

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.

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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.

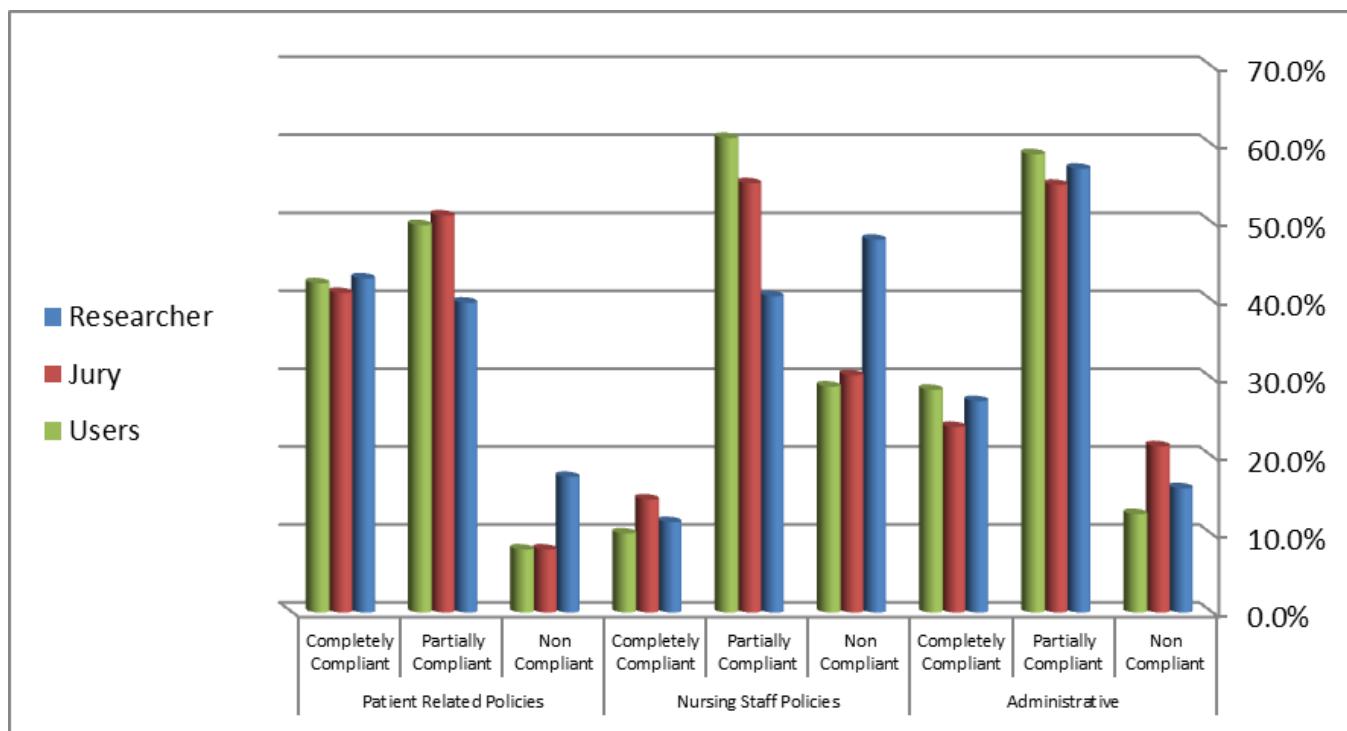


Figure 1: Total degree of compliance for the current unit formats based on the standardized criteria of compliance of compliance from the researcher, Jury and users perspectives

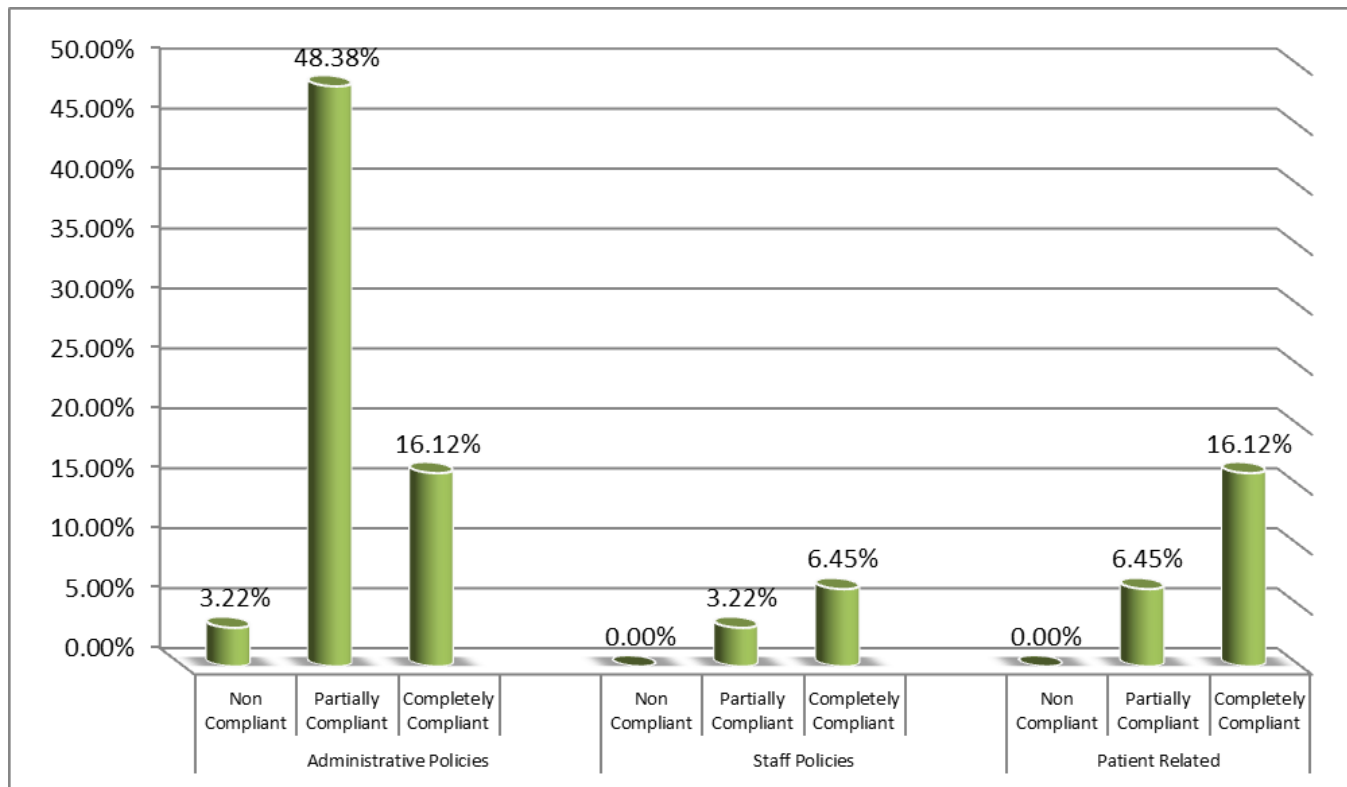


Figure 2: Total degree of applicability for the current unit formats

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		