

Developing A Proposed Nursing Administrative Manual Policy for Medical Critical Care Department

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Abstract: ***Purpose:** Develop a proposed nursing administrative manual policy for medical critical care department. **Methods:** A descriptive methodological design was utilized to assess the degree of compliance of the current unit formats and to validate the developed manual policy. **Results:** There was a statistically significant difference in all levels of compliance between the unit formats and developed manual policy from the jury, users and researcher perspectives. **Conclusions:** A proposed manual policy was recommended by the jury, administrators and users to be implemented which aims to improve the quality of nursing care. **Implication for nursing practice:** Utilization of a nursing administrative manual policy will enhance the nursing staff's career goal achievement and provide provision of safe care for critically ill patients.*

Keywords: Current unit policy formats, Standardized criteria of compliance, Nursing administrative manual policy.

1. Introduction

Today's health care organizations face tremendous challenges and fierce competition. These pressures impact the decisions that managers must execute on any given day, not to mention the ever-present constraints of time, personnel, competencies, and finances (Biron et al., 2007). Policies explain how the goals of the organization will be achieved and serve as guides that define the general course and scope of activities permissible for goal accomplishment. They serve as a basis for future decisions and actions; help coordinate plans, control performance and increase consistency of actions (Hoppe and Hohmann, 2003; Cox et al., 2009 & Weierbach et al., 2010).

Required modifications in policies are shared among nurses in the Nursing Unit Conference or at monthly meetings and then followed up by nursing administration or relevant hospital committees as appropriate (Martin et al., 2004; Halifax, 2006 & Dodgson, 2010).

Malden, (2009) & Schlarman (2009) stated that a well-developed nursing administrative manual policy is an important tool to avoid liability in staff lawsuits. Distributing a manual to all nurses ensures that the nursing's critical standards are accessible to all, and that each staff will have a handy reference when questions arise (Coomber and Barriball, 2007; Kane et al., 2007; Rafferty et al., 2007 & Ostberg, 2008).

All departments should establish and develop their policies and procedures to govern their functions and activities according to their scope of services. Nursing administrative policy manual has written procedures which are available as evidence that standards of performance have been established for safe and effective care taking into consideration the best use of available resources and personnel (Watkins, 2002 & Cantley and Wilson, 2008).

According to Finlayson et al. (2002) Nursing administrative manual policy of critical care provided nurses with expected standards of care, which they used to assert power and demonstrate high level of professional practices. It provides directions for nursing practice and allows sufficient latitude and flexibility in addressing the complexities of patient care. It assist staff nurses to attain the knowledge and skills necessary to deal with the profound impact that for critical ill patients their families (West and Scott, 2008 & Anne, 2009).

The accessibility to manual policy by those entities gives them the flexibility to operate nursing activities in a more efficient manner and provides the needed tools to promote, develop, and enhance the quality of nursing care. It is extremely important, therefore, for nurses to provide a holistic approach to their services for critically ill patients (Leibrock, 2009 & Cheek and Gibson, 2010). Therefore, considering existing evidence about the importance of nursing administrative manual policy in providing continuous focus on standards and framework for decision making regarding optimal timing and high quality of care for critically ill patients.

2. Operational Definition

Compliance of the current unit formats means to what extent it's dated, directive, futuristic, understandable, have clear purposes, clear and complete content, the content related to stated purposes, signed, revised, complete in responsibilities, applicable, objective, legally obvious, flexible, consistent, documented, formal, orderly, measurable, visible, the format contain policy statement, scope, procedures and known by nursing staff.

Aim

The aim of this research is to develop a proposed nursing administrative manual policy for medical critical care

department, third unit at El-Manial University specialized hospital.

3. Materials & Methods

3.1 Research Design

A descriptive methodological design was utilized in this research to fulfill its aim and objectives.

3.2 Subjects

All unit nurses (34 nurses) were included in the research sample. They consisted of 9 baccalaureate and 25 diploma nurses, one of the baccalaureate nurses was the acting unit head nurse and the other eight were charge nurses. All the diploma nurses were working as staff nurses.

3.3 Setting

The current research was conducted at Medical Critical Care Department, Third Unit at EL-Manial University Specialized Hospital. The total number of unit beds is twenty-nine, 10 % are private beds and the rest for governmental cases. This unit is well equipped and receives all critically ill patients with different diagnosis. The average annual patients' admission per is five hundred patients.

3.4 Instruments

Four tools were utilized to collect data pertinent to the study. These tools were:

- 1) Compliance checklist guided by standardized criteria of policies for Rowland & Rowland (1997) was developed by the researcher and utilized through the structured interview (Appendix A&B).
- 2) Applicability checklist developed by the researcher based on criteria of policies application for Tomey (2002) was utilized to collect data related to evaluation of the applicability of the current unit formats. To ensure the completeness of data, two sources of data collection were utilized; the researcher and its users. (Appendix C).
- 3) Standardized formats for generation of policy manual guided by Tomey (2002), was utilized as foundations for manual policy development. This formats include four categories as follow; policy statement, scope, purpose and procedure. (Appendix D).
- 4) Policy Manual of American Association for Critical Care Nurses (AACN), 5th edition (2005); this tool was utilized as a guide in developing this study manual (Appendix E&F). This tool includes three main dimensions constitute the nursing administrative policy manual which are administrative, nursing staff and patient related policies with total of thirty one of sub policies as following:
 - a) Administrative Dimension: This domain includes twenty one policies which are; hiring system, orientation program, staff job description, staff policies; (attendance, punctuality, leaves, termination, and disciplinary), dress code ,

promotion, performance appraisal, documentation, delegation , supplies and equipment, utility, maintenance, incidents reports, safety and risk management, crush cart checking, fire and evacuation and universal precautions.

- b) Nursing Staff Dimension: This domain includes three policies which are; nursing role in unit rounds and shifts endorsement, staff development and communication.
- c) Patients Related Dimension: This domain includes seven policies which are; patients' rights, admission, transfer, discharge, death, visiting hours and patients and family education.

3.5 The Scoring System

- A. Three -point's Likert scale was used to assess the degree of policies compliance with the standardized criteria; 0 = Not Compliant, 1= Partially Compliant and 2= Totally Compliant.
- B. Three -point's Likert scale was used to assess the degree of applicability for the current unit policy formats; 0 = Not Applicable, 1= partially Applicable and 2= Totally Applicable.

3.6 Validity and Reliability tests for the developed tools

The face and content validity was established after the construction of the compliance checklist guided by standardized criteria of policies for Rowland & Rowland (1997), applicability checklist guided by criteria of policies application for Tomey (2002) , review of literature . These tools were given to jury to; checks the adequacy of items that cover the domains under investigation, and ensure the universe of the policies criteria being measured. Based on experts comments and recommendations minor changes in criteria warding had been made Test of reliability for compliance and applicability checklists yield cronbach's alpha showed 0.90 during pilot study and showed 0.91 from total sample. This indicates that the two tools are highly valid and reliable.

4. Data Collection

The current research was carried out on four phases; assessment, evaluation, development and validation.

4.1 Phase of assessment of compliance for the current unit formats

This phase was carried out within the structured interview using the compliance checklist to clarify the unit staff nurses inquiries and obtaining their perspectives. It was carried out by the researcher with each nursing staff individually. Total of thirty four sessions were conducted all over the three shifts. The time of session was planned with the nursing staff in advance. Each session was conducted for thirty minutes including explaining the meaning of the standardized criteria to assure the perception of the same information. Data collection was taken one month.

In addition, to assure the degree of compliance of the current unit formats further assessment was carried out by the researcher and group of nine experts, these are; four experts nursing administrators from Critical Care Departments, first and third units, medical director of El-Manial University Specialized Hospital, two medical directors and one assistance medical directors from Critical Care Departments, first and third units and director of human resource department of the hospital. This assessment lasted in one month.

4.2 Phase of evaluation for current unit formats applicability:

Applicability checklist developed by the researcher based on criteria of policies application for Tomey (2002) was utilized to the collect data. Concurrent auditing was done by the researcher for two months through utilizing the intermittent instantaneous method of observation all over the three shifts. Policies were not observed by the researcher; its related data was collected through the users` answers for the applicability checklist.

4.3 Phase for development of manual policy

This phase was concerning development of written consistent formats of policies for all aspects of the proposed nursing administrative manual policy. The manual was developed in one year by the researcher .The manual was constructed based on the policy manual of the American Association for Critical Care Nurses, (AACN), 5th edition, (2005) and the standardized formats for generation of policy manual for Tomey, (2002).Literature was reviewed for the standardized nursing administrative policy manual for critical care unit .The administrative nursing policies of Ministry of Health were revised by the researcher and utilized as a foundation for the developed manual. The manual was developed in the light of the mission, vision, core value and philosophy of El-Manial University Specialized Hospital. The developed manuals include all aspects of administrative nursing services for Medical Critical Care Department, Third Unit. It has three dimensions which are administrative, nursing staff and patient related with total of thirty one of sub policies.

4.4 Phase of validation for developed manual policy

The developed manual was handled to users and jury. Both checks the adequacy of manual items that cover its dimensions, and ensures the universe of the policies criteria being measured through assessment based on the valid and reliable compliance checklist. Based on their recommendations minor changes in content warding had been made and the manual was developed. The content validity was 93% by the users and 90% from the jury perspective. Test of reliability for developed manual policy yield cronbach`s alpha showed 0.96. This indicated that the manual content is highly reliable. The developed manual was written in both English & Arabic language for wide use by different nursing categories. This takes one year for preparation and revision.

4.5 Ethical Approval

Ethical approval was secured from the research committee at El-Manial University Specialized Hospital. All participants were assured that this research data was confidential and there was no personal risk involved .In addition to the information sheet , a signed consent was also obtained from each participant .Participants were assured that taking part in this research was entirely voluntary and that they could withdraw at any time. Generally, the confidentiality was assured by replacing identified names with codes.

4.6 Data Analysis

Data for analysis obtained from the study tools were categorized, tabulated, analyzed and data entry was performed using SPSS software (Statistical package for social services version 16.0).Descriptive statistics were applied (frequency and percentage).Tests of significance was performed to test the study objectives (Chi-Square, ANOVA and Independent T- test). A significant level value was considered when $P < 0.05$. The P-value being the probability of error of the conclusion.

5. Results

The Statistical findings of the current study are presented in narrative and tabulated forms in three parts as follows:

Part (I)

Represent data related to demographic characteristics of nursing staff (n=34). The data revealed that the majority of nurses (88.23%) were female. While (11.77%) were male. Regarding the educational level the majority of nurses (73.53%) have diploma degree of nursing. Although, (26.47%) have baccalaureate degree of nursing. Furthermore, the highest percentage and number of nurses (47.05%) years of experience ranged between 6-10 years. On the other hand, around quarter of staff nurses (23.52%) years of experience ranged between 11-15 years. On the other hand, about half quarter of the staff nurses (11.76%) years of experience ranged between 1-5 years. Furthermore, majority of nurses (73.52%) were staff nurses. While (23.52%) were charge nurses. (Table, 1).

Part (II)

a) Represent data related to total degree of compliance for the current unit formats from the researcher, Jury and users perspectives. Data shows that the highest percentage and number of total degree of compliance (58.8%, 54.9% & 56.9%) respectively reported by users, jury and researcher which reveals that the partially compliance in administrative dimension. Followed by (60.9%, 55.1%& 40.6%) was in nursing staff dimension as respectively reported by users, jury and researcher. While, (50.9%,49.7%& 39.8%) was in patient related dimension from jury ,users and researcher perspectives. On the other hand, the last lowest level was the non compliance level (47.8%, 30.4% and 29.0%) in nursing staff dimension, followed by (21.3%, 15.9%&12.6%) was in administrative dimension as respectively reported by

researcher, jury and users. Finally, (17.4%, 8.1%&8.1%) was in patient related dimension from the researcher, jury and users perspectives. (Figure, 1).

b) Represent data related to applicability for the current unit formats from the researcher, Jury and users perspectives. Data reveals that the highest percentage and number of the total degree of applicability as per researcher perspective (48.38%,6.45%&3.22%) were in partially compliance level of administrative, patient related and nursing staff dimensions respectively. Followed by (16.12%, 16.12% &6.45%) were in totally compliance of administrative, patient related and nursing staff dimensions respectively. While the lowest percentage and number (3.22%, 0.00%&0.00%) were in non compliance level of administrative, nursing staff and patient related dimensions respectively.(Figure , 2)

Part (III)

Represent data related to validation for the developed nursing administrative manual policy from the jury and users' perspectives. Comparison among total degree of compliance between the current unit formats and the formats of the developed nursing administrative manual policy shows that, there was statistically significant differences in all levels of compliance from the jury and users perspectives ($P=0.01, 0.02&0.04$).Except, there were highly statistically significant differences the administrative dimension ($P=.000$). (Table, 2).

6. Discussion

In the present research, results demonstrated that there were no statistically significant differences within and among the researcher, Jury and users perspectives regarding the degree of compliance of the current unit formats based on the standardized criteria of compliance. As well as, the majority of the policies formats were in partially compliance followed by non compliance level. While, the minority was in totally compliant level which reflected in the three dimensions of current unit formats. This could be due to similarities in all the root causes of lacking in compliance of the three dimensions as there are unclear purposes, scope and incomplete content for majority of policies formats. Furthermore, unavailability of manual policy and inconsistency of monitoring and evaluation for their formats leads to under recognition for their importance as a corner stone for all aspects of nursing services and quality of nursing care. These research results consistent with Graham (2000) ; Ranter (2002) ; Biron et al. (2007) ; Redshaw, (2008) ; Ethel, (2009). Luker & Somers (2009); & Jupp,(2010) who mentioned the compliance of the policies formats with the standardized criteria is contentious issues. Accessibility of nursing administrative manual policy in place of work will support in identifying the importance of the responsibilities and rights for both nursing staff and administrators within their process which will result in promoting a positive and effective coordination.

Furthermore, on interviewing the unit head nurse of the current study setting, they were reported that there is no current monitoring and evaluation tools to review and updated the current formats .Lack of education program concerning the awareness and compliance of nursing staff toward the current unit formats.This study result congruent with Hodder (2003) ; Jordanova (2008) & Hart (2010) who reported that lack of continuous mentoring, evaluation and reviewing for all the unit formats is the most known cause for their non compliance .This could result in lack of nursing staff adherence toward them as reported.

Pertaining to the applicability of the current unit formats by the nursing staff from the researcher and user's perspectives, the current study results illustrated that the majority of its three dimensions were partially applicable and around one third were totally applicable. Although, the minority were not applicable. This may be due to lack of its compliance with the standardized criteria, none reviewing for updating its content and criteria. Inaccessibility of manual policy could be beyond the result of partially level of applicability for the current unit formats . Based on the observation and staff interview nurses perceive themselves to be excluded from the process of unit policy making and particularly the nursing administrative policies. These results steady with Halifax (2006) who concluded that despite the fact that many of the policies affect nursing workforce, indeed and depend upon the profession for their implementation. Policies users should have input in all the stages of its development, reviewing and updating which will lead to obtaining highest level of their commitment for its applicability. Furthermore, these study results consistent with the findings of Karen (2003) which revealed that in recognition of (100%) compliance ratings, the involvement of the nursing staff in both national and local level of policy development should include all the stages of the related decision making.

The intermittent instantaneous method of observation which was conducted by the researcher to assess the level of applicability for the current unit formats demonstrated that there were improper assessment of for newly admitted patient, untimely patient transfer and discharge which was caused by the work overload of the nursing staff and result in their partially adherence with these policies .There was also lacking of the staff input regarding patient and family education which caused by their paucity of knowledge and awareness of majority of staff and as well as the majority of the unit staff are diploma nurses. This was congruent with the findings of Cheek and Gibson, 2008 ; Dodgson 2010& Weierbach et al., 2010) who concluded that work overload and staff awareness can hinder the nursing staff adherence to the work place policies.

Concerning the Compliance & validation for the developed nursing administrative manual policy, the present study result demonstrated that there were totally compliant for the majority its formats based on the standardized criteria in relation to all three dimensions. This could be due to that greater part of the unit formats were appropriate utilized as a base for this manual development. As well as, the

standardized structure in which the manual developed on its light. Furthermore, the input and support from the nursing staff, unit and hospital administrators facilitate the formulation of this manual. The current scope of the hospital regarding the construction of hospital wide committee for policies and procedures, revising the current units' formats and development of manual policy concerning all aspects of work activities result in providing the infrastructure for this standardization of this manual.

The present study results concluded that there were statistically significant differences in all levels of compliance from the jury and users perspectives regarding the total degree for compliance between the current unit formats and formats of the developed manual policy based on the standardized criteria of compliance. Furthermore, there were highly statistically significant a difference concerning the policies formats for the administrative dimension. This could be due to the greater needs of this study setting to have such manual to reorganize their nursing staff activities within standardized structure which will result in achieving high quality of nursing care. Availability of standardized written policy manual is thus ensures uniformity in response to any situation by different staff, direct their clinical activities and to sustain nursing standards in which nurses are required to actively spending time learning and understanding policies as well as applying them in their work areas. Furthermore, this well structured manual policy formats could result in enhancement for the focus of continuous providing standard and framework for decision making regarding optimal timing and high quality of care for critically ill patients. Within the same context, Huckaby, (2005); Marquis & Huston (2006) & Bauer, (2007) mentioned that nursing administrative manual policy exist to ensure standardization and to provide a source of guidance for all nursing practitioners. Furthermore, this study results supported by Reynolds (2003) & Jeffs et al. (2006) demonstrated that, a standardized nursing administrative policy manual can be a valuable tool for a staff, serving to inform them about organization and departmental policies, procedures and practices and to communicate expected standards of performance and conduct. A well-designed manual can positively influence employee morale and promote employee loyalty. It can introduce a new employee to the organization, helping the individual to fit in more easily. In addition, the manual can create a sense of consistency of practice that will enhance the employee's feelings of being treated fairly. There are few factors more destructive to the employment relationship than an employee's belief that employment decisions are arbitrary. The manual can also serve as a reference guide to help managers and supervisors take appropriate actions in a given situation. Without the manual, supervisory staff is left to their own devices, which can lead to uninformed, inconsistent and possibly illegal decision-making.

Within the same context, this study finding confirms by Kristine, Mary, and Karlene (2004), Finlay (2005), Thomas (2006) & Leibrock (2009) who reported that performance obstacles in critical care unit are a major determinant of nursing workload, perceived quality and safety of care. Redesigning the critical care unit work system through

utilizing effective nursing administrative manual policy will reduce performance obstacles may improve nurses' work. Standardized nursing administrative manual policy will improve professional practice in the work environment and clinical competence of the nurses as well as supporting new hires may reduce turnover and help ensure a stable and qualified workforce.

This research result congruent with Ketter, (2009) concluded that a critical care transformation strategy was launched by its manual policy. Consistent nursing administrative manual policy will led to the establishment of ideal critical care unit which result in maintain the standards of practice and enhance high quality of patient care. It is a valuable tool for demonstrating that, within the nurse-client relationship, the nurse has applied nursing knowledge, skills and judgment according to professional standards. The nurse's documentation which maintained within the framework of the well developed policies it could be used as evidence in legal proceedings.

7. Conclusion

There was statistically significant difference in all levels of compliance from the jury and users perspectives regarding the total degree for compliance between the unit formats and developed manual policy based on the standardized criteria of compliance. Based on the findings a proposed nursing administrative policy manual was developed aiming to be adopted and implemented in Medical Critical Care Department, Third Unit at El-Manial Specialized University Hospital.

8. Recommendations

There is always area for improvement for nursing staff to achieve the targeted level of their compliance with workplace policies which should be considered by the nursing administrators to implement integrated quality strategies to handle this issue and maintain the quality of the provided care by their staff. A proposed developed nursing administrative manual policy is evidence-based and pragmatically oriented and that it therefore it is recommended to be adopted and implemented within the research setting.

9. Acknowledgements

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10. Conflict of interest

The author has not disclosed any potential conflict or financial interests.

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Part I:

Table 1: Frequency distribution of the nursing staff of critical care department, third unit demographic characteristics n=34

Characteristics of the Policy Users	N	%
Gender		
Female	30	88.2
Male	4	11.7
Total	34	100.
Educational Level		
Baccalaureate degree	9	26.4
Diplom degree	25	73.5
Total	34	100.
Years of experience		
1-5	4	11.7
6-10	16	47.0
11-15	8	23.5
16-20	6	17.6
Total	34	100.
Job category		
Head nurse	1	2.94
Nurse in-charge	8	23.5
Staff nurse	25	73.5
Total	34	100.

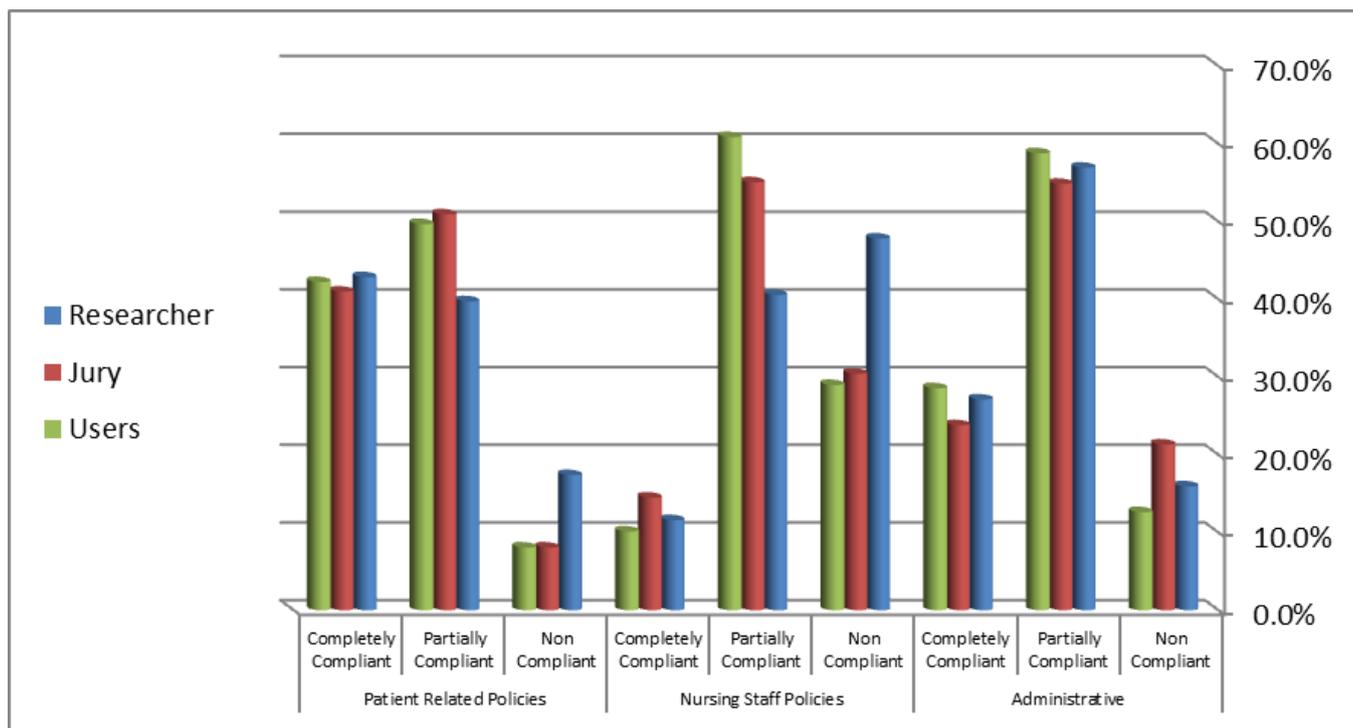


Figure 1: Total degree of compliance for the current unit formats based on the standardized criteria of compliance of compliance from the researcher, Jury and users perspectives

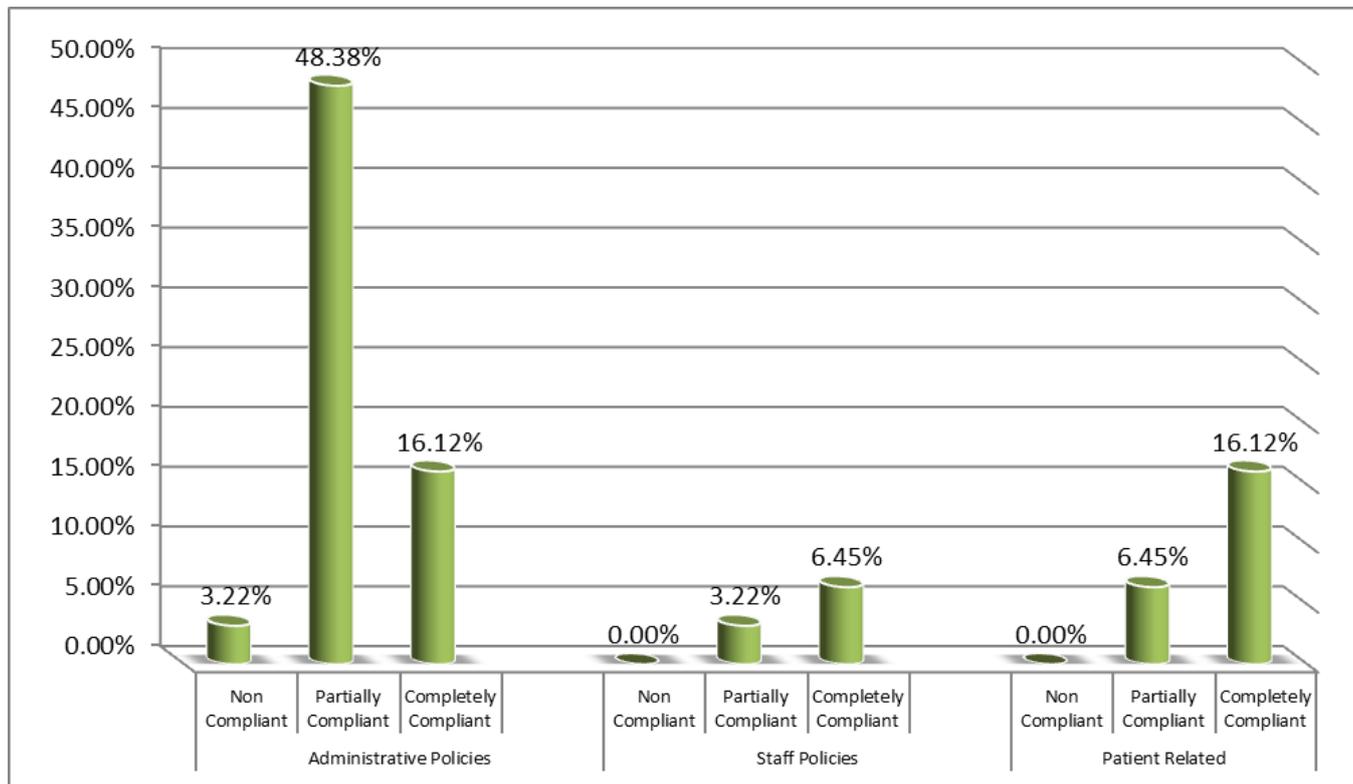


Figure 2: Total degree of applicability for the current unit formats

Part III

Table 2: Comparison among total degree of compliance between the current unit formats and the formats of the developed nursing administrative manual policy from the Jury and users perspectives

Compliance of the current unit formats and /Developed nursing administrative manual policy	N	Mean	SD	t	P	
Administrative Dimension (Non Compliant)	Jury	23	0	0	0	0
	Users	23	0	0		
	Total	46	0	0		
Administrative Dimension (Partially Compliant)	Jury	23	1.09	1.44	2.45	0.01 (sig)
	Users	23	2.17	1.55		
	Total	46	1.63	1.58		
Administrative Dimension (Totally Compliant)	Jury	23	19.91	1.44	2.45	0.01 (sig)
	Users	23	18.83	1.55		
	Total	46	19.37	1.58		
Nursing Staff Dimension (Non Compliant)	Jury	23	0	0	0	0
	Users	23	0	0		
	Total	46	0	0		
Nursing Staff Dimension (Partially Compliant)	Jury	23	0.09	0.28	1.56	0.02 (sig)
	Users	23	0.26	0.44		
	Total	46	0.17	0.38		
Nursing Staff Dimension (Totally Compliant)	Jury	23	2.91	0.28	1.56	0.02 (sig)
	Users	23	2.74	0.44		
	Total	46	2.83	0.38		
Patient Related Dimension (Non Compliant)	Jury	23	0	0	0	0
	Users	23	0	0		
	Total	46	0	0		
Patient Related Dimension (Partially Compliant)	Jury	23	0.43	0.72	1.23	0.04 (sig)
	Users	23	0.7	0.7		
	Total	46	0.57	0.72		
Patient Related Dimension (Totally Compliant)	Jury	23	6.57	0.72	1.23	0.04 (sig)
	Users	23	6.3	0.7		
	Total	46	6.43	0.72		