- › Would rather keep things the way they are. Safer. Sees no need for change
- › Is not comfortable with new initiatives and research. Sees these as barriers to providing the service now
- › Requires regular prompting from managers to review clinical standards and avoids doing so
- › Avoids involvement of staff in the development of quality initiatives for service users
- › Does not encourage staff to actively participate in the review of ward/unit equipment. This results in dissatisfaction with equipment/supplies
- › Maintains barriers between inter-disciplinary teams, which results in conflicting plans and programmes of care

## Indicators of LESS effective performance

- › Lacks understanding in the implementation of quality policies. Takes a passive role in this area and does not keep abreast of quality issues
- › Works independently refining own skills and knowledge but not sharing this with others
- › Maintains a closed mind and refuses to elicit or believe evidence. Does not wish to shape a service by what the 'users' say – there is only the professional way.





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