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Nursing Administration and Hospital Management

Nursing Management & Leadership

Hospital organization, administrative departments, nursing service administration, roles and responsibilities of nursing administrators and nursing organizational structure.

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CHAPTER 07 / NURSING MANAGEMENT AND LEADERSHIP 07. Nursing Administration and Hospital Management

1. Hospital organization

A hospital is an organized healthcare institution providing diagnostic, therapeutic, preventive, rehabilitative and supportive services. Its administrative structure depends on ownership, size, specialty and level of care. Primary, secondary and tertiary services differ in scope and complexity; referral links help ensure continuity.

Department	Main responsibility
Medical administration	Clinical governance, credentialing and medical services.
Nursing administration	Nursing workforce, standards, education and care delivery.
Finance and accounts	Budgeting, accounting, revenue and financial control.
Human resources	Recruitment, employment records, staff welfare and development.
Pharmacy and stores	Safe medicine supply and inventory management.
Laboratory and imaging	Diagnostic services and reporting.
Infection prevention and quality	Surveillance, audits, safety improvement and compliance.
Biomedical engineering and maintenance	Equipment safety and preventive maintenance.
CSSD, laundry, dietary and housekeeping	Sterile supplies, linen, nutrition and environmental hygiene.

Medical records, information technology, security, social work and emergency transport are additional essential functions. Departments coordinate through committees, shared protocols and escalation pathways.

2. Nursing service administration

Nursing service administration plans and manages the clinical nursing workforce and resources across units. Objectives include continuous patient care, adequate skill mix, professional standards, staff development, safety and interdisciplinary coordination. Responsibilities include nursing policies, operational budgets, recruitment and retention, competency validation, supervision and quality monitoring.

3. Nursing organizational structure

A typical structure may include a chief nursing officer or nursing director, nursing superintendent, deputy or assistant nursing superintendents, clinical supervisors, ward managers and bedside nurses. Actual titles and reporting relationships vary. Specialist nurses, infection-control nurses, educators and quality officers may provide functional support. Establish clear clinical escalation separate from routine hierarchy so urgent patient care is not delayed.

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4. Roles of senior nursing administrators

- Develop nursing strategy and participate in hospital governance.
- Prepare workforce and resource plans; allocate staff according to need.

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- Ensure authorized personnel are suitably qualified and competent.
- Establish policies, standards and procedures with relevant teams.
- Coordinate disaster preparedness and emergency response.
- Monitor quality indicators, address incidents and support staff education.
- Promote professional ethics, patient rights, staff wellbeing and equitable care.

5. Role of the ward manager

Conduct daily staffing and safety checks, assign patients, arrange supplies, supervise medication and infection-prevention practices, coordinate admissions and transfers, review documentation, coach staff, and escalate unresolved hazards. The manager should prioritize clinical safety above administrative convenience.

6. Hospital committees

Examples include infection-control, patient safety and quality, pharmacy and therapeutics, transfusion, ethics, disaster management and occupational health committees. Committee terms of reference identify membership, authority, meeting frequency, reporting and follow-up. Nurses contribute clinical information, identify practical barriers and implement approved improvements. Maintain confidentiality and document actions rather than merely recording attendance.

7. Hospital operational indicators

Bed occupancy (%) = inpatient bed-days used available bed-days x 100. Example: 750 occupied bed-days out of 900 available bed-days = 83.3% occupancy. Average length of stay = total inpatient days for discharged patients number of discharges (use institutional definition of discharge, including deaths where applicable). Neither high occupancy nor short stay automatically indicates quality; assess complexity, readmissions and safety.

8. Important Examination Questions

Long Answer Questions

1. 1. Explain hospital organization and nursing service administration.
2. 2. Describe duties of nursing superintendent and ward manager.

Short Answer Questions

1. 1. Hospital departments.
2. 2. Nursing organizational chart.
3. 3. Hospital committees.
4. 4. Bed occupancy rate.

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Very Short Answer Questions (with answers)

1. 1. What is CSSD? - Central sterile supply department.
2. 2. What is clinical governance? - Organizational accountability for quality and safety of clinical care.
3. 3. What is bed occupancy? - Proportion of available bed-days used.

9. Quick Revision

- Hospital departments must coordinate to support continuous patient care.
- Nursing administration integrates staffing, standards, resources and professional development.
- Operational indicators need interpretation alongside safety outcomes.

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10. Conclusion

Hospital departments must coordinate to support continuous patient care. Nursing administration integrates staffing, standards, resources and professional development. Operational indicators need interpretation alongside safety outcomes.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. A hospital used 750 inpatient bed-days out of 900 available bed-days. What is the bed occupancy rate?

A. 75.0%
B. 90.0%
C. 120.0%
D. 83.3%

2. Which department is primarily responsible for equipment safety and preventive maintenance?

A. Biomedical engineering and maintenance
B. Finance and accounts
C. Laboratory and imaging
D. Medical records

3. What should a hospital committee's terms of reference define?

A. Only the names of staff attending one meeting
B. Membership, authority, meeting frequency, reporting and follow-up
C. Only the date when the committee was formed
D. Only the committee's annual expenditure

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Answer key and explanations

1. D - 83.3%

Bed occupancy equals used bed-days divided by available bed-days, multiplied by 100.

2. A - Biomedical engineering and maintenance

Biomedical engineering and maintenance supports equipment safety and planned maintenance.

3. B - Membership, authority, meeting frequency, reporting and follow-up

Terms of reference establish how the committee is constituted, authorized and accountable.

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