

The Role of a Clinical Manager

Posted on September 21, 2018

Abstract

The nursing profession is very broad as it encompasses a variety of specialties all the way from nurse practitioner to managerial position. All these specialties are in aim to ensure efficient service delivery (Gardner et al., 2016). They are created based on the requirements of the health system. For instance, nurses are required in the hospital for immediate patient care, others are required in the community for community initiatives, others are needed in emergency situations and others are required in leadership and management positions in clinics, sub-clinics and the health institution at large. This essay focuses on the role of a clinical nurse with managerial capacity, skills required, policies that govern this field of practice, and an analysis of the existing challenges and opportunities that are being experienced by incumbents in this given role.

The Role of a Clinical Manager

It is important to note that the management of health institutions requires the input of both clinical and non-clinical professionals (Hoeve et al., 2014). This is because a hospital setting is similar to any other organization. Because of this, the effective running of such a facility requires a combination of several skills in performing duties necessary for the delivery of services. These duties include management itself, leadership, financial management, auditing, evaluations, patient care, maintenance of hospital equipment, and general maintenance among many others (Spehar et al., 2015). Non-clinical professionals required in management include financial officers, specialists in strategic planning, legal professionals, accountants and even shareholders and other members of the board. Clinical staff are mainly involved in structuring service delivery to suit the needs of their patients and in accordance with recent research findings.

There has been a sharp increase in the training of doctors by equipping them with leadership skills so that they can take up leadership positions in health institutions (Spehar et al., 2015). This has been to the belief that having a clinician at the forefront may be better at ensuring that matters pertaining to clinical services are streamlined. A clinician at the top management will probably understand the context of an issue that has been raised by an employee in a given section. They are at a better chance of doing something about it because they have probably been in that position before (Unal, 2017). This is in contrast to a situation in which a non-clinician manages an institution. They may not fully understand the issues being dealt with first-hand or at the most basic level of that health institution. In other words, a clinician in top management may have a more significant inclination towards improving patient care as compared to a non-clinician.

Clinical managers can work at both administrative and medical levels. The institution can also be a clinic, an outpatient facility, or a long-term patient care facility. No matter the position that the clinician holds and the institution that they are in charge of, there are a number of duties that are typical in this section. Such duties include managing other members of staff that can be clinical, administrative or clerical (Unal, 2017). This is the leadership aspect of this role. A clinical manager is charged with the responsibility of leading a group of individuals toward the achievement of set goals and objectives. This role requires a set of leadership skills that may be acquired through training or experience in this area of the organization.

On the other hand, they are involved in recruiting new staff members and ensuring their professional credibility. This is done in an intensive process that involves both the institution's management and governmental agencies (Unal, 2017). Recruitment of new staff members is a duty ascribed to the top management since it addresses shortages and insufficiencies and deals with emergency situations such as accidents. Other duties include setting and implementing policies and directives aimed at increasing the quality of care delivery, overseeing day after day running of the institutions, setting budgetary allocations and monitoring the utilization of these resources in the different sections allocated, auditing and governing clinical services and making purchases of equipment and other requirements necessary for proper functioning of the health center (Unal, 2017). An equally important role is the supervision of other members of staff. This is crucial in ensuring their continued dedication to the process, organization, and patient satisfaction.

For one to efficiently carry out the tasks of a clinical manager, they need a given set of skills. These skills are important in ensuring that they are better placed to perform the aforementioned duties and roles. One of the most important skills required is leadership (Finkelman, 2015). The clinical manager is in a leadership position and both clinical and non-clinical staff may be under their mandate. They should therefore have the skills of motivating people. This is especially important when leading team efforts or collaborative strategies in the performance of a given task (Finkelman, 2015). Delegating duties is an equally important skill given that the clinical manager may be handling more grievous or urgent matters. This also prepares his or her subjects for the roles to be performed in leadership positions. Communication skills are crucial in management (Finkelman, 2015). The clinical manager can come up with a plan or strategy that they need to implement. For this to be successful, they must communicate those ideas effectively and lead their subjects toward achieving set goals.

Clinical managers should also be able to detect any weaknesses and solve them quickly before their effect ruins the reputation and functionality of the institution (Thomas, 2015). This is because they have the role of ensuring the success of their institutions. They can only do this by emphasizing further on the strengths and identifying weaknesses. These can then be solved by other measures such as allocation of more resources, replacement of staff and increasing supervision in that section. On the other hand, a clinical manager needs excellent decision-making skills (Finkelman, 2015). This capacity is best achieved with experience and close interactions with role incumbents. This is important because they will be tasked with ensuring that immediate choices are made on matters concerning the center (Thomas, 2015). As such, the best decisions need to be made. They also need

to have apt analytical skills especially in interpreting new government guidelines and policies and incorporating them effectively into the system.

Organizational skills are important in clinical management (Huber, 2017). A health institution is just like any other business or non-profit organization. There needs to be a solid form of order in the way that business is transacted. This includes the maintenance of proper records and paperwork. This comes hand in hand with customer service skills. The aim of healthcare professionals in general is to satisfy the needs of their patients (Huber, 2017). An important component of this is ensuring that they are treated well and given any information that may be relevant to them. This is important in ensuring the continued presence of customers that will boost the standing of the center in society. Proper customer service is crucial in determining patient satisfaction. Patients want more than just treatment. They need emotional support, regard, and recognition (Al-Abri, 2014). This is not only required of the manager but also of other employees.

On the same note, they need a proper understanding of ethics in medical practice. Ethics are increasingly becoming important in the delivery of health services (Hall et al., 2018). Doctors and other caregivers are more governed by ethical codes and standards. A proper understanding of this aspect is therefore crucial in running a health institution. An equally important skill is having considerable knowledge of legal matters. Many health institutions have to deal with numerous lawsuits and court proceedings. In the long run, a lot of time and resources may be allocated to these matters and this may lead to the failure of the entire system (Hall et al., 2018). It is important that they identify issues before they escalate. This should also be coupled with other simple techniques like advising medical practitioners to apologize for errors that they may have committed. Studies have shown that patients would have avoided legal suits had the doctor just offered a simple explanation and apologized if necessary (Damiani et al., 2015). Most lawsuits against medical practitioners are fueled by their arrogance, reluctance to admit mistakes committed and ineffective or insufficient communication (Hall et al., 2018). It is worth noting that continuous or several lawsuits ruin the institution's reputation in society. As such, any issues should be dealt with appropriately before considering legal redress.

Clinical management is governed and guided by multiple guidelines that have been set by the government. Every aspect of this role is clearly spelled out or guided by a given policy. For instance, one of the most important policies is the one on primary health care. Primary health care has the following components: accessibility to all the people in a given area, affordability of services provided, and the utilization of methods and medical technologies that have been proven scientifically and are acceptable by the people in that society (Retrieved from http://www.anmf.org.au/healthcare_policies). This policy enshrines the role of providing primary health care to clinicians. They should work to reduce illness and prevent disease in their communities. This is possible through their involvement in community initiatives aimed at improving their health, educating them, and informing them on how they should seek help should any of the common diseases affect them. These activities are mostly supervised by the clinical manager in concert with other stakeholders. Therefore, the clinical manager's role is to improve the health of their society.

The Credentialing policy outlines standards that have to be met by applicants before they are hired by any health center (Retrieved from <http://www.anmf.org.au//healthcare policies>). This policy ensures that only qualified persons are hired into the healthcare sector. This is an important step in ensuring a high quality of care because medical practitioners are at the core of service delivery. For a high quality to be achieved, clear standards should be outlined that have to be met by these practitioners before they are even hired. Qualified practitioners offer quality care to their patients if given the best work conditions. Besides professionals, this policy outlines the standards that need to be met by programs, products, and institutions in general (Retrieved from <http://www.anmf.org.au//healthcare policies>). For instance, institutions should have a given patient capacity based on its size, an adequate number of health professionals to manage the patients, high standards of hygiene and sanitation among other issues that are paramount in healthcare centers. In a way, this guideline provides a rubric against which the current state can be assessed and improved.

An equally important policy in hiring is the Casual Employment Policy. There are several situations in which a clinical manager will need to hire medical practitioners and other workers on a temporary basis. The basis of casual employment is that either party, that is, the employer or the employee, can terminate employment without any requirement to provide a legal notice prior to doing so (Retrieved from <http://www.anmf.org.au//healthcare policies>). This policy spells out that casual employees should receive the exact entitlements that those on permanent employment terms enjoy. The number should be kept at the necessary level and the nature of this arrangement should not in any way undermine the quality of services being provided, time allocated for patient care, employment on permanent terms, or a conducive environment for patient care (Retrieved from <http://www.anmf.org.au//healthcare policies>). With this clear guideline, clinical managers are very well guided in the process of hiring casual employees in such circumstances as emergencies or during industrial action or go-slows by permanent employees.

The aforementioned policies go hand in hand with the International Recruitment Policy. These guidelines outline the requirements that should be taken into concern when hiring international or foreign employees. First and foremost, they should comply with all the regulations of the country's Immigration department. They should be vetted extensively and offered the same reimbursements as local employees (Retrieved from <http://www.anmf.org.au//healthcare policies>).

Besides employment, there are other policies that clearly outline how nursing and midwifery services should be carried out. The Australian Nursing and Midwifery Federation articulates that for nurses to be appointed to leadership positions, "they must have the values of authority and responsibility for strategic and operational leadership, governance and directing of services in these sectors" (Retrieved from <http://www.anmf.org.au//healthcare policies>). Further, this policy stipulates that directors in these fields should have prior management and administrative skills before being appointed to these positions. Educational qualifications are also included in this section (Retrieved from <http://www.anmf.org.au//healthcare policies>). As such, only qualified nurse practitioners are elected to managerial posts.

An important role that is carried out by clinical managers is rostering. This is the process of assigning their juniors tasks at a given period of time during a specific period of time (Whitmore, 2017). The rostering policy outlines that this process should be non-discriminatory in that it should take into concern the employee's rights and needs. Their personal life should be taken into consideration when assigning them tasks at given times of the day. At the same time, rosters should be made in such a way that there are different nurses with different sets of skills at work at the same time (Retrieved from http://www.anmf.org.au/healthcare_policies). This is to ensure that there is no deficit, especially during admissions and other medical procedures such as surgical operations. Employees should be allowed time to rest before their next shift to reduce instances of burnout or work-related stress. Rosters should also be prepared and posted in advance to ensure that every employee is aware of their exact shift (Retrieved from http://www.anmf.org.au/healthcare_policies). This contributes to the smooth running of the health institution.

The Australian Nursing and Midwifery Federation also set out a performance review that can be utilized in developing the skills of employees in a given health institution. This goes hand in hand with the identification of weaknesses and working on them. The guidelines describe performance review as an improvement technique and is not a tool to be used in instituting disciplinary measures, demoting or promoting others (Retrieved from http://www.anmf.org.au/healthcare_policies). This policy implies that performance reviews are for the benefit of employees. They are not measures taken by the administration to identify weak spots and institute disciplinary measures. They provide a means for employees to evaluate themselves. Employees have a right to decide who will be on their review team. Even before the process is started, employees should be notified so that they can evaluate themselves and improve on areas in that they feel they are underperforming. Further, the individual conducting the review process should be one of a similar professional standing as the employee (Retrieved from http://www.anmf.org.au/healthcare_policies). For example, a midwife should be reviewed by a fellow midwife. This process should be carried out during working hours. When concluded, the results should be shared with the employees. Appropriate documentation should then be the final task in this process. Even so, employees should be made aware of who can access the information therein.

Collective bargaining is an important aspect of any employer-employee relationship. Collective bargaining is basically a negotiation between the employer and employee on issues affecting or concerning the latter (Cascio, 2018). Such issues include employment terms, working conditions, and remunerations. The collective bargaining policy outlines that this process should be duly conducted by both parties. It requires that every employee represented by a given union is covered by collective bargaining. Any new employees or newly-enrolled members should also be informed of the terms and contents of the collective bargaining agreement (Retrieved from http://www.anmf.org.au/healthcare_policies). This ensures that there is a smooth interaction between the clinical manager and the other employees in the institution.

Another policy that entails the protection of employee rights is equal opportunity in the workplace policy. This policy provides for equal treatment of all employees while dispelling their duties in a given

center. Every employee should belong to their appropriate union and can apply for promotions which should only be considered based on their qualifications. All employees should also have equal access to educational programs funded by the institution such as training, retraining, and workshop sessions. While assigning duties to employees, their personal needs should be taken into concern, for example, parenting, career, illness, any disability, bereavement, any social or cultural events within their family and transition to the retirement period (Retrieved from <http://www.anmf.org.au//healthcare policies>). Employers should make adjustments to ease the work of employees with disabilities. Such measures include the construction of foot ramps and elevators to ease the movement of those with leg amputations or such disabilities. Regulations should also be put in place to discourage sexual harassment, discrimination, and any other antisocial behavior. There should also be a mechanism to handle grievances that are raised by employees (Retrieved from <http://www.anmf.org.au//healthcare policies>). This policy guides clinical managers on employee management.

Admission and discharges are guided by the admission and discharge policy. Indeed, this is the major activity or central focus of a health center; admitting patients, managing their conditions, and discharging them at the appropriate time and instance. All these aspects are described in this policy. For instance, admissions should be carried out based on the facilities available at that given center, the availability of nurses with the specific set of skills to manage the patient's condition within that center, and the abundance of any other required resources (Retrieved from <http://www.anmf.org.au//healthcare policies>). It is therefore important that admissions are not based on financial implications or gains but on the capacity of that center to manage that particular patient. Discharges should also be conducted after asserting the availability of quality care services.

The issue of legal proceedings is covered in part by the policy on whistleblowing. Whistleblowing is basically reporting an issue by an employee within the organization. This issue can be a criminal activity such as fraud, medical negligence, malpractice, theft, or any other illegal activities. This policy provides that individuals reporting such issues be protected from victimization and disciplinary action by the management. The claim should be investigated by a special committee while keeping secret the identity of the informant (Retrieved from <http://www.anmf.org.au//healthcare policies>). Proceedings of the investigation should be reported to the complainant. If a culprit is found and there is sufficient evidence that they committed the crime, proper disciplinary action should be taken against them. This policy ensures that employees within the health institution are kept on their toes which in a way contributes to better delivery of care.

These guidelines do not make the role of a clinical manager so strict. Instead, they provide direction on how they can manage various aspects of management to ensure the proper running of their institutions. Clinical managers should be easily flexible because these policies are ever-changing based on existing circumstances. As such, they should be ready to incorporate them into their daily duties and roles.

The role of a clinical manager is beneficial to both the clients and the institution. For instance, healthcare is a service industry (Grohar-Murray, 2016). Because of this reason, the satisfaction of

clients is crucial for the survival of this industry. By having this position, healthcare institutions are treated like any other organization (Mitton et al., 2014). They take feedback from their consumers, act on it and improve on areas that may be of concern. Customer satisfaction is coupled with better patient outcomes and thus general good health of the population (Grohar-Murray, 2016). Furthermore, having a clinician in this post makes it even easier. This is because they have hands-on experience with the challenges that hamper quality care delivery to patients. Based on this knowledge, they are better placed to make decisions and policies that improve the quality of care.

A significant challenge encountered in health institutions is the misappropriation of resources (Sullivan & Garland, 2010). The clinical manager act as an overall leader in an institution, among the defined roles in planning and allocation of resources. Besides this, they are tasked with ensuring that those resources are properly utilized. By increasing accountability in health institutions, resources allocated to the various sectors can be used efficiently to serve patient needs (Sullivan & Garland, 2010). Among these sectors is research, improvements, hiring of more staff, renovations, purchase of new equipment, and proper remuneration of employees.

The position of clinical manager makes it easier for new policies and guidelines to be incorporated into the system. New policies and guidelines are usually based on research and studies that have been conducted recently (Weiss & Tappen, 2014). Having some medical knowledge and management skills, the post of clinical manager makes it easier and simpler for such measures to be incorporated into practice. This is especially important in ensuring that patients receive the most recent advancements in care.

Current occupants of this office view this position as professionally rewarding. Though there are many challenges in carrying out the various tasks in line with expectations, there are also good opportunities that come with them. One common thing that they all agree on is that for someone to perform the duties of this position effectively, they must have had rigorous training in this field. Such training should encompass all aspects of organizational management, financial management, and general leadership (Yoder-Wise, 2014). This is because all these aspects are of important when managing a health institution. Besides training, the individual must also have had experience (Yoder-Wise, 2014). This could have been gained by working in a closely similar position, for example, management of a section of the hospital. This could be a newborn unit, surgical unit, medical supplies unit, labor unit, or any such area in clinical practice. They attribute the experience to informed decision-making. Someone may have all the training required but they may not have the capacity to make a proper decision when faced with a particular circumstance (Betsch, 2014).

There are several stressors in this position but the individual can go through all if they stick to the process and believe in themselves. Employees themselves can be a significant cause of stress (Weiss & Tappen, 2014). They may not work, perform their duties as expected or sabotage various strategies that have been put in place (Wright, 2014). Other factors that may stress this officer are exceedingly high expectations from top management, government, and other stakeholders (Weiss & Tappen, 2014). A significant challenge is the inadequate allocation of resources. With the few resources

allocated to health institutions, the officer needs to economically distribute the resources to meet the immediate needs that are bound to improve the quality of patient care.

For an officer in this position to perform their duties effectively, they need to embrace team collaboration and partnership efforts. Team collaboration is an efficient tool in the medical field (Boughzala, 2015). For one to achieve a given objective, one should draw all the available and required parties, educate them on the changes that need to be made and objectives to be realized, and motivate them towards achieving that change (White et al., 2016). This is a skill that a clinical managers will require when trying to accomplish specific tasks within their institutions. Besides team collaboration efforts, they should also be able and willing to make partnerships with other firms and stakeholders. This is aim to improve the input available for the institution to carry out its desired activities (Huber, 2017). At the same time, partnership with other health centers is important to ensure that available information is shared across the board and analyzed to identify areas that can be improved or boosted for an even greater benefit.

While in the process, role incumbents appreciate the role of quality initiatives in evaluating the level of care and areas that need improvement. Quality initiatives can be instituted by both public and private institutions (Nelson & Staggers, 2016). These investigate the quality of care being provided, how well patients are managed, the general management of the hospital and whether its facilities are in line with the prescribed levels or standards (Huber, 2017). After carrying out all these activities, they give feedback to the health institution for improvement. This ensures that the institution is at par with government standards and regulations (Thomas, 2015). These measures also place the health institution at a favorable competitive level with other health institutions.

In conclusion, a clinical manager is responsible for the day-to-day running of the health institution. To perform their duties effectively as managers, they need a combination of training and experience. It can be a challenging job but at the same time, it is highly rewarding. Leaders in this position should embrace all the leadership skills and organizational management principles to achieve the success of their institutions.

References

- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman medical journal*, 29(1), 3.
- Betsch, T., & Haberstroh, S. (Eds.). (2014). *The routines of decision making*. Psychology Press.
- Boughzala, I., & De Vreede, G. J. (2015). Evaluating team collaboration quality: The development and field application of a collaboration maturity model. *Journal of Management Information Systems*, 32(3), 129-157.
- Cascio, W. (2018). *Managing human resources*. McGraw-Hill Education.

Damiani, G., Specchia, M. L., Ferriero, A. M., Capizzi, S., Di Gregorio, V., & Ricciardi, G. (2015). Sprechi e medicina difensiva. *Public Health and Health Policy*, 3(2.), 8-27.

Finkelman, A. (2015). *Leadership and management for nurses: Core competencies for quality care*. Pearson.

Gardner, G., Duffield, C., Doubrovsky, A., & Adams, M. (2016). Identifying advanced practice: A national survey of a nursing workforce. *International journal of nursing studies*, 55, 60-70.

Grohar-Murray, M. E., DiCroce, H. R., & Langan, J. C. (2016). *Leadership and management in nursing*. Pearson.

Hall, M. A., Orentlicher, D., Bobinski, M. A., Bagley, N., & Cohen, I. G. (2018). *Health care law and ethics*. Wolters Kluwer Law & Business.

Hoeve, Y. T., Jansen, G., & Roodbol, P. (2014). The nursing profession: public image, self-concept and professional identity. A discussion paper. *Journal of advanced nursing*, 70(2), 295-309.

http://www.anmf.org.au/healthcare_policies

Huber, D. (2017). *Leadership and Nursing Care Management-E-Book*. Elsevier Health Sciences.

Mitton, C., Dionne, F., & Donaldson, C. (2014). Managing healthcare budgets in times of austerity: the role of program budgeting and marginal analysis. *Applied health economics and health policy*, 12(2), 95-102.

Nelson, R., & Staggers, N. (2016). *Health Informatics-E-Book: An Interprofessional Approach*. Elsevier Health Sciences.

Spehar, I., Frich, J. C., & Kjekshus, L. E. (2015). Professional identity and role transitions in clinical managers. *Journal of health organization and management*, 29(3), 353-366.

Sullivan, E. J., & Garland, G. (2010). *Practical leadership and management in nursing*. Pearson Education.

Thomas, T. (2015). *Management and leadership for nurse administrators*. Jones & Bartlett Publishers.

Unal, A. K. (2017). Competence in Healthcare Managers: HLA Model. *Management Review: An International Journal*, 12(2), 43-61.

Weiss, S. A., & Tappen, R. M. (2014). *Essentials of nursing leadership and management*. FA Davis.

White, K. M., Dudley-Brown, S., & Terhaar, M. F. (Eds.). (2016). *Translation of evidence into nursing and health care*. Springer Publishing Company.

Whitmore, M. (2017). Smart rostering. Australian Ageing Agenda, (Sep/Oct 2017), 42.

Wright, K. (2014). Alleviating stress in the workplace: advice for nurses. Nursing Standard (2014+), 28(20), 37.

Yoder-Wise, P. S. (2014). Leading and Managing in Nursing-E-Book. Elsevier Health Sciences.