Samples of Hospital Management Based on Nursing Theories: A Literature Study

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Abstract

Nursing theories facilitate the management of caring by giving directions to the practice. The theory also identifies many characteristics such as the nurse’s required characteristics, role and responsibilities of the hospital management. This study was written as a review to examine nursing theories used in hospital management. As a result of the search, it was seen that Self-Care Deficit Nursing Theory, Systems Model, Theory of Human Caring, Roy Adaptation Model and Benner’s From Novice to Expert Model were used in hospital management. It has been determined that patient and nurse satisfaction has increased and cost was reduced in the hospital administrations where the theories were used. For this reason, the use of nursing theories is recommended in hospital administrations.

Key Words: Nursing, hospital management, theories, administration
1. Introduction

Nursing is a health discipline based on philosophy, theory, practice and research, which is trying to understand the human being with health and disease position. The theory is the basis for understanding the reality of nursing and helps to nurse in understanding the causes of the events (McEwen & Wills, 2002).

Theories allow nurses to see how to organize patients in day care and the conditions of patients. The use of theory in practice requires understanding of concepts and principles related to the needs of a person, a group or society, and when and how these concepts and principles are to be used when planning and implementing nursing care (McEwen & Wills, 2007; Chinn & Kramer, 2008).

It is a known fact that theories are not systematically used to guide the care of the patient. However, the theory is important for improving the care of patients, families and the community, increasing knowledge, and implementing quality patient care (McKenna, 2005). The aim of this study is to present samples about using nursing theories on hospital management.

2. Methodology

This study was planned as a review. The keywords of "nursing and theory and hospital management", "hospital administration and theory" were used in the review. EbscoHost CINAHL Complete, Medline and Science Direct databases were used for English studies in the review. At reviewing process, studies were retrieved without date constraint. A number of studies whose data was appropriate for the research topic could potentially be included in the review.

3. Results and Discussion

Today, the goal of health care services is to provide quality care. For this, nurses use various nursing care models based on nursing theories to protect and improve the health of the individuals in the community, to benefit patients in a therapeutic manner and to accelerate the healing process (Uysal et al., 2009). Also, primary role of the nurse administrator is to maintain system integrity by realigning the nursing or organizational system to its internal and external environments (Sanders and Kelley, 2002). The problems identified in this complex system require multidimensional, comprehensive and collaborative interventions to protect, improve or revitalize the health of complex systems. An integrated framework with a comprehensive approach to assess and solve the problems of nursing management and the response of the total system to the stressors by nurse managers should be assessed (Parker, 2005).

There are a lot of nursing theories are used to management of hospital. In this review, after the literature search, hospital management by using the theories of Dorothea Orem, Sister Callista Roy, Jean Watson, Betty Neuman, Patricia Benner were discussed.
3.1 Orem’s Theory of Self-Care Deficit Nursing Theory (SCDNT)

Orem (2001) defined nursing administration as “the body of persons who function in situational contexts to collectively manage courses of affairs enabling for the provision of nursing to the population currently served by an organized health service institution or agency and to populations to be served at future times” (Fawcett, 2005). Orem’s theory is used in several clinics and hospitals in the United States such as Baltimore John Hopkins Hospital. In practice, it is used to increase the self-care functions of individuals and to educate patients, to evaluate nursing practices and to distinguish nursing practices from medical practices (Fawcett, 2005; McEwen & Wills, 2007).

SCDNT was introduced as the basic structure for nursing management in the German hospital DRG (diagnostic group). Though it is difficult to fully appreciate the international application of SCDNT, it is clear from time to time that Germany and Thailand are examples of turning points due to the recent use of SCDNT (Harnucharunkul, 2012). The utility of the Self Care Framework is clear for the administration of nursing services. A particularly innovative application of the Self-Care Framework in nursing management was the Professional Care System, a software package for nursing documentation (Bliss-Holtz et al., 1992). The software can also generate personalized critical paths and maintenance maps. Various paper and pen application tools have been developed to document nursing practices, to measure the quality of practices based on the Personal Care Framework, and to evaluate nurses themselves. Calhoun and Casey’s (2002) developed innovative ambulatory case management model, which they based on Orem’s Self-Care Framework, to apply at the New Mexico Presbyterian Health Plan. In this study, model provide to cost savings, but the result was that the reduction in costs was due to a personality reduction rather than the use of the model. Within the framework of the administrative and management guidance of healthcare organizations in the United States, Canada, the United Kingdom and Australia is used this model (Fawcett, 2005).

3.2 Neuman Systems Model

Neuman Systems is a suitable model for guiding nursing applications because it has five major varieties of physiological, psychological, sociocultural, spiritual and developmental aspects of the individual with modeled well-adapted, holistic approach and open system features (Ume-Nwagbo et al., 2006). Guidelines for the use of the model in clinical nursing practice and in the management of health care services have been published (Neuman and Fawcet, 2011; Lawson, 2014).

The breadth of the Neuman model has led to its implementation and adaptation in a variety of nursing practice environments including community-based services such as hospitals, nursing homes, rehabilitation centers, hospitals, mental health units, birth centers and communal nursing practices. The model works well for multidisciplinary use (Kain, 2000). The focus of healthcare services guidelines for the administration of health-care services based on Neuman’s Systems Model is to make primary, secondary and tertiary protection interventions that best help customers achieve,
acquire and retain customer systems. So guidelines determine of organization of healthcare services, characteristics of health-care personnel including administrators and practitioners and settings for health-care services (Fawcett, 2005). It has also been proven to be beneficial in the field of hospital-based staffing in various Kansas hospitals; development of case management teams, social workers and nursing staff (Lawson, 2014). The use of the Neuman Systems Model in clinical practice agencies has been as pervasive in other countries as in the United States. Published reports indicate that the model has been implemented successfully at the unit or organization level in the United States, Canada, Iceland, England, Wales, Holland, Slovenia, and Sweden (Parker, 2005).

### 3.3 Watson’s Theory of Human Caring

Watson argues that the model takes part in the interpersonal process between caregiver and care-recipient and emphasizes the whole of nursing. According to Watson, the nursing process is the process of human-man care (Fawcett, 2005). The need and importance for caring in patient care environments demand that nurses apply the concepts of care in the human resources management process (Minnaar, 2002).

Watson's theory requires administrative practices and business models to adopt care. It has been reported that the theory can be applied to hospital admissions, technological complexities (Watson, 2005). In these issues, ethical reforms in the health care system require nurses to use their own professional practice model rather than short-term solutions. Many hospitals are trying to acquire Magnet status. For example; The Lexington Central Baptist Hospital in America uses the Watson’s Human Care Theory in administrative changes to overcome the challenges. In many hospitals, professional care is defined, which defines the basics of patient care (Jesse and Alligood, 2014).

Although there is more work to be done, some efforts include inclusion of a nursing goal in the nursing strategic plan; rewriting policies and procedures, career ladder models, and job descriptions that impact performance appraisals (and pay); adding a section-level requirement for a Healing Community initiative that is reflected in department ciphers; and revising orientation and leadership curricula to include caring-relevant concepts (Watson, 2002). When the theory is systematically incorporated into nursing services, nurses and others have become more introspective about the nature of their rehabilitation work. The magnet hospital in the system took interest in our adventure and adopted Watson's theory. The theory that resonates within the institution gives a magnetic shine that patients and caregiver know (Birk, 2007).

There are also many clinics that use Watson's studies. For example; Some of the hospitals in Miami, Chicago, Denver, Virginia, Kentucky, New York, Florida, California and New Jersy; some of them (Jesse and Alligood, 2014). Reports of the implementation projects have made some comparisons between the results before and after the implementation of the Human Caring Theory. The results of various projects show that when the theory is guided by nursing practice, the job
satisfaction of the staff is increased, the length of stay in the hospital is reduced and the cost of health care is reduced (Fawcett, 2005).

3.4 Roy Adaptation Model

The Roy Adaptation Model is a model that is widely used in nurses and focuses on the adaptive system of the human and environmental change system, which creates a structure for determining the adaptation needs of people, families and groups. The focus of RAM is on changes in and around the human adaptive system (Roy, 2009).

The Roy Adaptation Model has been used to guide the management of nursing services in hospitals and medical centers in the United States and Canada, England and Sweden. In addition, practice tools that are particularly relevant to the administration of nursing services, including standards of nursing practice, nursing job descriptions, quality assessment tools, a performance appraisal system, and a format for intershift reports (Fawcett, 2005). As hospitals in the United States work towards the Magnet Status certificate, more nurses want information on the implementation of the Roy Adaptation Model in institutional health care (Parker, 2005). Clinical setting managers attempted to make the theory more active in various situations. In each case, each of the modes provided a framework for assessing patient needs and provided a convenient, convenient classification system for stimulants. Recording of patient care needs has been made more regular and simple and there have been indications that increased patient satisfaction and dissemination of professional practices (Meleis, 2012).

3.5 Patricia Benner's From Novice to Expert Model

Benner's model is situational and defines winning and developing five levels of skill: (1) beginner, (2) advanced beginner, (3) competent, (4) competent and (5) expert. The model posits that changes in four aspects of performance occur in movement through the levels of skill acquisition: (1) movement from a reliance on abstract principles and rules to the use of past, concrete experience, (2) shift from reliance on analytical, rule-based thinking to intuition, (3) change in the learner’s perception of the situation from viewing it as a compilation of equally relevant bits to viewing it as an increasingly complex whole, in which certain parts stand out as more or less relevant, and (4) a separate observer would switch from one position of participation fully engaged to the situation to one out of the state (Benner, Tanner, & Chesla, 1992). Benner (1992) describes clinical nursing practice using an interpreting phenomenological approach. Benner's approach continues to be used to help develop clinical promotion ladders, new graduation orientation programs, and clinical information development seminars (Brykczyński, 2014).
4. Conclusions and Recommendations

The use of nursing theories in hospital management defines many aspects such as the nurses' required features, the roles and responsibilities of the hospital management, the organization of clinical areas and the planning of health services. It is seen that nursing theories are used in many hospitals due to the increase of quality demands in health care services. It has been determined that the use of nursing theories in hospital management increases the job satisfaction of the health care personnel, shortens the hospital stay, increases the patient satisfaction and decreases the cost. For this reason, it is suggested that the use of nursing theories in hospital administrations are widespread.

References


