REVIEW

The role of nurse administrators and managers in quality psychiatric care

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Abstract : Psychiatric healthcare services in Japan demand continuous improvement to ensure quality care. Psychiatric nurse administrators and managers greatly influence the quality of services. To improve treatment, the following are considered necessary : clarification of service goal, proper assessment of treatment outcome, shortening of hospitalization, patient-centered care, establishment of trust relationships based on open communication with patients, and effective interdisciplinary teamwork. Additionally, administrators and managers must evaluate the clinical competence of individual nurses and appropriately assign them, especially when personnel shortage is an issue. Furthermore, in collaboration with other healthcare professionals, nurse managers must provide optimal care by setting goals of psychiatric services for patients in acute, sub-acute, or convalescent phases. This article presents the roles of nurse administrators and managers in improving the quality of Japanese psychiatric healthcare services. J. Med. Invest. 58 : 1-10, February, 2011

INTRODUCTION

With the progress in information technology, which has enabled us to obtain various information easily, the Japanese life has become dramatically convenient. However, there is more socio-cultural stress and an increasing number of mentally ill persons, particularly those with depression. Suicide has increased noticeably, and now exceeds 30,000 cases per year (1). In addition, progress in medical care has extended the average life expectancy, which has increased the number of patients with dementia. Therefore, it is imperative to advance mental health measures. Compared with other industrialized nations, psychiatric illnesses per se and persons suffering from these disorders are not understood or well accepted in Japan. Rather, there is deep-seated prejudice and stigma. Given this situation, the following remedies are recommended : primary prevention to forestall mental illness, secondary prevention with an early detection of symptoms that includes an emergency system for treatment of psychiatric conditions, and tertiary prevention to improve the rehabilitation system. Psychiatric hospitals have a particularly important role in improving secondary and tertiary prevention.

Japan continues its struggle to ensure quality medical care. Its history reveals many complex issues, such as entrenched hospitalization-centered psychiatric care that began after World War II (2), weakness in the psychiatric care system as revealed by murders of mentally disordered patients by nurses (3), and serious recommendations from home and abroad for Japan to protect the human

rights of psychiatrically disordered persons and concern over their hospital admission (4).

On the basis of policies devised for future mental health and medical welfare, the Ministry of Health, Labour and Welfare (5) is attempting to promote the following : enrichment of support for community living, improvement in the quality of mental health, better public education about psychiatric illness, and more focus on transition and settlement in the community for long-term hospitalized patients.

Given the above issues, improving the quality of psychiatric treatment for mentally ill persons also requires strengthening the community support system. To do so, psychiatric nurse administrators and managers can potentially play an influential role in providing quality psychiatric services. Toward this end, roles and responsibilities are proposed that nurse administrators and managers should assume to improve care.

CURRENT SITUATION AND ISSUES ABOUT PSYCHIATRIC CARE IN JAPAN

According to the Ministry of Health, Labour and Welfare (5), the number of psychiatric patients has increased rapidly since 1999, with the increase in outpatients particularly significant. The number of hospitalized, dementia inpatients is also increasing. A breakdown by age reveals that the proportion of elderly over 65 years old is rising, which represents over 40 percent of the total patient population. In addition, the numbers of aging patients with schizophrenia are significant. With regard to the length of hospitalization, patient numbers are increasing both for those hospitalized less than a year (<1 year) and for those hospitalized more than a year but less than five years (>1-<5 years). Conversely, hospitalizations of more than 10 years are decreasing, especially among patients with schizophrenia. The increases are due to the number of dementia patients with typically protracted hospitalizations. Therefore, it is important to provide supportive services for long-term, schizophrenia patients as they transition from hospital to the community as well as to identify the kinds of hospital treatment necessary for dementia patients.

There is no significant change in numbers of chronic inpatients hospitalized for longer than a year. Early hospital discharge must be promoted by providing effective, acute care and the development of new, chronic inpatients must be prevented with

expert medical welfare. However, the reality is that emergency psychiatric care varies by prefecture. This creates a psychiatric service system with regional gaps that cause some patients to not receive proper treatment owing to their place of residence. Examples of challenges to improve current psychiatric services include more day care, improved psychiatric home-visit nursing care, and early detection and rapid treatment of mental illness (6-9).

Psychiatric care has changed noticeably with the introduction of medical insurance and a welfare system for reducing medical care costs as well as certain innovations, for example, information technology (electronic health record system, electronic ordering system, digital X-ray system, etc.). In addition, medical treatment that respects the patient's independence and team collaboration with other medical welfare specialists is now more important. Equally important is active cooperation between and among psychiatric hospitals. With these changes, psychiatric hospitals will face a crisis unless a specific hospital management strategy is established. Finally, the Japanese Social Security Service is expected to encounter serious economic problems. Societal demographics and changes must be clearly and accurately forecast to avert a problematic future.

Given the above listed issues, nurse managers must introduce continual advancements in services with the following goals : improvement of care for dementia patients, enhancement of nursing care in outpatient departments for the increasing number of psychiatric hospitals, discharge support for long-term hospitalized patients by an interdisciplinary team of health and social welfare professionals, and improvements in psychiatric day care and home-visit nursing care.

DEFINING THE QUALITY OF HEALTHCARE AND HEALTHCARE OUTCOME

Donabedian (10) described the important points in evaluating the quality of care as follows : "Before starting the assessment, the question arises about whether to adopt a maximal or optimal specification of quality, and, if the latter, whether to accept what is optimal for patients and what has been defined as socially optimal. The points to note are : how health and our responsibility for it is to be defined, whether the assessment is the performance of practitioners only or includes the performance of patients and health care system, and whether the amenities

and the management of interpersonal process are to be included in technical care. "

There are two elements in the performance of practitioners : one is technical and the other is interpersonal. In particular, the management of the interpersonal process is a vitally important element in technical care because interpersonal exchanges enable practitioners to get the information necessary to arrive at a diagnosis or to provide the care services required as well as enabling patients to select the most appropriate care method.

Institute of Medicine (11) has attempted to define the quality of healthcare in terms of standardization, and defined the quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". This led to the definition of quality as a list of quality indicators with described standards (Table 1).

Table 1.   Defining quality of healthcare and healthcare outcome

Healthcare quality[a]	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Specific outcomes[b]	Least morbidity and mortality in the population, highest level of functioning, social and psychological well-being, and outcomes that are optimal in arresting disease or restoring function. Finally, one of the more detailed definitions about outcomes refers to the physiological status, physical function, emotional and intellectual performance, and comfort.

[a] Lohr K : Committee to Design a Strategy for Quality Review and Assurance in Medicare, eds. Medicare : a strategy for quality assurance, *National Academy Press 1* : 128-129, 1990.
[b] Rohrer JE, Arif A, Denison A, Young R, Adamson S : Overall self-rated health as an outcome indicator in primary care. *J Eval Clin Pract* 13 : 882-8, 2007.

In addition, high-quality healthcare has 6 aims as its framework (12) : Safe, Effective, Patient-centered, Timely, Efficient, and Equitable. The functions of nursing are as follows : application and execution of physician's orders, observation of symptoms and reactions, supervision of patients, supervision of those participating in care, reporting and recording, application of nursing procedures and techniques, and promotion of health by directing and teaching. Defining the quality of medical care and proving its necessity and possibility will make measurements of the quality more precise. Moreover, an outcome of healthcare (13) is a patient's health condition as the result of receiving medical care, and this can be

expressed by categories such as survival rates, lack of disease, ability, comfort, satisfaction, and thrift.

To achieve a high quality of healthcare outcome, it is important to consider goal-oriented care. Quality is the capacity of the elements of care, such as the structure and process (10) to achieve goals, for example, improvement in outcomes. Healthcare goals differ depending on whether effort is made by concerned parties, including the patient, the administrator of the hospital or of other facilities or agencies, and healthcare practitioners or other participants in the healthcare system such as third-party payers. In many situations, healthcare goals are jointly developed among several parties. Not surprisingly, therefore, goals that may be embedded in the definition of quality will differ depending on what parties are involved in developing the definition.

Not all goals in patient care are technical or scientific in nature. Non-medical goals such as patient satisfaction and consistency with patient preferences are considered by many to be of great importance and a critical dimension of quality care (14). Such goals can be fairly specific in their dimension by describing the essence of an action with a clear aim such as "helping a patient to maintain his/her independent living."

Related terms include the following : anticipated outcome, independent existence, outcomes desired by patients, improved health, comprehensive standards of patient welfare, the level of happiness, and clinical outcomes (15). To realize bona fide improvements in care quality, it is essential to understand the dominant conceptualizations related to the quality. Then, strategies must be taken to revise those conceptualizations that are obstacles to the advancement of healthcare quality (16).

EXTERNAL EVALUATION FOR ASSESSING QUALITY OF PSYCHIATRIC CARE

1) The importance of external evaluation

The importance of external evaluation is critical to clarifying obstacles and deepening understanding of the care improvements that were mentioned above. Early attempts in American healthcare quality assessment started during the first quarter of the 20th century and continued into the 1950s. The U.S. federal government and the Joint Commission on Accreditation of Healthcare Organization (JCAHO) have been the two major institutions behind quality assurance since the 1960s (17) so that external

evaluations were begun 50 years ago.

In Japan, functional evaluation of hospitals started in 1997 and external evaluation of the quality of medical care was included within it (18). Functional evaluation of hospitals involves assessment of the following eight areas : management of hospital organization and community ; ensuring patient rights, quality and safety of medical care ; environment for patient treatment and service ; organization and management of healthcare delivery ; procedure for ensuring or testing quality and safety of medical care ; rationale for the operations and management of hospitals ; hospital functions specific to psychiatry and also for health recuperation.

Japanese psychiatric hospitals have begun to be externally evaluated. As of today (2010), data reveal that 275 (22.7%) of 1213 hospitals that joined the Japanese Association of Psychiatric Hospitals participated in the hospital functional evaluations.

With systematic evaluation, a hospital's strengths and problems are checked concretely by itemized ratings and observations that enable objective assessment. Public confidence in hospital healthcare has risen as more hospitals participate in external evaluations. Additionally, the public can research the hospitals for quality and array of services and choose one on the basis of the ratings.

2) Healthcare measurements and effect on quality of life

To recover from illness or to have symptoms subside are no longer adequate. Although symptom relief remains a major treatment goal, there are many reasons to expand outcome assessment to include other, less familiar indicators of clinical progress or decline (19). Modern conceptions of health can be traced to the World Health Organization's (WHO) definition of health, which is "a state of complete physical, mental, and social well-being and not merely the absence of disease" (20). The goal is to achieve an outcome in which the quality of life is improved. Therefore, a method is needed that will measure the quality of life as a healthcare outcome.

A number of studies have shown that the patients' subjective well-being, rather than an objective medical condition, determines their treatment-seeking behavior and compliance to and evaluation of treatment (21-23). It is important to aim at the improvement of a patient's QOL when a nursing manager sets the nursing goal of the patient. In addition, nurses must include patients in designing care plans to ensure accuracy and completeness of their care.

PSYCHIATRIC HOSPITAL ADMINISTRATOR'S RESPONSIBILITIES

A key point to improving the quality of medical care is whether the medical staff accepts the policies and outcomes that the hospital manager identifies. Improved outcomes are possible by setting clear goals and working together under committed, powerful leadership. The basic policies listed below are an example used in a hospital that met the goals of developing a team care system and achieving noticeable reduction in the average length of hospitalizations (24-26).

[1] We offer medical care that respects human rights and provides a comfortable medical care environment.
[2] We recognize not only symptoms but also the comprehensive circumstance of patients (lifestyle, family, workplace and/or school).
[3] We conduct appropriate and expeditious team care based on understanding the individual patients.
[4] We establish a hospital open to the public and promote social reintegration by better collaboration with the community and related agencies.
[5] We prevent medical malpractice occurrences.

The following is an example of basic policies used in another hospital that achieved the distinct goals of promoting discharge for long-term hospitalized patients by using clinical pathways, reducing the number of beds, and developing resources for social reintegration (27, 28).

[1] We meet various needs ranging from psychiatric acute care to rehabilitation.
[2] We create a hospital environment that is trusted by patients and their families.
[3] We respect patient rights and dignity and try to improve the quality of recuperation.
[4] We positively promote discharge and community living supports for patients and their families.
[5] We develop and make use of social resources available in the community.

There are examples, however, in which the hospital director proposed specific policies that could not be implemented. The following is an example :

A hospital director and a hospital manager may

not be the same person, and the director's ideas may not be accepted. The director's goal to promote a policy for social re-integration of long-term, psychiatric patients might fail because the hospital manager has a competing concern about revenue loss due to a reduction in the number of beds. If profitability is given priority, then achieving social re-integration becomes problematic. In such situations while considering the patients' best interests, a nurse administrator must try to improve the quality of medical care and nursing service and still negotiate with the director.

Kanai (29) stated that it is important for managers to establish a path for an outcome and to follow it. Instead of addressing issues after they have occurred, strategic planning should handle changes in medical policies ; incorporating increasingly complex treatment from developments in scientific technology, changes in the consciousness of patients, and effects of economic recession, among others. Ultimately, the hospital director's scope of responsibility exceeds that of nurse managers, and he/she must strategize on an institutional vision with consideration of socio-cultural realities. It requires several years for hospital personnel to develop and implement effective strategies as an organization.

NURSING ADMINISTRATOR'S ROLE IN PSYCHIATRIC HOSPITALS

1) Implications for nurse managers providing high quality care

Hospitals provide medical service on wards (nursing units), so it is not an exaggeration to assert to that nursing administrators, who establish and control the budget and support the implementation of standards of nursing practice and guidelines of care, and nurse managers, who facilitate the quality of nursing care by coordinating and managing the environment in which the care is delivered, influence the quality of medical services. Therefore, nurse administrators and managers hold enormous responsibility. The actions of a good manager (30) include regarding a ward functions as one part of the total hospital system that is, addressing a ward's challenges with consideration for other units' activities. It also includes striving for a higher level of care instead of accepting the *status quo*, identifying successful and unsuccessful factors and utilizing that knowledge to attain future goals, and obtaining and analyzing all available information before making decisions, among others.

The ultimate, successful outcome of psychiatric treatment is the patient achieving normalization, namely, social adjustment, independence and improvement in the quality of life. To provide high-quality care in today's changing healthcare environment, it is necessary for nurse managers to recognize and know how their behavior and activities affect patients. Nursing care outcomes can be evaluated by the patients' quality of life and satisfaction. Furthermore, nursing care must be cost-effective (31, 32) (Figure).

Therefore, to solve the persistent problem of long-term hospitalization, the obvious goal must be to shorten patients' length of stay. A critical factor to consider is the ratio of medical personnel to patients. Intensive case management (33) is an intervention that can shorten hospitalization with a high degree

Stage of treatment	Target of psychiatric services
Acute Emergency ward	•Shorten duration of hospital stays •Prevention of re-hospitalization •Consideration of human rights •Family support •Careful nursing
Sub-acute General ward	•Enhancement of intensive rehabilitation •Improvement of patient's QOL •Enhancement of patient and family psycho-education •Improvement of adherence
Recuperation Convalescent ward	•Enhancement of rehabilitation by interdisciplinary team •Improvement of patient's daily life skills and abilities •Enhancement of patient mental education •Improvement of adherence and self-care

Realization of normalization

For people with mental disorders
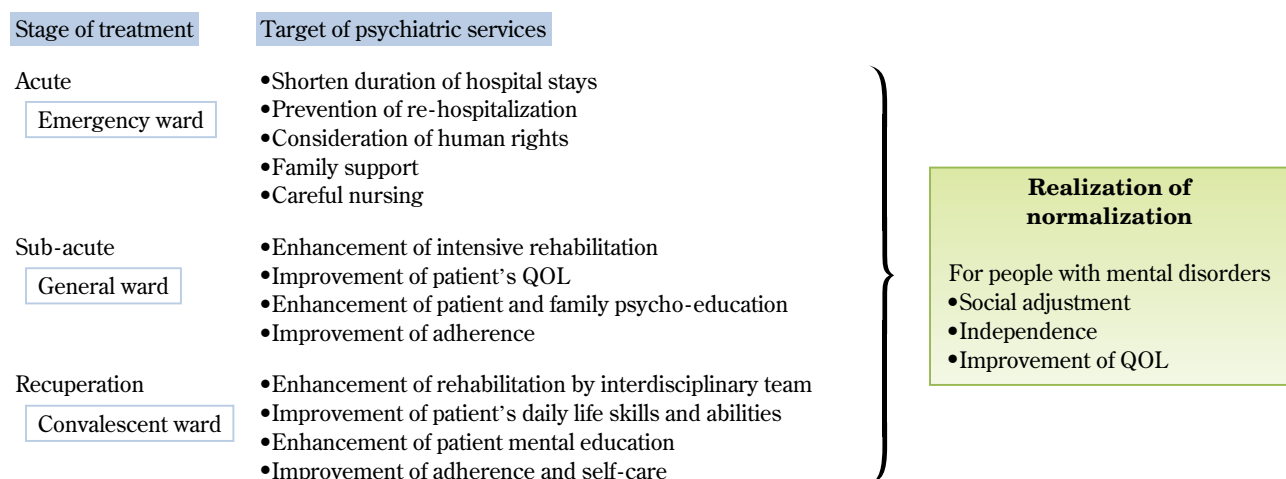•Social adjustment
•Independence
•Improvement of QOL

Figure : Target of medical period and psychiatric services

of user satisfaction. The efficient ratio for psychiatric social worker to clients is 1 : 10-20 to shorten hospitalization. Nurse administrators and managers know that caseloads may have an impact on the issues of satisfaction (staff and client), team cohesion, service expenditure, effectiveness of intervention, and satisfactory attainment of standards and public policy goals. The relationship between staff satisfaction and caseload needs consideration when planning an intensive case management service.

In Japan, the average manpower needed to conduct appropriate medical treatment in a hospital or clinic is prescribed in the Medical Care Law. In acute psychiatric treatment wards (less than 60 beds), the required personnel are one full-time social worker or clinical psychotherapist and one full-time physician per ward, and two full-time physicians per hospital. In a general clinic, the patient to physician ratio is 16 : 1, and the patient to nurse ratio is 7 : 1. However, on a general ward in a psychiatric hospital, the patient to physician ratio is 48 : 1. The ratio of patients to nurse is 10 : 1 in the best cases, but can rise to 25 : 1. This disparity in personnel distribution is one reason for the difficulty in ensuring uniform quality of service.

The 2006 revised medical service legislation set the patient to nurse ratio at 7 : 1. This resulted in a shortage of nurses in hospitals and very severe shortage in psychiatric hospitals. Consequently, an important task for psychiatric nurse administrators and managers is to consider ways to offer high quality services with fewer personnel concurrent with an increased demand for improved quality of psychiatric treatment. To achieve a higher-quality of treatment requires improving the technological competence and supporting the career development of nurses. Nurses would also benefit from a review of ethical values in the profession.

Nurse administrators and managers must provide evidence based cases to document the consequences of shortage. To shorten hospitalization and promote discharge of long-term patients, past policies must be reviewed to determine whether staff numbers and its distribution are adequate for the task. Furthermore, they must appeal to the public to reform the healthcare system by increasing staffing.

2) Quality of life and patient-centered care

Patient-centered care is mandatory for improving the quality of care. To implement patient-centered care, safety is most important. Since impaired cognition often appears with psychiatric disorders,

nurses must be vigilant about patients' safety. In addition, promoting patient-centered care requires consideration of the following matters : using patient preferences, needs, and values to guide clinical decisions ; anticipating patient needs ; sharing knowledge and information freely ; and making care transparent to patients (12). Patient safety is predicated on trust, open communication, and effective interdisciplinary teamwork and achieved by developing common understandings and expectations based on science and standards (34). Furthermore, such teamwork requires health professionals to collaborate on problems such as territorial boundaries and conflicts, different authority styles, decision-making and accountability, and confronting issues of trust and information sharing (35).

Successful nursing managers set goals for each stage of treatment and improve the overall health-care environment. Psychiatric health-care providers should reflect on their own views and actions toward disabled people and correct them accordingly. They must be steadfast in their support for patients' social reintegration. Interdisciplinary teamwork welcomes various staff members' recommendations to meet goals. Quality care that enables patients' independent living in the community includes information collection and distribution, symptom management, self-care assistance, and psychological education. These need to be continually in process at hospitals where the ultimate goal is to return patients to the community (8). In addition, securing informed consent and protecting personal information are important to gain the trust of patients. To increase the satisfaction rate of psychiatric patients, it is necessary to enhance communication skills and improve communications to develop relationships with them based on trust. Therefore, education to improve communication abilities for healthcare staff is necessary.

Additionally, good communication enhances treatment efficiency by increased patient adherence that, in turn, improves quality of medical care. Nurse managers must establish goals for each stage of treatment, reach the expected outcome, and create a generally efficient, therapeutic treatment environment (Table 2).

In general, patient education is a well-known way to prevent re-hospitalization, but largely ineffective in improving adherence. In combination with other interventions, education does result in patients managing care more effectively. There are positive results when education is combined with

Table 2 : The roles of nursing administrators and managers in improving psychiatric care services

Structure	• provide good quality recuperation environment • systematize of nursing services • ensure proper and sufficient staff assignments
Process	• patient safety • informed consent • protection of personal information • construction of mutual trust • education for staff and improvement of technique • interdisciplinary collaboration
Result	• improve quality of psychiatric services • shorten average length of hospitalization • improve satisfaction level • improve health • improve knowledge and health behaviors

Adapted from Donabedian, A. The Quality of Care : How Can It Be Assessed?. *JAMA* 260 : 1743-1748, 1988

timely follow-up visits, progress reports, and psychosocial support.

Patients and healthcare staff members mutually identifying and understanding treatment goals will increase the probability of adherence. Patient-centered care can help create a relationship between patients and medical staff based on trust. Because of these factors, adherence is seen as more patient-centered than compliance. The patient may be concerned about issues related to symptom management, side effects, cost, quality of life, and complexity of treatment. Providing options allows the patient to address concerns, and thus to become more likely to adhere to treatment. The result is useful solutions that prevent re-hospitalization because the patients, especially those with schizophrenia, have minimal self-awareness about their mental illness.

Compliance is a major issue with antipsychotic medications in treating schizophrenia. Non-compliance often leads to relapse and re-hospitalization. Enhanced patient involvement in treatment decisions, such as shared decision-making (36, 37), is expected to improve long-term adherence and reduce re-hospitalizations. Advocacy for shared decision-making can be achieved only when both patients and physicians commit to sharing medical decisions. Psychosocial matters (work therapy, future housing, and psychotherapy) were considered more suitable for shared decision-making than medical and legal decisions (hospitalization, prescription of antipsychotic prescriptions, diagnostic procedures). Strategies to recognize and respond more completely to patients' needs might improve compliance and long-term outcomes.

Recently, gender-specific medicine has attracted attention. Risk factors in patients with chronic schizophrenia, compared with the reference population risk of myocardial infarction, were greater in male patients. Furthermore, metabolic syndrome appears to occur at a younger age than in the general population. This finding is consistent with increased cardiovascular morbidity and decreased life expectancy in both men and women (38). Genetic factors underlying disease and drug response, however, appear to differ between male and female patients (39). Gender must be considered in managing the patient's medication side effects to improve adherence,

Medical research has used mostly male subjects for clinical studies. This represents a significant omission, as there are gender differences in pharmacokinetics. More recent research has begun to consider gender as the symptoms and responses to treatment may differ between the sexes. Women have generally been under-represented in pharmacological studies with women of childbearing age excluded from early clinical trials. Gender is critical when examining quality of medical care.

3) Nursing management and outcome research

Evaluations to ensure the quality of medical and nursing care are important (40). Quality assurance in medical care needs to move from assessing the process to its outcomes, but this is difficult. Measuring outcomes becomes complicated by the subjective nature of the benefits from medical care. Wilson and Cleary (41) state, "The principal goal of clinical care is the improvement of patient outcomes. The optimal design of interventions to improve patient outcome requires identification of causal pathways that link different types of outcome to each other." Physical and laboratory measurements are a means to this end. Therefore, objective health indicators are increasingly viewed as a means to measure subjective health.

Outcome research has stressed the importance of obtaining the patient's viewpoint to achieve "patient-centered" outcomes. For example, such outcomes in quality of life can be realized through respecting self-determination. Some of the most important patient outcomes are based on subjective evaluation as they make choices. The roles of physicians and other healthcare providers' will change focus to patients' lives rather than solely their bodies (42).

Subjective health status is not identical to quality of life or even health-related quality of life (HRQOL)

(43). Many measures described as HRQOL measures, such as the SF-36 (44), are actually generic health status measures. HRQOL is "the expectation for the measurement of health status filtered by the subjective perception and expectation of the subject patient". However, "the value of the subjective experience of living", which is the most important, cannot be discerned from expert-designed questionnaires (42). Dixon (43) hypothesized that insufficient self-perceptions of physical functioning and general health would be significantly related to severer symptoms and poorer functioning and quality of life. Not only quantitative study but also combined quantitative and qualitative methods are needed as assessment tools. In addition, outcome research must be an integral part of the nurse manager's role because it examines the final result of care with implications for change in nursing practice. Lacking outcome research, nurse managers remain uninformed about interventions attempted and their result (45).

4) Quality assurance and continuous quality improvement

Nurse managers must construct a work environment to facilitate staff nurses in introducing actions for improving care. Quality control activity might include the committees or forums that coordinate improvement efforts. Quality patient care will result from positive interactions among departments working together to build a dynamic mechanism that continuously improves the processes and outcomes of healthcare services (46).

Quality Improvement (QI) is an approach that generally focuses on the user. Price and others (47) organize the points of QI to enhance quality through being proactive in improving organizational processes, defining quality customer services, involving all people, and developing realistic standards to facilitate optimal outcomes. Clearly, some researchers have focused on nurses' roles, but there is no evidence that nurses in clinical practice support QI. Rather, nurse managers reported 'shortsightedness', lack of knowledge, and a negative reaction from clinical nurses. The nurse managers' roles should be "integral," "central," "crucial," and "pivotal" to the QI process (48, 49). Nurse managers and nursing staff play vital roles and have more influence on QI than other health professionals owing to their degree of direct contact with the public. They are well positioned to identify the need for change, and continually assess and improve services.

Despite this consistent view in the literature, there was no research that identified nurses supporting this claim (47). Nurse managers' and clinical nurses' understandings of QI conceptually differ from how it applies to nursing practice. Both nurse managers and nurses recognize the benefits of QI in practice, but blame each other for potential benefits not being realized (47).

Iwasaki *et al*. (50) stated that "moving the entire healthcare field in the direction of QI will be the key to success and survival in the 21st century". The need for research and review of the current QI process is evident owing to an identified gap between the theory and practice. Henceforth, it is important to define the role of nursing clearly and decide what index to use for evaluating outcome. For now, however, nurse managers need to join actively in collaboration with researchers as they jointly develop QI instruments.

CONCLUSION

To improve the quality of psychiatric services, the following matters require attention : clarifications of psychiatric service goals, precise measurement of effects, shortened hospitalizations, implementation of patient-centered care, establishment of trust relationships with patients based on open communication, and effective interdisciplinary teamwork. In addition, nursing administrators and managers must judge the clinical competency of nurses and assign them appropriately. Nurses have a major impact on the quality of service, for example, too many nursing assistants and high average age of nursing staff with wide variation in age, among other factors. It is important that nursing managers make use of each staff member's character and competency in complex environments where there are issues such as staff shortage. A role requirement is managing nursing services to provide the best care in cooperation with other healthcare professionals and to set a goal of appropriate psychiatric services for acute and sub-acute hospitalized patients and convalescent patients.

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