

Power in Nursing Education

S. Josphine Vinitha¹, Dr. Jenardhanan²

MSc (N), M.B.A (Education Management), Ph.D, Vice Principal/Professor

Guide, Director of Management Studies, NICHE, Kumaracoil, India

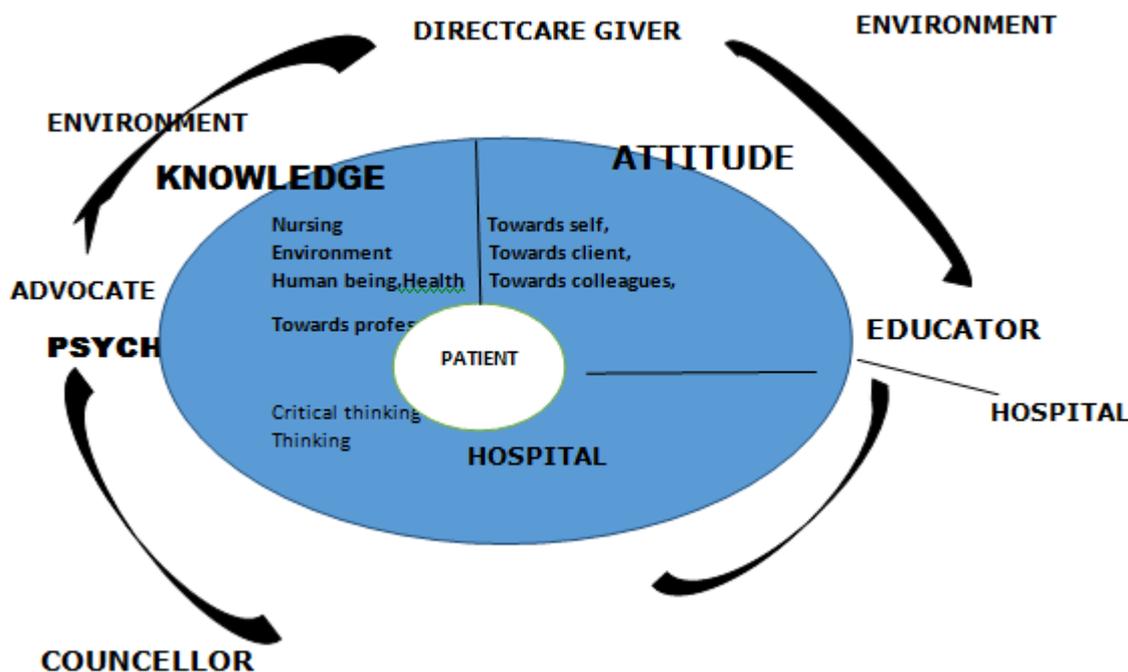
Address: NIMS College of Nursing, Aralummoodu, Neyyatinkara, Trivandrum-695123
 Home address: 7-80, mampallithottam,vettuvenni, marthandam p.o,k.k dist-629165, India
 Email id: [nimsnursing\[at\]gmail.com](mailto:nimsnursing[at]gmail.com)

1. Introduction

Clinical Governance is a standardized system through which the health care delivery institutions are accountable for improvement of quality of services and safe guarding the highest standards of care by creating an conducive environment in which the positive excellence in clinical care will flourish effectively. Clinical Governance in Nursing is an umbrella team which covers activities and process, that enable and improve significant standards of patient care.

Nursing professionals are well versed with quality and safely improvement. It lies upon the commitment, and striking efforts to put together all quality of services and make the clinical governance system more effective one.

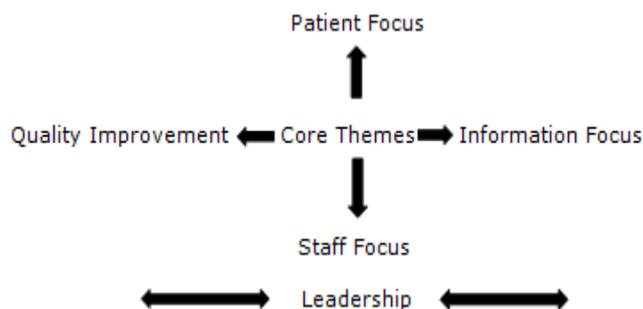
2. Clinical Governance in a High Tech High Touch Approach



Core Themes of Clinical Governance in Nursing

- Knowledge
- Attitude
- Psychomotor

Core Themes/ Areas of Clinical Governance



1) Patient FOCI

The most important part of client centered care is enabling the public to get involved in their own health and help in design and implementation of health care delivery systems

Implementation of services:-

The hospital environment can have effect on people's experience of services, felt by them. Improvement of quality services in hospital environment can improve dignity among nurses and provide efficient services with commitment, compassion and care. Here, Accountability Assertiveness and Autonomy in Nursing Leadership is a vital component in clinical governance.

Implementation of process

Nursing professionals can do complete health assessment. Bedside rounds, Administration of medication, Nursing care procedures, Health education and routine followup. Encouragement of feedback appraisal systems will ensure clinical Governance in full pledged form.

Implementation of feed back

Implementation of continuous feedback appraisal in evaluation of quality nursing services by the client is the vital component in patient centered domain is an useful indicator to understand clinical governance in Nursing Leadership.

Quality in hospital system has different domains which has a direct impact on clinical Governance in Nursing Leadership.

This can be easily followed by using TEPEES: (Health foundation 2013)

T – Reduction in wait and delay in services
 E – Providing services evidence based, effectively
 P – Consideration of patient needs prioritization of needs
 E – Efficient services, positive outcomes
 E – Providing equitable care, that does not vary in quality
 S – Maintenance of safety and security
 T – TIMELY
 E – EFFECTIVE
 P – PATIENT CENTERED
 E – EFFICIENT
 E – EQUITABLE
 S – SAFE

2) Information FOCUS

Nursing professionals should improve clinical governance system ensuring that the workplace supports high quality, safe and compassionate care by utilization of IT resources in supporting and safely health care. Nurses should focus on information processing, complete digitization of whole services, utilization of electronic health records mobile Technology and innovations in digital development.

Computers in Nursing

Computers play an important role in reshaping the way.

They act as stethoscope.

Computers assisted nursing care and computerized hospital information system connect nursing stations to each other and administrations department by video display terminals and printers booked in to central computer.

Utilization of Information Technology

- Improve health care quality
- Prevent medical errors

- Reduce health care cost
- Increase administrative efficiencies
- Decrease paper work
- Expand access to affordable care.

3) Quality Improvement in Nursing

Clinical Governance in Nursing Leadership focus on 3 broad areas.

Quality assurance in Nursing

This enables that the health care delivery system provides Quality Nursing services, that meet appropriate standards for good health care.

Quality Improvement in Nursing

This enables that all nurses working in every department is working together to deliver better health care, meeting the desired effectiveness and health outcomes for patients.

Problem Resolution in Nursing

This ensures that all Nurses work effectively utilization of Knowledge, attitude and psycho motor domain in client centered care with holistic approach.

4) Staff Focus

Nurses play an important role in Quality improvement / clinical Governance in nursing leadership.

Role of Nurses in Clinical Governance**Nurse Executive**

She sets up the structure and ensures the manpower and all resources are in hand for Quality Nursing Care.

Nurse Manager

A Nurse manager oversees staff Nurses and implement the structure to encourage Quality improvement.

Quality Assurance Co-ordinator

She assist in executing Quality improvement process and collects data to show the organization meets the standard requirement

Quality Circle / Quality Councils

These teams focus on specific guidelines in which professions can improve nursing and health care faculty.

Staff Nurse

She has the vital role in delivering health care in a holistic approach to ensure effectiveness and efficiency.

5) Leadership Focus

Nurses play an important role in execution of clinical governance fulfilling the following roles and responsibilities.

Governance, leadership and culture

- Actively take part in the development of an organizational culture that enables and prioritizes patient safety and quality.
- Actively communicate the profession's commitment to the delivery of safe, high-quality health care.
- Model professional conduct that is consistent with a commitment to safety and quality at all times.

- Embrace opportunities to learn about safety and quality theory and systems.
- Embrace opportunities to take part in the management of clinical services. Encourage, mentor and guide colleagues in the delivery of safe, high-quality care.
- Take part in all aspects of the development, implementation, evaluation and monitoring of governance processes.
- Participate in Patient safety and quality systems
- Contribute to the design of systems for the delivery of safe, high-quality clinical care.
- Provide clinical care within the parameters of these systems.
- Communicate with clinicians internally and in other health service organizations to support good clinical outcomes.
- Ensure contemporary knowledge about safe system design.
- Maintain vigilance for opportunities to improve systems.
- Ensure that identified opportunities for improvement are raised and reported appropriately. Educate junior clinicians about the importance of working within organizational systems for the delivery of clinical care.
- Take part in the design and implementation of systems in the health service organization
- Quality improvement and measurement
- Risk management
- Incident management
- Open disclosure
- Feedback and complaints management.

Comply with professional regulatory requirements and codes of conduct.

Clinical performance and effectiveness

- Maintain personal professional skills, competence and performance.
- Contribute to relevant organizational policies and procedures.
- Comply with professional regulatory requirements and codes of conduct.
- Monitor personal clinical performance.
- Supervise, and manage the performance of, junior clinicians.
- Ensure that specific performance concerns are reported appropriately.
- Work constructively in clinical teams.
- Credentialing and defining scope of clinical practice
- Clinical education and training
- Performance monitoring and management
- Clinical, and safety and quality education and training.
- Safe environment for the delivery of care Contribute to the planning and development of activities relating to the environment of the health service organization.
- Provide clinical care within the parameters of this environment.
- Ensure that identified opportunities for improvement are raised and reported appropriately. Partnering with consumers Understand the evidence on consumer engagement, and its contribution to healthcare safety and quality.

- Understand how health literacy might affect the way a consumer gains access to, understands and uses health information.
- Support patients to have access to, and use, high-quality, easy-to understand information about health care.
- Support patients to share decision-making about their own health care, to the extent that they choose.
- Work with consumer representative groups to ensure that systems of care are designed to aid consumer engagement in decision-making.
- Assist access of consumers to their own health information, as well as complaints and feedback systems.
- Implement and fully take part in the organization's open disclosure policy

3. Conclusion

Clinical governance in nursing task in to ensure direction alignment and commitment with in teams and organization. Nurses prefer nursing managers who are participative, facilitative and emotionally intelligent. Leadership Style Contribute to Team cohesion, lower stress higher empowerment and self-efficacy. Nursing Leadership is a predictor of Quality outcomes in health care settings.

References

- [1] Cussan CR, Totten MK. Expanding the role of nursing in health care governance. *Nurs Econ.* 2010;28(1):44-6
- [2] Beglinger JE, Hauge B, Krausr S, Ziebarth L. Shaping future nurse leaders through shared governance. *Nurse Clin North Am.* 2011;46 (1): 129 - 35
- [3] Bamford - Wade A, Moss C Transformational leadership and shared governance; an action study. *J Nurse Manag.* 2010;18 (7) :815 - 21
- [4] Moore SC, Hutchison SA. Developing leaders at every level; accountability and empowerment actualised through shared governance. *J Nurse Adn.* 2007, 37(12):564-8
- [5] Mastal MF, Joshi M, Schulke K. Nursing leadership: championing Quality and patient safety. *Nurse Elon.* 2007;25(6):323-3