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An Example of Applying an Organizational Management Model to Clinical Nursing Leadership

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Abstract: Management skill is an important component of nursing leadership. Bolman and Deal have developed a reframing tool to support effective management and leadership. The tool has been used internationally across a wide range of organizations including governance of business corporations, universities and clinical services including nursing. The reframing tool consists of four main frames: the structural frame, the human resources frame, the political frame and the symbolic frame. Bolman and Deal describe two different approaches to management and leadership: a rational-technical approach that emphasizes certainty and control; and an artistic conception that encourages flexibility, creativity and interpretation. This paper describes Bolman and Deal's reframing tool and its application to an example of nursing management issues in a hospital ward setting in Australia. The application of Bolman and Deal's reframing tool identifies and analyzes a number of nursing management issues. As a result of applying four frames to the situation to develop a 'picture', possible solutions were identified to improve the management of falls risk in older hospital patients. The incidence of falls in the elderly is a major issue of concern in countries such as Australia and Japan which have ageing populations. Bolman and Deal's reframing tool has the potential to be useful and valuable in complex clinical contexts, and may assist in improving nursing leadership in Japan. There is a need to conduct research and evaluate the application of the tool in a Japanese context.

Key Words: nursing leadership, nursing management, organizational management skill, falls in older patients

I. Introduction

Management skill is important for nursing leadership. Bolman and Deal have developed a reframing tool for understanding organizational management and leadership and which can be used to support effective management and leadership[1]. The tool has since been used across a wide range of applications including business corporations, government departments, governance of universities, and clinical services. It has also has been used as an effective tool for clinical nursing practice management[2-5]. The reframing tool consists of four main frames: the *structural frame,* the *human resources frame,* the *political frame* and the *symbolic frame.* The authors suggest that 'frames are both windows on the world and lenses that bring the world into focus'[6]. The structural frame focuses on roles, strategy, rules, goals, environment and implementation. The human resources frame focuses on people's relationships and need for support and empowerment. The political frame focuses on advocacy, power, individual and group interests, networking, negotiation skills and organizational politics. The symbolic frame focuses on culture, metaphor and human behavior[7]. Bolman and Deal also describe two different approaches to management and leadership: a rational-technical approach that emphasizes certainty and control; and an artistic conception that encourages flexibility, creativity and interpretation. 'The challenges of modern organizations require the objectivity of managers as well as the brilliant flashes of vision and commitment that wise leadership provides'[8].

This paper will introduce Bolman and Deal's reframing tool and describe its application to an example of nursing management in an Australian hospital ward that was experiencing a high incidence of patient falls. Falls among

older hospital patients are a major issue of concern in countries such as Australia and Japan which have large ageing populations. The tool is employed to analyze the issues and identify possible strategies that could improve ward function, nursing practice and patient outcomes. Firstly, as an example of a clinical setting, the functioning of the ward will be described. Secondly, the Bolman and Deal reframing technique will be employed to describe the situation as 'a picture', and to critically examine and analyze nursing management issues. Lastly, possible solutions based on the outcome of the critical analysis will be explored and discussed.

II. Description of clinical setting example

The ward environment

A Registered Nurse (RN) employed in a large tertiary hospital in Australia observed the work environment in an orthopedic ward whilst engaged in pre- and post-operative nursing care. As the facility operated as an acute hospital, most of the patients were admitted with serious conditions and required complicated surgery. In addition, hip and knee replacements resulting from fractures among older patients were also common procedures. The range of patients' ages was wide, from teenagers to patients aged over ninety and the area health service had a large older population. As in most publicly funded health environments, government policy was to discharge patients as early as possible. However, this policy of shortened length of hospital stay and early discharge led to an increased proportion of acute patients and higher nursing workloads. Whilst acute care received priority among the nursing staff, less attention was provided to less acute patients, such as elderly patients with hip or knee replacements. The RN observed that whilst the ward was effective in dealing with emergencies such as traffic accident injuries, inpatient incidents such as falls among the elderly were relatively common. It is widely recognized that falls injuries among older people in hospital settings represent a serious public health issue.

The nursing team

The nursing team consisted of a nursing unit manager, a clinical nurse educator, clinical nurse specialists, registered nurses and enrolled nurses. Most were permanent staff and more than one-third had been working in the same ward for more than five years. The nursing staff, including the manager, had their own work traditions. For instance, the workplace had a short morning tea break for all morning shift nursing staff including the manager. This meant that there was no nursing staff on the ward during that period. Another example involved the tradition of the 'super nurse' designation. The manager had determined that so called 'super nurses' could finish their shifts early and those nurses' priorities seemed to focus on finishing early rather than providing quality of care.

Falls in work place

Falls in older patients were frequent in the ward and their incidence seemed to be increasing. In some of the more serious cases the patients required additional surgery. Fall risk assessments were expected in each shift for all patients and the risk scores were recorded in each patient's nursing care plan by nursing staff. However, the tailored nursing care plans designed to address individual patient's needs and to minimize the risk of falls were often not followed. In addition, strategies to minimize the risk of falls that were suggested by new or overseas-qualified nursing staff were often undervalued and ignored.

The attitude

Single falls and recurring falls among older patients were almost considered normal in this work environment. When falls incidents were raised during the nursing staff handover, 'Again!' was a common response. Although incident forms were completed by staff, there were no ongoing discussions or strategies to minimize the problem. Individual staff often attempted to hide their errors or to transfer blame to others. For instance, staff would often claim that 'they (the elderly patients) did not listen to us' or that 'they did not wait for us', or suggest that the cause of a fall was dementia. 'Just send them (back) to a nursing home' was another common phrase used by the nursing manager and the staff. Some nursing staff were impatient, sometimes saying to frail elderly patients 'I am so busy. I do not have time to spend with you!', or similar statements.

Safety issues

Most of the orthopedic patients were dependent and required assistance from nursing staff or special devices. There was insufficient equipment compared to demand and patients were sometimes required to share devices such as walking frames when walking to the bathroom.

Much of the equipment was in any case old or worn out and maintenance of the equipment was also poor. On one occasion the nursing team received a donation to purchase something useful for the patients. However, the manager bought less essential equipment for patients and staff.

III. Application of Bolman and Deal's reframing tool

Applying Bolman and Deal's four frames

Bolman and Deal's four main frames: the structural frame; the human resources frame; the political frame and the symbolic frame, were first applied to the management issues in the clinical ward to provide a picture of the situation (Table 1). Possible interactions between the frames are identified by arrows within the table. The second step in the process employed the four frames as 'lenses' to focus on the management issues identified within each frame (Table 2). The next step involved detailed examination and analysis of the issues within each frame.

Analysis of management issues

Structural Frame

Low awareness of management and health issues

Although the ward priority was acute care nursing for emergency cases, the nursing manager also had a responsibility to minimize problems in the workplace such as falls among elderly patients. The increasing number of older people in the community suggests that falls are likely to be an increasing problem for hospitals. Reducing fall injuries in older people has been identified as a national health priority action area in Australia[9]. This includes reducing falls in older patients in acute care settings. With an increasing life expectancy and the ageing of the Australian population it is anticipated that an increasingly significant proportion of the population will be at risk of falls related injuries. The National Health Priority Report indicates that there will be an additional demand of 886,000 hospital bed days and the equivalent of 2,500 additional beds required for falls injury treatment by 2051[10].

Political Frame

Poor safety management for patients and staff

Assistance devices are essential for orthopaedic patients, particularly those who are not independent. Insufficient supply and/or poor maintenance of such assistance devices increases the risk of injury among patients as well as staff. Falls risks are also exacerbated by inappropriate use of assistance devices, incorrectly sized equipment and insufficient instruction to patients[11]. Current public health strategies that encourage early discharge increase the proportion of acute patients and increase nursing workloads in clinical settings. The latter issue also adds to the com-

Table 2 Management issues

Structural Frame –Low awareness of management and health issues → Political	**Human Resource Frame** –Misallocation of budget –Inappropriate staffing –Lack of equity → Political, cultural
Political Frame –Poor safety management for Patients and staff → Human Resource	**Symbolic Frame** –Poor work ethics → Political, Human Resource –Poor role models –Lack of organizational skills

Table 1 Key points related to management issues

Structural Frame –An orthopedic ward –Focusing on acute patient only → Symbolic, Political –Falls in older patients common –Falls in older patients increasing –After falls, some patients required further surgery → Political –Increasing number of older patients	**Human Resource Frame** –Insufficient assistance devices → Political –Poor maintenance of equipment → Political –Staff working in same place long time → Symbolic –Suggestions from new staff often undervalued and ignored → Symbolic
Political Frame –Shortened length of hospital stay and early discharge → Structural –Increasing proportion of acute patients → Structural –Falls risk assessments not utilized in patients' care plans	**Symbolic Frame** –Less attention to older patients → Political, Human Resource –Staff tea break: all nursing staff together –Super nurse = finish job early –Work till time = not good worker –Pride in current culture –Falls in older patients = blame the patients –Inappropriate attitude to older patients by the manager and staff

plexity of implementing and evaluating falls preventions in clinical settings. Acute illness and/or surgery often limit the ability of nursing staff to identify falls risks and to institute appropriate intervention strategies for individuals in acute care[12].

Human Resource Frame

Budget misallocation

Although the budget was limited in the orthopedic ward, the cost of maintain existing equipment properly or of purchasing new equipment would be lower than the cost of additional surgery as a result of falls. Both injury and infections extend the length of hospital stays, impacting significantly on health care costs. The Commonwealth Department of Health and Aged Care reported that falls injuries result in prolonged periods of hospitalization which incur high financial costs. The annual cost of falls in terms of health, functioning and quality of life is estimated to be $2.369 billion in Australia[13].

Inappropriate staff allocation

The absence of nursing staff on the ward during morning breaks, regardless of whether the ward was busy or not, was not appropriate in terms of patient safety. Post-operative patients in particular require constant care and a continuous nursing presence on the ward. Rubenstein and colleagues reported an increase in falls when staffing is low, such as during breaks or at shift changes when patients are not as closely observed[14].

Lack of equity for staff

Suggestions to improve nursing practice made by staff who were new or from non-English speaking backgrounds were often undervalued or ignored. The nursing manager thus did not apply Equal Opportunity to all staff. The Industrial Relations Act 1996[15] is designed to prevent such inequity in the workplace.

Symbolic Frame

Poor work ethics, poor role models and lack of organizational skills

The RN observed a lack of nursing role models and a poor work ethic among the nursing staff. The nursing manager's general attitude and the commonly expressed attitude that older patients should be sent to a nursing home are likely to influence the values held by other staff and their attitudes to older patients. Falls impact on older people physically and psychologically. Victims of a fall are likely to lose their confidence and decrease their level of activity in order to prevent further falls[16]. Furthermore, the nursing manager seemed oblivious to their position as a role model and did not possess sufficient evaluation or organizational change skills. One-third of the nursing staff had worked in the same ward for over five years, thus many staff held similar values. This is likely to be a barrier to changing attitudes and culture in the workplace.

IV. Possible solutions to the management issues

The means of achieving the desired outcome will become clear following an analysis of the nursing management issues and after the most effective frame to address the issues has been identified.

Desired outcomes

Potential desired outcomes in this situation could be: *to maintain patient and staff safety in the work place; to minimize the incidence of falls; to increase quality of patient care; to enhance management quality; to improve the work ethic; and to increase awareness of health issues.*

Identifying the most effective frame

Bolman and Deal suggested using five questions to assist in identifying the most effective frame for a particular situation: 'Choosing a frame, or understanding others' perspectives, involves a combination of analysis, intuition, and artistry'[17]. The questions assist in identifying the frame that is likely to be most effective in addressing the identified issues. The questions employed and results obtained in this nursing management case study are presented in Table 3. According to the situational analysis reported in Table 3, the symbolic frame is the most applicable to four of the five situational analyses. The second most effective frame is the political frame, followed by the human resources frame and the structural frame.

Possible solutions

Possible solutions and strategies to address the management issues were developed and are presented in Table 4. The key potential solutions are:

・Education for the nursing manager and nursing staff;

Table 3 Choosing a frame

Questions	Answer	If yes:	If no:
Are individual commitment and motivation essential to success?	(Yes) No	Human Resources; Symbolic	Structural; Political
Is the technical quality of the decision important?	(Yes) No	Structural	Human Resources; Political; Symbolic
Is there a high level of ambiguity and uncertainly?	(Yes) No	Political; Symbolic	Structural; Human Resources
Are conflict and scarce resources significant?	(Yes) No	Political; Symbolic	Structural; Human Resources
Are you working from the bottom up?	(Yes) No	Political; Symbolic	Structural; Human Resources

(*Based on:* Bolman L, Deal T. *Reframing organizations: artistry, choice and leadership; 2003, p 271*)

Table 4 Possible solutions to the management issues

Frames	Management problems	Barriers to change	Solutions and strategies after reframes
Symbolic	–Poor work ethic →Political, Human Resource –Absent role model –Poor cultural skills	–Tradition and values of the manager and staff → Political, Human Resource	**Education for manager and staff** –Training to develop new skills –Set and maintain appropriate goals –Share the goals with staff –Develop appropriate values and share with staff **Empowerment of staff** –Encourage participation and involvement –Provide a role model –Psychological support –Appropriate and productive communication i.e. regular meetings, staff in-services –Team work –Good humor (as appropriate) –Provide equal opportunity for all staff **Maintain patient and staff safety** –Invest in safety i.e., maintenance –Improve manager and staff Occupational Health Safety (OHS) skills –Appropriate staffing i.e., split staff morning breaks for patient safety **Increase awareness of health care issues** –Obtain and exchange information and data –Create strategies to coordinate resources –Network within the hospital and other sectors; i.e., professional organizations, area and state health organizations
Political	–Poor patient and staff safety management → Human Resource –Insufficient infection control	–Inadequate activation of the safety political → Human Resource	
Human Resources (HR)	–Misuse of budget –Inappropriate staff allocation → Political –Lack of equity → Symbolic	–Limited budget → Political	
Structural	–Lack of awareness of health care issues → Symbolic, Political	–Lack of vision → Symbolic, Political	

(→ : Possible interactions)

- Empowerment of the nursing staff;
- Maintenance of patients and clinical staff safety;
- Increased awareness of health care issues.

V. Discussion

As a result of viewing the situation from the perspective of the four frames, a number of management issues were revealed. It became apparent that the manager was employing the personal frame and making decisions to achieve her specific goals. The manager also focused on one particular issue (acute care nursing) at the expense of other issues such as patient safety (i.e., increasing falls among older patients). These goals were unbalanced. For instance, whilst the manager and staff focused on patient health outcomes during hospitalization, they paid less attention to poor patient safety outcomes. The manager requires training in the four frame model and assistance to apply it to the situation to achieve a better balance. Bolman and Deal noted that for both management and leadership, balancing the frames by making adjustments to the situation is an essential skill[18].

Management weaknesses and limitations were also identified by each of the four frames (Table 4). According to the results presented in Table 3, the symbolic frame was

the most effective frame to address the issues in this workplace. Table 4 demonstrates how the four frames interact and how combining the results from each can lead to more effective solutions. The management issues identified in the symbolic frame were identified as the absence of role models and a work ethic and a lack of organizational skill. The barriers identified in this frame were the workforce's traditions and values. 'The effective manager needs first to recognize his or her own strengths and weakness and then to accept that basic skills can be improved'[19].

The risks associated with reframing when using the symbolic frame must be considered when managers have to deal with changing situations. Bolman and Deal noted that "effectiveness depends on the artistry of the user. Symbols are sometimes mere fluff or camouflage, the tools of a scoundrel who seeks to manipulate the unsuspecting, or an awkward attempt that embarrasses more than energize people at work"[20]. Changing values, ethics and culture are difficult. Bolman and Deal identify two important responsibilities for a manager attempting to reframe ethics. One is to 'not answer every question' and the other is to 'always make the right decision'[21].

Instead of changing the culture or values, changing goals might be an alternative. Bolman and Deal suggest four options for organizational change[22]. For example, developing symbols (e.g., role models) and shared values (e.g., improving conditions for patients and maintaining their safety) in line with hospital policy and providing equal opportunity for all staff to make contributions via open communication. For effective communication, role models could discuss goals, influence other staff and exchange information in order to achieve positive outcomes.

Bolman and Deal suggested the use of 'power' to change direction and/or make decisions in difficult situations[23]. Recently, Australia's Health Ministers agreed to take immediate action to progress reform and to improve patient safety and health care quality in public hospitals. The key identified issues were cost effectiveness, quality and safety, and equity and affordability, particularly for people at risk. All public hospitals were required to implement a new 'incident management system' and 'patient safety risk management plan'. The health reform actions included formal accreditation for 'aged friendly' hospitals[24]. These new policies may encourage changes in the other frames of reference, for instance in the symbolic and human resources frames.

Finally, managers require analytical and evaluation skills, as Bolman and Deal emphasized that reframing skills improve management and leadership. Using multiple frames, diagnostic maps and flexibility are essential[25]. However, obtaining and maintaining these skills requires practice.

VI. Conclusion

This paper introduced Bolman and Deal's reframing tool and described the application of the tool to nursing management using an example of a clinical setting in a hospital ward in Australia. As a result of applying Bolman and Deal's four frames to the situation the management issues were identified and analyzed to develop a 'picture' and possible solutions were discussed. The frames became windows, allowing the management issues to be seen clearly, whilst the four lenses allowed the problem to be viewed from alternative perspectives. It is a challenge to change management and leadership within complex modern organizations. However, versatile managers who emphasize certainty and artistic leaders who are creative, as nurses and as health professionals, must be included in any holistic approach. Bolman and Deal's reframing technique can be an effective and powerful tool for changing and improving management and leadership in clinical environments. This paper applied Bolman and Deal's reframing technique to an example of an Australian clinical setting, however the tool has the potential to be useful and valuable in complex nursing clinical contexts in Japan and may assist in improving nursing leadership. There is a need to conduct research and to evaluate the tool in a Japanese clinical context.

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