NURSING SERVICE MANAGEMENT STANDARDS

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ABSTRACT

The nursing service manager is responsible and accountable for quality nursing service management to facilitate optimal attainment of the goals/objectives and outcomes within the context and scope of health service delivery of the health care organisation. Quality nursing service management needs to be evaluated against a set of standards in this regard. Standards for nursing service management were formulated in 1987, revised and published in 1992, tested/utilised and exposed to further refinement/revision in 1999. The purpose of this research was therefore to revise existing nursing service standards and this was achieved by means of an exploratory and descriptive longitudinal research design over a period of 12 years. It is recommended that these standards be utilised as a self-evaluation instrument by nursing service managers and that the quality of nursing service management in South African health services be evaluated against these standards.

OPSOMMING

Die verpleegdiensbestuurder is verantwoordelik en aanspreeklik vir gehalte-verpleegdiensbestuur om optimale bereiking van doelwitte/doelstellings en uitkomste binne die konteks en omvang van gesondheidsdienslewering in 'n gesondheidsdiens te fasiliteer. Die gehalte van verpleegdiensbestuur behoort aan die hand van gestelde standaarde beoordeel te word. Standaarde vir verpleegdiensbestuur is in 1987 geformuleer, hersien en gepubliseer in 1992, getoets/benut en aan verdere verfyning/hersiening in 1999 onderwerp. Die doel van hierdie navorsing is om bestaande standaarde vir verpleegdiensbestuur te hersien en hierdie doelstelling is by wyse van 'n verkennende, beskrywende longitudinale navorsingsontwerp oor 'n tydperk van 12 jaar uitgevoer. Daar word aanbeveel dat hierdie standaarde as 'n selfevalueringsinstrument deur verpleegdiensbestuurders benut word en dat die gehalte van verpleegdiensbestuur in Suid-Afrikaanse gesondheidsdienste aan die hand van hierdie standaarde beoordeel word.

INTRODUCTION

The nursing service manager, as a member of the health care organisation's top/executive management, is responsible and accountable for the outcomes and attainment of the goals/objectives of the nursing service related to quality nursing/midwifery care and quality human resource management in a cost effective manner within the context and scope of health care service delivery and the financial framework of the health care organisation. The nursing service manager provides goal directed, transformational leadership and dynamic management processes to facilitate attainment of outcomes and the goals/objectives of the nursing service. The quality of nursing service management needs to be evaluated against a set of standards. Nursing service management standards were formulated by Muller in 1987 (Muller, 1989) and revised and published in 1992 (Muller, 1992). These standards are outdated due to

social and political transformation in South Africa since 1994, resulting in many legislative changes. There are also many other external forces impacting on the standard of nursing service management in South Africa today and the question arises as to what the content of nursing service management standards for the new millennium should be. The purpose of this article is to revise the existing standards for nursing service management in South Africa.

TERMINOLOGY

Nursing service management
A nursing service is a sub-division of the health care organisation and nursing service management refers to the specialised process of management (planning, organising, directing and control) in relation to the nursing service as part of the health care organisation to facilitate quality nursing/midwifery care in a cost-effective manner within the context and scope of health service delivery and the financial framework of the health care organisation.

Standard
A standard is a descriptive statement of the expected level of performance against which the quality of nursing service management can be evaluated.

RESEARCH DESIGN

An exploratory, descriptive longitudinal research design (Burns & Grove, 1993:296) was followed whereby the domain variables related to nursing service management in South Africa were explored, described and validated. A generic approach of national standard formulation was followed as recommended by Muller (1990:51). A structured two-phase model for standard formulation, consisting of a developmental and a quantification phase was utilised for the first set of standards (Lynn, 1986; Muller, 1990:53). The standards were developed during 1987 (Muller, 1989), revised and

published in 1992 (Muller, 1992) and tested in nursing service management practice by the students (N=425) registered for a post-basic degree or diploma, leading to registration with the South African Nursing Council in Nursing Administration, at a university in Gauteng over a period of eight years. This sample was therefore purposefully selected and the inclusion criteria related to those students registered for the Nursing Management course at the university and utilisation of the standards as part of the practical component of the educational programme.

Content validity of the standards is based on the conceptual framework and a quantified process of determining the Content Validity Index (CVI) during the quantification phase of the first edition of standard development (Muller, 1989). Construct validity is determined when the standards are used within an instrument to evaluate the quality of nursing service management (these results are not presented in this article). These standards were subsequently used as a working document by the ad hoc standards committee of the South African Nursing Council and they were revised once again in 1999 to accommodate the transformational forces in South Africa. Trustworthiness is ensured by applying the principles of multiple triangulation as described by Lincoln and Guba (1985) as refined by Beeby (in Thomson, 1997:181-201):

- The researcher is involved in quality assurance/improvement activities within health care since 1987 to date at both national and international levels (prolonged engagement).
- The researcher plays an active role in the accreditation of health services in South Africa for the past seven years (prolonged engagement).
- These standards are used as part of the theoretical and practical component of post-basic education in Nursing Management at the university and therefore exposed to continuous scrutiny and debate

for eight years (investigator/member, data and theory triangulation).

- A structured and rigid research method was used over a period of 12 years to develop and refine these standards (methodical triangulation).
- National policies and legislation were continuously used in the refinement of the standards (document/resource triangulation).
- Exposure to debate and refinement by a national expert group: ad hoc standards committee of the South African Nursing Council.

The quality of the research is furthermore ensured by adherence to the ethical standards of nursing research in relation to the protection of human rights as described by Burns and Grove (1993:94-110).

CONCEPTUAL FRAMEWORK

Nursing service management is a specialised managerial responsibility, focusing on nursing/ midwifery care as a clinical speciality within health care delivery. The nursing service manager should not only be a registered nurse/midwife, but should also demonstrate the appropriate managerial abilities (knowledge, skills and attitudes) required to facilitate quality management, clinical care in a cost-effective manner within the context and scope of health service delivery by the health care organisation (figure one).

Figure 1: Nursing Service Management
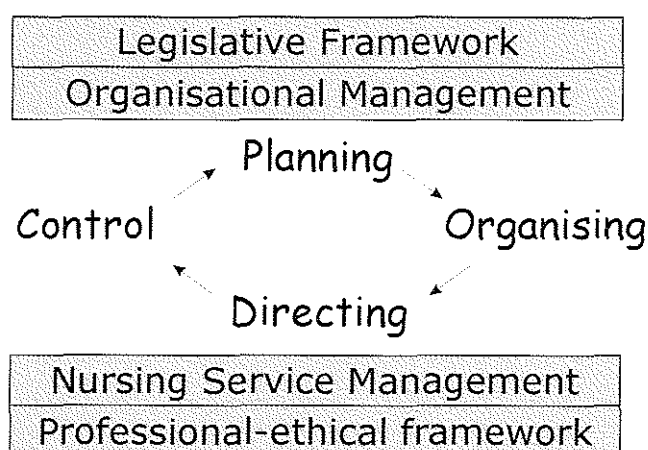
The nursing service manager should practice participative management to ensure consultation and transparency within the nursing service (NAHQ, 1998:12-19; Booyens, 1998:134-136). The nursing service does not function in isolation and should therefore be managed in accordance with the strategic plan of the health care organisation, but with it's own strategic plan and relevant dimensions thereof (Schulz & Johnson, 1990; NAHQ, 1998:12-19; Booyens, 1998:3-25).

There should be a system in place to ensure that the rights of the patients (NAHQ, 1998:223-225) are respected in accordance with the Constitution of the country (South Africa, 1996), the National Health Policy (South Africa, 1997) and Patient Charter (unpublished). The nursing service manager should not only ensure that the fundamental human rights of patients and staff members are protected, but should also ensure that nursing/midwifery care is practised within the professional-ethical and legal framework of the South African nursing profession (South Africa, 1978, as amended), making sure that all relevant legislation and regulations are available and accessible to the nursing/midwifery staff. The nursing service should be guided by appropriate, legally valid and updated policies and procedures to ensure safe and quality practices. A formalised system should be in place to facilitate quality clinical nursing/midwifery care in relation to scientifically-based nursing care, professional conduct by the nursing/midwifery staff, appropriate multi-professional and multi-disciplinary teamwork within the health care organisation and appropriate and timeous discharge, transfer and follow-up of patients (South Africa, 1978, as amended; NAHQ, 1998:223).

The nursing service should be well organised with appropriate financial management to ensure productivity, cost-effectiveness and safety of patients (Booyens, 1998:185-213, 159-182; NAHQ, 1998:51-55). Quality human resource

management in relation to staffing, utilisation of the nursing/midwifery staff, performance appraisals, continual professional development of staff, formal education, fair labour practices and appropriate statistical support, should be practised (Booyens, 1998:309-412; Muller, 1998:299-352; NAHQ, 1998:125-207, 245-249). The nursing service manager is also responsible for the facilitation of safe and efficient nursing/midwifery care by ensuring that there are adequate equipment, stock and supplies in the units.

A written quality improvement programme for the nursing service is essential to reflect evidence-based nursing/midwifery care. The quality improvement programme should include the monitoring and evaluation of patient satisfaction, the quality of record keeping by nurses, selected dimensions of clinical care as well as management-related aspects in the nursing service. A risk programme in accordance with the legislative requirements, should also be in place to ensure the safety of both the patients and staff (Booyens, 1998:595-644; NAHQ, 1998:24-29, 44-45, 57-73, 83-107).

The principles of participatory/contingency and transformational leadership should be practised by the nursing service managers and other leaders within the nursing service (Booyens, 1998:134-136, 417-448; Marriner-Tomey, 1993; NAHQ, 1998:137). Accessibility, credibility and visibility of the nursing service should be facilitated by means of an appropriate marketing strategy involving the relevant communities (Marriner-Tomey, 1993).

The nursing service manager also has a responsibility to support and to activate relevant research in the nursing service, thereby facilitating evidence-based nursing/midwifery practice, continual professional development and quality nursing service management at large (Burns & Grove, 1993:4; NAHQ, 1998:83-107).

RESULTS: NURSING SERVICE MANAGEMENT STANDARDS

A total of eighteen nursing service management standards were formulated in relation to the following: registration, authorisation and abilities of the nursing service manager, participative management, strategic plan, patient rights, legislative framework of the South African nursing profession, policies and procedures, clinical nursing/midwifery care, financial management, organisation of the nursing service, human resource management, facilities, equipment, stocks and supplies, quality improvement programme, risk management, disaster plan, leadership practice, marketing and research.

1. **The nursing service manager is a registered nurse/midwife and is authorised to manage nursing/midwifery care in the health service:**

1.1 The nursing service manager is a registered nurse/midwife and holds a qualification in nursing management/administration, which is registered with the South African Nursing Council.

1.2 The nursing service manager is employed in a full-time and permanent capacity/post.

1.3 The job description reflects the nursing manager's responsibility and accountability for the management of nursing/midwifery care in the health service.

1.4 The nursing service manager is a member of the top/executive management decision-making team of the health care organisation.

1.5 There is an organogram/organisational chart of the health care organisation, reflecting the position of the nursing service manager in top/executive management and delineating the appropriate lines of authority, communication and accountability.

1.6 There is evidence that the nursing service manager participates in decision-making and is recognised as an equal member of the top/executive management team.

1.7 The nursing service manager is a member of the health care organisation's community/ stakeholders and transformation committee.

2. The nursing service manager demonstrates appropriate abilities (knowledge, skills/ competencies and attitudes) required for quality nursing service management:

2.1 The nursing service manager is registered/ licensed with the South African Nursing Council in nursing administration/management.

2.2 The nursing service manager is registered/ licensed with the South African Nursing Council in nursing education when the health care service offers clinical/practical learning opportunities in formal education.

2.3 The performance appraisal of the nursing service manager reflects managerial abilities (knowledge, skills/competencies and attitudes).

2.4 The nursing service manager demonstrates the ability to collate, analyse and utilise appropriate nursing/midwifery statistics to optimise the attainment of the nursing service outcomes and goals/objectives.

2.5 The nursing service manager demonstrates the ability to utilise information technology to facilitate optimal achievement of the nursing service outcomes and goals/objectives.

2.6 The nursing service manager demonstrates appropriate assertiveness in the negotiations and advocacy in the interest of patient care and health promotion.

3. There is evidence of participative management by the nursing service manager:

3.1 There is a system (structures and processes) in place to ensure consultative, interactive and transparent decision-making and problem-solving in the nursing service .

3.2 Appropriate decision-making systems and committees are in place to ensure consultation and transparency in the nursing service.

3.3 There is evidence of appropriate management-related empowerment of departmental nursing service managers and nursing unit managers.

3.4 There is evidence of shared ownership and accountability by the nursing service managers as well as nursing unit managers.

4. The nursing service is managed in accordance with the strategic plan of the health care organisation:

4.1 There is a written strategic plan for the nursing service.

4.2 There is evidence of consistency with the strategic plan of the health care organisation.

4.3 The nursing service strategic plan reflects the legislative requirements and relevant external needs, forces and demands of the community, with appropriate community outreach programmes.

4.4 There is a written vision statement and evidence of ongoing strategic planning for the nursing service.

4.5 There is a written mission statement for the nursing service.

4.6 The external and internal environmental analysis (SWOT: strengths, weaknesses, and opportunities and threats) are described.

4.7 The long and short-term goals/objectives are stated.

4.8 There is an operational plan for the attainment of the goals/objectives.

4.9 Progress reports on the strategic plan are available and submitted to the top/executive management.

4.10 The attainment of goals/objectives is evaluated in accordance with the given time frame of the strategic plan.

4.11 There is a written nursing service philosophy reflecting belief statements on at least the patient, nursing/midwifery care, nursing service management, human resource management, in accordance with the health service objectives.

4.12 There is an information technology system to facilitate nursing service management.

5. There is a system in the nursing service to ensure that patient rights are respected, in accordance with the South African Constitution, National Health Policy and Patient (or group) Charters:

5.1 The nursing/midwifery staff and relevant stakeholders are involved in the identification of patient rights in the health care organisation appropriate to the community and groups that seek care from the health care organisation.

5.2 There is a system (processes, policies and procedures) to support the identified patient rights:

5.2.1 Informed consent and the responsibility of the nursing/midwifery staff and members of the multi-professional and multi-disciplinary team in obtaining informed consent.

5.2.2 There is evidence that the personal needs of patients are respected: termination of treatment or life-sustaining devices, refusal of treatment and the management of a living will.

5.2.3 Respect for patient wishes.

5.2.4 There is evidence of the security of patient effects (possessions and belongings).

5.2.5 Protection of vulnerable and high-risk patients.

5.2.6 Participation in clinical research and clinical trials.

5.2.7 In-service education of staff on their role in the identification of patient values, beliefs and the protection of the rights of the patient.

5.3 The nursing service operates within professional-ethical and legal norms to protect the patient and his/her rights.

6. Nursing service management and nursing/ midwifery care takes place within the legislative/professional-ethical framework of the nursing profession:

6.1 A copy of the Fundamental Human Rights as contained in the South African Constitution is available and accessible.

6.2 The Nursing Act, with relevant amendments is available and accessible.

6.3 The relevant nursing/midwifery regulations are available and accessible.

6.4. The Health Care Act is available and accessible.

6.5 The Human Tissue Act and Blood Regulations are available and accessible.

6.6 The Medicines and Medical Devices Regulatory Authority Act and Regulations are available and accessible.

6.7 The Child Care Act is available and accessible.

6.8 The Occupational Health and Safety Act is available and accessible.

6.9 The Labour Relations Act is available and accessible.

6.10 The Basic Conditions of Employment Act is available and accessible.

6.11 The Employment Equity Act is available and accessible.

6.12 The Public Service Act is available and accessible.

6.13 Other relevant human resource management-related acts are available and accessible.

6.14 Other relevant health care-related acts, applicable to the specific health care service, are available and accessible.

6.15 Nursing education directives/guidelines and regulations, applicable to the formal nursing education offered by the nursing service, are available and accessible.

6.16 The amendments of existing acts and regulations, as well as new acts, are disseminated to the nursing/midwifery staff and their contents included in the annual in-service education programme of the nursing service.

6.17 The nursing managers demonstrate insight into the legislative requirements impacting on their practice.

6.18 There is evidence that nursing service management and clinical nursing/midwifery care is practised in accordance with the legislative/professional-ethical

requirements.

7. There are written, appropriate, legally valid and updated policies and procedures in the nursing service, formulated in collaboration with relevant stakeholders:

7.1 There is a procedure manual (process standards/clinical guidelines) for each nursing/midwifery department on the relevant nursing/midwifery interactions to guide quality care.

7.2 There are policies and procedures relating to the referral of patients by the nursing/ midwifery staff
to other members of the multi-professional and/or multi-disciplinary team in the health care service and in the community.

7.3 There are policies and procedures on the transfer and discharge of patients.

7.4 There are policies and procedures to facilitate the mobilisation and accessing of the appropriate resources in health and related services and in the community.

7.5 There are policies and procedures (clinical guidelines) on infection control.

7.6 There are policies and procedures relating to the management of medication (ordering, keeping, prescribing, dispensing, adminis- tration and control), compliant with legislation.

7.7 There are policies and procedures related to the management of equipment (ordering, maintenance, control and replacement).

7.8 There are policies and procedures on the management of stocks and supplies (ordering, keeping, replacement and control).

7.9 There are policies and procedures relating to human resource management (full/part- time/ permanent staff).

7.10 There are policies and procedures relating to agency, sessional and voluntary staff.

7.11 There are policies and procedures on risk management.

7.12 The policies and procedures are consistent

with those of the health care organisation, in accordance with the service goals/objectives.

7.13 The policies and procedures are dated and signed.

7.14 The policies and procedures are reviewed at least annually or according to the determined review dates, and as required by legislative needs.

7.15 The policies and procedures are appropriately indexed, filed and retrieved to facilitate accessibility by all nursing/midwifery staff concerned.

7.16 There is a system to ensure that all nursing/ midwifery staff concerned study and implement the policies and procedures.

8. There is a system to facilitate quality nursing/ midwifery care in the nursing service, in accordance with the professional-ethical and legal framework of the nursing profession:

a) Scientifically-based nursing/midwifery care

8.1 There is a system to ensure that scientifically- based nursing/midwifery care is practised.

8.2 There is a nursing/midwifery record keeping system to accommodate the principles of scientifically-based nursing/midwifery care.

8.3 The nursing/midwifery record keeping system is compliant with legal requirements.

8.4 There is a system to facilitate timeous, complete and appropriate admission of patients in the nursing/midwifery units.

8.5 There is a system to ensure that the patient is assessed in terms of his/her health needs and health problems within a specified time frame.

8.6 There is a system to ensure that an appropriate and complete nursing/health care plan/ programme is compiled or ratified by the registered nurse/midwife within a specified time frame.

8.7 There is a system to ensure that the nursing/ health care plan/programme is implemented with the appropriate monitoring and interventions.

8.8 There is a system to ensure that continual

evaluation of patient outcomes is conducted, with appropriate amendment/adaptation of the nursing/health care plan/programme.

8.9 There is a system to ensure timeous, accurate and complete/comprehensive recording of all nursing/midwifery observations, actions and interventions.

8.10 The nursing service manager designs and implements processes to provide and ensure continuity of patient care services.

8.11 The nursing service is organised to ensure professional supervision (direct or indirect supervision) of patient care at all times.

b) Professional conduct

8.12 There is a system to manage accountable professional conduct by nurses/midwives:

8.12.1 Adherence to Common Law principles related to confidentiality and patient privacy, conscious, discretionary practice, and informed consent.

8.12.2 Legal and authorised scope of practice.

8.12.3 Acceptance of accountability.

8.12.4 Direct and indirect supervision.

8.12.5 The management, co-ordination, completion and facilitation of all health care programmes provided.

8.12.6 Adherence to legal requirements in terms of the Regulations on Acts and Omissions.

8.13 There is evidence of nursing/midwifery staff proficiency in emergency treatment.

8.14 There is a system to ensure appropriate and quality nursing/midwifery care in the preparation of patients for diagnostic, therapeutic and surgical interventions.

8.15 There is a system to ensure appropriate and quality nursing/midwifery care in the management of patients after diagnostic, therapeutic and surgical interventions.

8.16 There is a system to ensure quality nursing/midwifery care of the high risk and vulnerable patients.

c) Multi-professional and multi-disciplinary teamwork

8.17 There is a system to facilitate multi-professional and multi-disciplinary teamwork in the nursing service.

8.18 There is a system (standards: policies and procedures) to ensure timeous and appropriate referral of patients to members of the health team.

8.19 There is a system (standards: policies and procedures) to facilitate the mobilisation and accessing of the appropriate resources in the interest of patient care and health promotion.

8.20 There is a system to ensure adequate and timeous sharing of information about the patient's care and response to care among all applicable health care service providers on a regular basis during each shift and between shifts, in accordance with the Common Law principles.

8.21 There is a system to ensure adequate and timeous sharing of information about the patient's care and response to care when transfer between units occur.

8.22 The patient's records are accessible to facilitate the exchange of information during institutionalised care, in accordance with the Common Law principles.

d) Discharge/transfer and follow-up

8.23 There is a system to ensure safe and appropriate transfer or discharge and follow-up services for the patient.

8.24 There is a process to provide appropriate referral, transfer or discharge of the patient based on the status of the patient and the need for continuing care.

8.25 Transfer of a patient within or between the organisation(s)/health services is guided by established criteria.

8.26 The transfer or discharge of a patient is confirmed by the medical practitioner or authorised registered nurse/midwife.

8.27 When patients are transferred to another clinical facility for continuing care, the receiving facility is provided with a written summary of the patient's clinical condition

and the interventions provided by the referring organisation/health service, as well as the reason(s) for transfer.

8.28 During transfer the patient's clinical condition - if warranted - is appropriately monitored and recorded.

8.29 Appropriate follow-up services for the patient are confirmed and documented.

8.30 There is a process to ensure appropriate pre-discharge patient education with documentation thereof.

9. There is evidence of appropriate financial management in the nursing service:

9.1 The nursing service manager is a member of the top/executive financial committee of the health care organisation.

9.2 There is evidence that the nursing service manager participates in the top/executive financial management of the health care organisation.

9.3 The nursing service manager is authorised by the health authority and/or top/executive management to manage the budget of the nursing service.

9.4 There is evidence that the nursing service's budget is managed in accordance with the financial policies and procedures of the health care authority/organisation:

9.4.1 Preparation and submission of the nursing service budget.

9.4.2 Negotiations and approval of the nursing service budget.

9.4.3 Implementation of the nursing service budget.

9.4.4 Continual and timeous monitoring of expenditure through statistical analysis, within the context of the budget, with appropriate remedial actions when applicable.

9.4.5 Statistical evaluation, reporting and accountability for the nursing service budget.

9.5 There is a cost-containment/utilisation review

programme for the nursing service.

10. There is evidence that the nursing service is well organised:

10.1 There is a nursing service organogram/ organisational chart reflecting the division of departments/units, and lines of authority, communication and accountability within the nursing service.

10.2 The organogram/organisational chart is displayed in every department/unit (clinical, educational and management).

10.3 Nursing service management is organised to ensure integration and optimal co-ordination with other systems and services (multi-professional, multi-disciplinary and support services) in the health care organisation.

10.4 The nursing service is organised in accordance with patient/staff/extra-ordinary service needs determined through statistical analysis.

10.5 There is a system to ensure appropriate delegation of responsibilities (clinical, educational and managerial) in accordance with the legal and professional-ethical framework of the nursing profession.

10.6 There is a system to ensure safe and appropriate direct and indirect supervision in the nursing service.

10.7 There is a needs-based shift scheduling system in place to facilitate accessibility, quality and safe nursing/midwifery care in the nursing service.

10.8 There is a formalised communication system in the nursing service to ensure informed and transparent decision-making and problem-solving, in the interest of patient care, education/training and cost-effective management.

11. There is a written human resource-management strategy for the nursing service in accordance with legislative requirements:

a) Staffing

11.1 There is nursing representation on the institutional forum of the health organisation in accordance with the Employment Equity Act.

11.2 There is evidence of the development, implementation and evaluation of a scientifically based system to ascertain the staffing needs of the nursing service (i.e. determination of nursing/midwifery staff establishment).

11.3 There is a staffing plan for the nursing service, in accordance with legislative requirements:

11.3.1 There is a description of the patient profile.

11.3.2 Nursing/midwifery staffing needs are based on the patient profile.

11.3.3 There is an affirmative action strategy.

11.3.4 There is a recruitment strategy.

11.3.5 There is a selection system (standards: policies and procedures).

11.3.6 There is an appointment system (standards: policies and procedures).

11.3.7 There is a placement system (standards: policies and procedures).

11.3.8 There is a system for the transfer of staff (standards: policies and procedures).

11.3.9 There is a system for the termination of employment (standards: policies and procedures).

11.4 There is a system to ensure continual monitoring and compliance of nursing/ midwifery staff in accordance with the professional-ethical and legal framework of the nursing profession:

11.4.1 Annual licensing of all nursing categories with the South African Nursing Council is checked annually and managed.

11.4.2 Practice in terms of relevant scope of practice regulations.

b) Utilisation of staff

11.5 There is evidence of optimal utilisation of nursing/midwifery staff:

11.5.1 There are written job descriptions for each staff member and/or post level/category.

11.5.2 There is a patient/staff assignment system(s) in accordance with the health and nursing/midwifery care needs of the patients.

11.5.3 There is a staff scheduling system/duty roster as agreed upon during negotiations.

11.5.4 There is an adequate system for the management of non-nursing tasks.

11.5.5 There is a motivational and team building strategy.

11.5.6 There is annual evaluation of performance output/productivity in relation to work load.

c) Performance appraisal

11.6 There is evidence of a performance appraisal system for the nursing/midwifery staff in the nursing service:

11.6.1 There are written standards on expected performance based on the job descriptions in accordance with performance/agreement contracts.

11.6.2 There is a system to continually monitor and evaluate the nursing/midwifery staff's compliance with these standards.

11.6.3 There is a feedback and remedial action system to modify deficiencies and to facilitate personal and professional growth of the nursing/midwifery staff.

11.6.4 There is evidence that the principles of self evaluation and peer review are utilised in the process of performance appraisal to facilitate empowerment of the staff.

11.6.5 The performance appraisal system makes provision for the evaluation and management of professional conduct and accountability by staff in the nursing service.

d) Continual Professional Development of staff

11.7 There is evidence of a nursing/midwifery continual professional development needs-based strategy, developed in consultation with the staff, in accordance with legislative requirements:

11.7.1 There is a nursing service induction and orientation programme.

11.7.2 There is an in-service education programme on professional-ethical and organisational issues in accordance with the service objectives.

11.7.3 There is an in-service programme on risk management.

11.7.4 There is a continual clinical/practical development programme.

11.7.5 There is a continual development programme on emergency care.

11.7.6 There is a continual managerial development programme for departmental and unit managers.

11.7.7 There is evidence that nursing/midwifery staff are encouraged and supported to attend external continual professional development programmes (workshops, seminars, conferences, etc.).

11.7.8 There is a strategy, based on the needs and service objectives, to support continual formal learning/education of staff at higher education institutions.

11.7.9 There is a resource system (traditional and/ or electronic) to ensure access to the latest literature to facilitate evidence-based nursing/midwifery practice.

11.7.10 There is a strategy for skills development of the nursing/midwifery staff when new systems and equipment are installed.

11.7.11 Continual professional development programmes are based on the scientific principles of the curriculum/programme development process.

11.7.12 Continual professional development programmes are evaluated on completion.

11.8 There is a record keeping system to confirm attendance of all nursing/midwifery staff at all continual professional development programmes

e) **Formal education**

11.9 There is a system to facilitate quality nursing/midwifery learning/education for staff registered for formal education programmes at higher education

institutions:

11.9.1 There is a formal agreement between the Nursing Education Institution(s) and the health care organisation/nursing service for the learning/education of nursing/ midwifery staff for each programme.

11.9.2 The nursing service manager maintains appropriate processes to facilitate the creation of a learning and educational environment that is conducive to quality nursing/midwifery care and education.

11.9.3 There is access to copies of the South African Nursing Council's approved educational programme(s) (curricula) of the relevant Nursing Education Institution(s).

11.9.4 There is access to copies of the Nursing Education Institution(s) guidelines, prescribed course/module clinical/practical outcomes.

11.9.5 Appropriate assessment/evaluation instruments are available with the mentors/ accompanists functioning in the units.

11.9.6 There is evidence that the nursing service adheres to the relevant learning/educational systems, policies and procedures supplied by the Nursing Education Institution(s) to facilitate optimal achievement of clinical/ practical outcomes by the learners/ students.

11.9.7 There is a system to ensure that the clinical/ practical mentors/accompanists comply with the professional and academic requirements of the South African Nursing Council and that of the Nursing Education Institution(s).

11.9.8 There is a system to ensure the execution of the clinical/practical educational programme(s) in accordance with the Nursing Education Institutions' guidelines, prescriptions, clinical/practical workbook and clinical/practical register requirements.

11.9.9 There is a system to ensure evidence-based compliance of learners/students with the

relevant clinical/practical outcomes.

11.9.10 There is a communication system to ensure optimal representation and participation of the nursing service in the educational decision-making process of the Nursing Education Institution(s).

11.9.11 There is a system to ensure that the clinical/practical mentors/accompanists adhere to the ethical principles in the endorsement of completed clinical/practical activities and procedures required for the educational programme(s).

f) Fair labour practice

11.10 There is a system to facilitate fair labour practice in the nursing service without compromising quality in the nursing service:

11.10.1 There is evidence of the execution of the health service organisation's policies and procedures on fair labour practice.

11.10.2 The nursing service manager is a member of the top/executive labour relations committee.

11.10.3 There is evidence of continual professional development of nursing/midwifery staff on matters related to labour relations.

11.10.4 There is a system to negotiate remuneration/conditions of service .

11.10.5 There is a grievance procedure with evidence of consistent execution/implementation thereof.

11.10.6 There is a disciplinary code and procedure with evidence of consistent execution/implementation thereof.

11.10.7 There is evidence that victimisation of nursing/midwifery staff is prevented and adequately managed when reported.

11.10.8 Work place representatives are acknowledged and respected in accordance with the agreement(s)

g) Statistics

11.11 There is evidence of appropriate statistical human resource management in the nursing service:

11.11.1 There is a designated person responsible for maintaining a system of statistical human resource management in the nursing service.

11.11.2 The level of job satisfaction amongst the nursing/midwifery staff is determined annually and managed accordingly.

11.11.3 The staff turnover rate is determined quarterly and managed accordingly.

11.11.4 The staff absenteeism rate is determined monthly and managed accordingly.

11.11.5 The leave of nursing/midwifery staff is determined and appropriately managed.

11.12 The nursing service manager is a member of the health care organisation's human resource management committee.

12. Facilities, equipment and stocks/supplies are adequate and appropriate to ensure safe and efficient nursing/midwifery care and management in the nursing service:

12.1 There is evidence that the nursing service manager, as a member of the top/executive management team, participates in the assessment and planning of the facilities and equipment required to facilitate quality and efficient nursing/midwifery care.

12.2 Facilities, equipment and stocks/supplies are adequate and appropriate to facilitate safe and efficient clinical nursing/midwifery care and management in the nursing service.

12.3 There is an information technology system to support and facilitate quality nursing service management and quality clinical nursing/midwifery care, according to the health service goals/objectives.

12.4 There is an appropriate filing and documentation system to ensure safe record keeping, documentation and control of equipment, stocks and supplies.

12.5 There are adequate facilities to ensure confidential consultation with the patient, family and staff for all members of the

health team.

12.6 There is a pro-active maintenance and replacement programme, as relevant, for facilities and equipment in the health service to ensure safe nursing/midwifery care and quality nursing service management.

13. There is a written quality improvement-programme for the nursing service:

13.1 The nursing service manager is a member of the health care organisation's quality improvement/assurance committee.

13.2 There is a written patient profile analysis.

13.3 There is a written nursing/midwifery staff profile analysis.

13.4 There are written quality improvement programme objectives for the nursing service, related to the patient profile and subsequent nursing/midwifery care.

13.5 The full quality cycle is reflected in the quality improvement programme:

13.5.1 There are written nursing service standards.

13.5.2 Relevant and appropriate monitoring/ evaluation systems are in place related to these standards.

13.5.3 There is a written quality improvement feedback and reporting system in place.

13.5.4 There is a system to ensure appropriate remedial action to improve the quality of nursing/midwifery care and services rendered.

13.6 There is a system to ensure that negative incidents in the nursing service are reported, monitored and appropriately managed.

13.7 The quality of at least the following is determined through statistical analysis:

13.7.1 Patient satisfaction

13.7.2 Nursing/midwifery record keeping/ documentation

13.7.3 Appropriate selected aspects/dimensions of clinical nursing/midwifery care

13.7.4 Appropriate selected aspects/dimensions of unit management

13.7.5 Appropriate selected aspects/dimensions of education/training/professional development

14. There is a written risk management programme for the nursing service:

14.1 The nursing service manager, departmental and unit managers demonstrate insight into the Occupational Health and Safety legislation.

14.2 There is an occupational health and safety committee with representation/participation by nursing/midwifery staff, in accordance with the legislative requirements.

14.3 There is evidence of a risk assessment in the nursing service and the appropriate risk profile is compiled.

14.4 There is a written risk management programme to counteract the risks identified in the nursing service.

14.5 There is evidence that the risk management programme is implemented.

14.6 The risk management programme is evaluated at least annually or when the risk profile in the nursing service has changed.

14.7 The nursing service manager is a member of the health care organisation's occupational health and safety committee.

15. There is a written nursing service disaster plan:

15.1 The nursing service manager is a member of the health care organisation's disaster committee.

15.2 The role of the nursing service in the health service's disaster plan is described.

15.3 There is an internal disaster plan for each nursing/midwifery department/unit.

15.4 There is an external disaster plan, in collaboration with other health services, based on the needs of the community and service objectives of the health care organisation.

15.5 There is evidence that the disaster plan(s)

is rehearsed in a simulated manner.

15.6 There is a nursing/midwifery human resource contingency plan in the case of industrial action.

16. There is evidence of appropriate leadership practice in the nursing service:

16.1 The nursing service manager, departmental and unit managers display and practise the principles of participatory and contingency leadership.

16.2 There is evidence of transformational leadership by the nursing service manager in accordance with the legislative requirements and as reflected in the strategic plan.

16.3 There is evidence of a continual motivational and team building strategy for the nursing/midwifery staff to facilitate quality of work life/job satisfaction amongst the staff.

16.4 There is a system for the management of ethical problems in the nursing service.

16.5 The nursing service manager is a member of the health care organisation's ethical committee.

17. There is evidence of a marketing strategy to facilitate accessibility, credibility and visibility of the nursing service:

17.1 The relevant communities and other target groups are identified and described.

17.2 The community and other relevant marketing sources are identified and described.

17.3 The marketing strategies are identified and described.

17.4 There is an operational/business plan for the execution of the marketing strategy.

17.5 There is evidence that the marketing strategy is executed/implemented.

17.6 The marketing strategy is evaluated in terms of goal achievement: accessibility, credibility and visibility of the nursing service.

17.7 There is evidence of appropriate remedial actions to manage under or over utilisation of the service.

17.8 Consumer-satisfaction is monitored and evaluated.

17.9 The nursing service manager is a member of the health care organisation's marketing committee.

18. The nursing service manager supports and activates relevant research to facilitate evidence-based nursing/midwifery care, continual professional development, education/training and management:

18.1 There is access to updated and appropriate literature/resources to facilitate research in the nursing service.

18.2 There is a system to facilitate participation in multi-professional and multi-disciplinary research in the health care organisation.

18.3 The ethical standards for health research are accessible to the researchers.

18.4 There is a system to ensure adherence to the ethical standards of research.

18.5 There is an academic and financial support system in the nursing service to facilitate research.

18.6 Information on external research grants and resources are made available to the nursing/midwifery staff.

18.7 There is evidence that the nursing service manager supports the principles of participatory research by giving consent to researchers.

18.8 There is evidence that the nursing service manager gives input to the academic research committee(s) on relevant problems in the nursing service that require research.

18.9 Evidence-based nursing/midwifery care, continual professional development, education/training and management are facilitated by the implementation of research findings within the context of the health service delivery and goals/objectives.

18.10 The nursing service manager is a member

of the multi-disciplinary research committee of the health care organisation.

CONCLUSIONS AND RECOMMEN-DATIONS

A comprehensive set of nursing service management standards were developed and refined/revised over a period of 12 years. It is recommended that these standards be utilised by nursing service managers for self-evaluation purposes and that the quality of nursing service management in South African health services be determined/evaluated. The continuous revision of these standards is important to keep the external and internal forces/demands in relation to the principles of total quality management.

Acknowledgements

All the participants who were involved in the developing, testing, refining/revision of these standards over the past 12 years are hereby thanked for their hard work and input. Stian Pretorius is also thanked for the continuous updating of the instrument every time an amendment was made that resulted in many information technology tricks of the trade that had to be invented to accommodate the changes. The standards, as reflected in the instrument, are available from the author.

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