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# A REVIEW ON NURSING EDUCATION AND MANAGEMENT

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**ABSTRACT**

The purpose of this review, to identify and review the research literature that examines the use of practice development as a mechanism for change in healthcare services. It looks in particular at the work undertaken on practice development in the field of nursing, which has in recent years been the prime profession interested in the application and advancement of this approach. This review has shown that a range of strategies for change management and practice development have been mobilised in nursing in recent years. This field is attracting increasing interest from researchers and policymakers. Researchers typically employ one or more social science methods and techniques. The review has shown that a range of strategies for change management and practice development have been mobilised in nursing in recent years. This field is attracting increasing interest from researchers and policymakers. Researchers typically employ one or more social science methods and techniques.

## INTRODUCTION

The interest for this review was set by the evaluation of a continuous quality improvement initiative for end-of-life care for older noncancer patients. Journal of the American Medical Directors Health care services internationally face a fundamental question: how to provide the highest quality, safest care possible to the greatest number of people, in the most effective and cost efficient manner. In addressing this issue health care services and managers have utilised theories, models and strategies drawn from other industries and fields. The patient safety movement relies heavily from research into areas such as mining, aviation and rail [1]. At the most basic level, much of this activity is essentially about managing (or more specifically implementing) change in order to improve clinical practice[2-4]. Practice development activities are those which seek to enhance effectiveness of care through the transformation of care practices and organisational or team culture[5].

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**Change management and practice development strategies:**

- Appreciative inquiry [6]
- Clinical leadership education [7]
- Clinical services redesign [8]
- Clinical supervision [9]
- Coaching and mentoring [10]
- Communities of practice and or competence [11,12]
- Continuing professional development [13,14]
- Continuous quality improvement[15]
- Person-centred practice [16-18]
- Practice development, including collaborative practice development [19-22]
- Practice development units and staff [23,24]
- Total Quality Management [25]

**Management factors**

- Senior management involvement in and support of change and practice development strategies[26,27]
- Effective, strategic leadership [28,29,30]
- Awareness of clinicians' attitudes, motivation and concerns about change, and their willingness to participate in the change process[31]
- Building credibility and trust through transparent communication[32]

**Teamwork/clinician factors**

- Weighing up of burden and benefit for specific professional groups
- Collective self-efficacy
- Employee involvement in and commitment to the change and practice development [33]
- Professional competence and self awareness on the part of professionals • Adequate preparation for change [34]
- Staff feel ownership of change [35]
- Barriers to successful change included: perceived lack of justice or fairness in the implementation of change strategies [36].
- employee cynicism[37]
- mergers and restructuring[38]
- change fatigue [39]
- competing agendas [40]

**Benefits of change and practice development**

Several studies were able to identify and or quantify the impact of change management and practice development approaches. These included clinician relations and patient related improvements.

**Clinician related improvements**

- Decreased turnover rates [41]
- Improved staff satisfaction[42]
- Improvements in efficiency, effectiveness, and quality of patient safety solutions[43]
- Enhanced communication and team work [44]
- Improvements in knowledge ability and implementation[45]
- Increased use of evidence based practice [46]
- Collaborative, multidisciplinary teamwork[47]

**Patient related improvements**

- Improved patient satisfaction[48]
- Decrease in length of stay for older patients at greater risk for complex discharge plans[49]
- Decreases in reported medication errors and falls[50].

Interventions include action research and emancipatory approaches. Success factors can be grouped under four headings: strategic, organisational, managerial and teamwork-clinician factors. While barriers to successful change and practice development manifest, including employee cynicism, change fatigue, restructuring and organisational culture, there are clearly documented benefits highlighted. Prominent amongst these are clinical and organisational benefits such as improved workplace characteristics, teamwork and satisfaction and benefits to patients such as enhanced quality of care and safer care environments. The evidence base on the effectiveness of nurse leadership skills teaching is limited. In particular, there is a lack of understanding of how successfully learning translates into practice following graduation, with any studies that do undertake pre-post evaluation doing so within the confines of undergraduate experience itself. Skills and competences described in these studies are grouped below. Some authors include management-related skills/activities when discussing nurse leadership attributes.

- Interpersonal: such as conflict resolution, team skills and delegation [51].
- Communication skills associated with emotional intelligence such as awareness of how one communicates with others and listening attentively for meaning and feelings[52].

**Knowledge:**

Economics and financial management of health care delivery systems and managed care; knowledge of technology, patient safety, resource management, and business or administrative practices; organisational theory and change theory;

**Emotional intelligence:**

Emotional intelligence (EI) is considered a key skill in nurse leaders, with suggestions EI should be an integral part of nurse education [53]. Nursing education should include strategies to develop people-oriented leadership skills essential to delivering effective nursing leadership. EI significantly relates to 'total nursing performance' (teaching and collaboration, planning and evaluation, interpersonal skills and communication, professional development) and task-oriented leadership [54].

**Reflective learning** is recognised as both a leadership attribute and a valuable learning technique that reinforces the blending of theoretical and applied learning. Leadership skills are integral to the nursing role and should similarly be embedded throughout pre-registration nurse education, rather than confined to a single dedicated programme of study.

The health care system is changing due to several factors such as advanced technology, changed demographic profiles, societal attitudes and expectations, and changing political and economic environments [55]. These changes affect how health care services are being delivered and primary care, which is the heart of a health care system, is no exception. The World Health Organisation[56]defines primary health care as the first

point of contact for people within the health care system. Starfield et al.stated that primary care is critical to creating health equality and maintaining overall health status within communities [57]. Watts et al. explored the current and future roles of nurses in general practices and identified four dimensions of responsibility: clinical care, clinical organisation, practice administration and integration. Phillips *et al*. [59] carried out a study describing the evolving roles of general practice nurses identified six roles:

1) Patientcare,
2) Organizer,
3) Quality controller,
4) Problem solver,
5) Educator, and
6) Agent of connectivity [58].

In this study, many of the nurses were highly accomplished clinicians who expressed frustration at the limited clinical care they were able to provide in general practice. Despite the expanded role of general practice nurses, McMurray commented that nurses are still under the direct control of the general practitioners[60]. Pearce et al., who explored the scope and contextual determinants of nurse roles in 25 general practices in New South Wales and Victoria, found that doctors were uncomfortable in delegating high levels of responsibility to nurses, and were uncertain how to work in partnership with the nurses; consequently a number of nurses left because they felt unsupported by the practices [61].

Currently, the professional issues related to general practice are largely addressed through Divisions of General Practice, and general practice nurses are not well represented on these Boards. In recent years a small number of education programs have emerged but they are not directed toward health leadership orientation but instead toward business orientation[62].Some overseas research has suggested that exposing student nurses to general practice nursing would complement formalised education[63-67].The development of clear educational pathways and support mechanisms (e.g. a mentoring program) are essential to ensure that general practice nurses are able to perform a vast range of role effectively and to enhance the quality of care delivered in a general practice setting. For general practice nursing to be a sustainable career option for nurses, a coordinated system of education which demonstrates confidence in the training, education and upskilling is needed. Interprofessional education has been suggested as one way of preparing health care professionals to work in teams, enhance professional identity and role and facilitate collaboration between professionals. Another suggestion is an interdisciplinary model of education which teaches health professionals to work within respectful and collegial relationships and where the unique sets of skills of professional groups are integrated to meet the needs of individual patients.

## CONCLUSION

The literature on change management and practice development in nursing provides a useful perspective on the factors facilitating, supporting and inhibiting changes in individual, team and organisational practice. Core to effective change and improvement is the balance between structural and relational impetus for change, including both leadership and direction from management, clinician ownership of intended changes and the role of the multidisciplinary team in effecting change. Sustainability of change also is of importance. Numerous approaches and strategies to change management and practice development, used either alone or in combination were identified.

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