

Evaluation of the Nursing Services Controlling Process from the Viewpoint of the Nurses and Nurse Managers: A Qualitative Study

Hemşirelik Hizmetleri Denetim Sisteminin Hemşire ve Yönetici Hemşire Açısından Değerlendirilmesi: Niteliksel Bir Çalışma

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ABSTRACT Objective: The objective was to present the viewpoints of nurses and nurse managers regarding the nursing services controlling process. **Material and Methods:** This qualitative study was conducted with 30 nurses and 30 nurse managers in three different hospitals. Individual in-depth interviews were employed to determine the views of the nurses and nurse managers, and the data were obtained were evaluated by thematic analysis. Themes and subthemes were generated based on the literature and the data obtained. **Results:** Four main themes emerged: the objective of the controlling process, its benefits, problems experienced during the controlling process and the effects of being controlled. In our study, it was found that the objectives of the controlling process were not adequately communicated with the nurses and that the controlling process was negatively perceived. In these hospitals, nurses and nurse managers stated different objectives for the controlling process. More than half of the nurses indicated that the controlling process provided no benefits for nursing services. Moreover, nurse managers as well as nurses declared that they experienced problems as well as stress during the controlling process. On the other hand, there were some nurses who indicated that the controlling process was beneficial for nursing services and that the interaction with their managers provided a positive contribution to their personal and professional development. **Conclusion:** Opinions of the nurses and nurse managers differed regarding the controlling process, possibly creating negotiations during the execution of the process.

Keywords: Controlling; nurse manager; nurses

ÖZET Amaç: Bu çalışmanın amacı, hemşirelik hizmetleri denetim sürecine yönelik hemşire ve yönetici hemşire bakış açılarını ortaya koymaktır. **Gereç ve Yöntemler:** Araştırma, üç farklı hastanede 30 hemşire ve 30 yönetici hemşire ile nitel bir tasarımda yapılmıştır. Hemşire ve yönetici hemşirelerin bakış açıları bireysel derinlemesine görüşme yöntemiyle belirlenmiş ve elde edilen veriler tematik analiz ile değerlendirilmiştir. Literatür ve elde edilen verilere göre araştırmacılar tarafından tema ve alt temalar oluşturulmuştur. **Bulgular:** Araştırmada hemşire ve yönetici hemşire bakış açısı ele alınarak denetim sürecinin amacı, denetim sürecinin yararları, denetim sürecinde yaşanan sorunlar, denetim sürecinden etkileme durumu olmak üzere dört ana tema oluşturulmuştur. Çalışmamızda denetim sürecinin amaçlarının hemşirelere yeterince iletilmediği ve sürecin olumsuz algılandığı görülmüştür. Çalışmanın yapıldığı hastanelerde, hemşireler ve hemşire yöneticileri denetim sürecinin amaçlarını farklı olarak ifade etmişlerdir. Hemşirelerin yarısından fazlası denetim sürecinin hemşirelik hizmetleri için fayda sağlamadığını belirtmiştir. Ayrıca hemşirelerin yanı sıra hemşire yöneticileri de denetim sürecinde sorun yaşadıklarını ve stres algıladıklarını ifade etmişlerdir. Diğer taraftan, denetim sürecinin hemşirelik hizmetleri için yararlı olduğunu ve bu süreçte yöneticileriyle etkileşimlerinin kişisel ve mesleki gelişimlerine olumlu katkı sağladığını belirten hemşireler de vardı. **Sonuç:** Hemşire ve yönetici hemşirelerin denetim sürecine bakış açılarında farklılıklar olduğu ve bu farklılığın sürecin işleminde olumsuzluk yaratabileceği görülmüştür.

Anahtar Kelimeler: Denetim; yönetici hemşire; hemşire

Controlling is the last one of five basic functions of the management process, and it is used to ensure the success of organizational plans.¹ At the end of the observations and evaluations performed during the

controlling process, additional data are provided, new decisions are made for implementation and the process is started once again.^{2,3} Controlling is a manager activity. Each manager, whether at the senior

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level, mid-level or junior level, is responsible for controlling her/his own management area. Administrative controls should be implemented before, during and after the concerned activity.² Managers can use several methods such as observations, daily visits and assessment scales in order to execute the controlling process successfully. Managers should establish their own controlling policies, decide how they will perform measurement and assessment functions and share these decisions with their employees.⁴ Fayol defined the management process and indicated that the identification of controlling methods, the provision of controlling conditions, the professional qualifications of managers conducting the control, the execution of controlling within a reasonable time and monitoring with sanctions are of great importance.

Nurse managers are responsible for the planning, execution, coordination and auditing of the nursing services of a hospital. It is recognized that managers of nursing services may carry out the management process effectively and efficiently to ensure the quality of service to the extent that they can benefit in the best way. In this context, it is seen that the quality of nursing services is directly associated with the success of the nurse manager and the success of the manager goes through a proper editing of the process.⁵ Moreover, it has been postulated that the motivation of relevant individuals is increased and team work is strengthened and improved by the effective provision of feedback from controlling results, while in the opposite case, an insecure environment is created and motivation is decreased.⁶

Since the efficiency of the control depends on the belief of the managers and employees in the benefits of the process, the manner in which the managers of nursing services address the controlling process and follow up controlling functions is important, as is whether or not the process creates a difference in the perspectives of the nurses and nurse managers.

MATERIAL AND METHODS

DESIGN

This study was performed to evaluate the viewpoints of nurses and nurse managers regarding the hospital

nursing services controlling process. The study employed a phenomenological design, i.e., one of the qualitative research methods.

SAMPLE AND SETTING

This study was performed in Turkey at a university hospital (UH), a state hospital (SH) and a private hospital (PH) accredited by the Joint Commission International (JCI). The maximum diversity sampling method was used since it provides maximum opportunity to reflect the diversity of the individuals. A candidate pool was generated from the three hospitals and included nurses who had different characteristics with regard to education level, department of work and professional experience, and nurse managers who worked in different administrative positions such as Director of Nursing Services (DNS), Assistant Director of Nursing Services (ADNS), Supervisor (S) and Service Supervisor (SS). Individual in-depth interviews were carried out with those who agreed to participate in the study. Interviews were continued until data saturation level was achieved with a total of 60 participants, including 30 nurses and 30 nurse managers. Of the participants, 71.7% had a bachelor's degree, the mean age was 33.3 ± 6.7 (min: 19, max: 54) years and the total working time in the profession was 12.7 ± 6.9 (min: 1, max: 31) years.

INSTRUMENT

In order to obtain data for the study, after researching the literature, a semi-structured in-depth interview form was generated. The final version of the questionnaire was created by collecting opinions from five academicians who were experts in the area of nursing management and by making the necessary corrections.

DATA COLLECTION

Interviews were conducted in the manager's room or meeting room based on the preference of the participants. Each participant was given both verbal and written information about the duration of the interview, the aim of the voice recording and the confidentiality of the data. Written consents were obtained from all participants. During the interviews, conducted using a voice recorder, participants were reminded that they could turn off the device whenever they wanted. The responses and behavior of the par-

ticipants, intervals between the interviews and notes about the environment were recorded in the interview guidebook during all interviews. The duration of the interviews varied between 30 and 60 minutes. The data for the study were retrieved between May 2015 and December 2015.

DATA ANALYSIS

Data were assessed by thematic analysis. Each interview was recorded using a voice recorder and then transcribed onto the computer by the researcher. Themes and subthemes were generated based on the literature and the data obtained.

ETHICAL CONSIDERATIONS

Approval was obtained from the Human Research Ethics Committee of the Social Sciences of Abant İzzet Baysal University (01.29.2015, 2015/02). This study was conducted in accordance with the principles of the Helsinki Declaration.

RESULTS

The analysis of the reports of the individual in-depth interviews conducted with a total of 60 individuals revealed the viewpoints of the nurses and nurse managers under four themes based on the relevant literature:

- Objective of the controlling process,
- Benefits of the controlling process,
- Problems experienced during the controlling process,
- Effects of being controlled via the process.

Under the theme of “**Objective of the controlling process**” it was decided to generate four subthemes for the statements of the participants. These subthemes (Figure 1) were described as:

- Corporate objectives,
- Objectives for employees,
- Objectives for patient care,
- Objectives for quality processes.

Some of the statements of the nurse managers regarding the objectives of the controlling process were as follows:

“Of course we will learn our weak and strong aspects and we will build our process accordingly....” (DNS,PH)

“Detecting the subjects which the employees do not know and providing them training in these subjects enables them to be happy and motivated to work due to this training....”(SS, PH)

“...The objective of controlling is to be able to give required care and follow-up by providing patient safety first.” (SS, SH)

“...Not prolonging the work and decreasing the workload...” (SS, UH)

Some of the statements of the nurses regarding the objective of the controlling process were as follows:

“The objective is to control the materials and service order. I think it is not so rational.” (UH)

“...Controlling is only performed for the quality (hospital quality standards). Whether the quality controls are successful or not is not checked.” (SH)

“...Correcting what is lacking without revealing it to either the patient or to us...” (PH)

When asked about the benefits of the controlling process for nursing services, subthemes similar to the objectives of the control were generated out of the statements made by the nurse managers and nurses (Figure 2).

Some of the statements of the nurse managers regarding the **benefits of the controlling process** were as follows:

“Controls are important for recognizing nurses. During controls, you see their capability, knowledge and how they use their practicum. You see the relationships between the patient and the nurse, and these provide significant data.” (ADNS, PH)

“We cannot measure the quality of care if we do not control, and we cannot understand whether we really provide service for these patients or not if we do not measure quality. Therefore, controlling should be done.” (DNS, UH)

Some of the statements of the nurses regarding the benefits of the controlling process were as follows:

OBJECTIVE OF THE CONTROLLING PROCESS (Perspective Of Nurse Managers)	OBJECTIVE OF THE CONTROLLING PROCESS (Perspective Of Nurses)
Corporate Objectives <ul style="list-style-type: none"> ✓ Monitoring corporate objectives ✓ Strategic objectives 	Corporate Objectives <ul style="list-style-type: none"> ✓ Monitoring corporate objectives ✓ Meeting the demands of the executive management of the hospital ✓ Evaluation of cleaning and physical environment
Objectives for Employees <ul style="list-style-type: none"> ✓ Monitoring performance ✓ Planning corporate training ✓ Employee health and safety ✓ Reducing employee workload ✓ Improving professional perspectives of the employees ✓ Increasing motivation of the employees 	Objectives for Employees <ul style="list-style-type: none"> ✓ Monitoring performance
Objectives for Patient Care <ul style="list-style-type: none"> ✓ Increasing patient satisfaction ✓ Providing patient safety ✓ Monitoring and promoting care processes 	Objectives for Patient Care <ul style="list-style-type: none"> ✓ Increasing patient satisfaction ✓ Providing patient safety
Objectives for Quality Processes. <ul style="list-style-type: none"> ✓ -Monitoring suitability of the standards ✓ -Determining revisions 	Objectives Regarding Quality Management Processes <ul style="list-style-type: none"> ✓ Conducting successful quality controls

FIGURE 1: Objectives of the controlling process and subthemes.

“I don’t think controlling provides any contribution to nursing services because it did not provide any benefits for me. I have many friends and it did not provide any solutions for their problems.” (UH)

“Working as if abandoned and not to be questioned by anyone is not nice. I spent some time with my managers during the controls and that’s why I personally feel good.” (PH)

When the theme of ‘problems experienced during the controlling process’ was examined, it was observed that both nurses and nurse managers stated that they experienced problems. Under this theme, supervisor nurses in particular stated that they experienced problems with their seniors as well as their

juniors. Nurses expressed three types of problems they experienced, including those associated with the construction of the controlling process, the controlling process and controlling outcomes, as given in Figure 3 showing problems experienced during the controlling process and their subthemes.

Some of the statements of the nurse managers regarding **problems experienced during the controlling process** were as follows:

“...We see some negative responses from the working nurses such as –“Don’t we know our job? Don’t we do it?....” (DNS, SH)

“...It is very difficult to work with Generation Y ... Generation Y may not take the things we care

BENEFITS OF THE CONTROLLING PROCESS (Perspective of nurse managers)	BENEFITS OF THE CONTROLLING PROCESS (Perspective of nurses)
Corporate Benefits <ul style="list-style-type: none"> ✓ Employees' recognition by the manager ✓ Increase in trust between the manager and the employees 	Corporate Benefits <ul style="list-style-type: none"> ✓ Presentation of corporate problems
Benefits for the Employee <ul style="list-style-type: none"> ✓ Benefits for the education and progress of the employees ✓ Provision of performance feedback 	Benefits for the Employee <ul style="list-style-type: none"> ✓ Enhancing employees' feelings of being important and supported ✓ Benefits for the education and progress of the employees ✓ Provision of performance feedback
Benefits for Patient Care <ul style="list-style-type: none"> ✓ Increase in the quality of care 	Benefits for Patient Care <ul style="list-style-type: none"> ✓ Development of an integrated approach for the patient
Benefits Regarding Quality Management Processes <ul style="list-style-type: none"> ✓ Providing maintenance of quality standards 	

FIGURE 2: Benefits of the controlling system and its subthemes.

about seriously. They are very different; they look at situations more individually. They may not give the same response to the patients as we do. Their irresponsibility may cause bad results.” (ADNS, PH)

“...The new assistant managers of the nursing services came to look around, and I liked it a lot. No one has come here even for looking around before....” (SS, UH)

“ Since we are responsible for the cleaning services of the hospital, we have no time for the controlling of the nursing services.” (ADNS, UH)

Some of the statements of the nurses regarding problems experienced during the controlling process were as follows:

“...I think controlling should be done, but first the infrastructure should be established, and then the nurses should be controlled.”

“...The controlling process going on in our institution is very complicated. First, nurses can be

controlled by hospital directors and the head physician of the hospital. There is a continuous intervention in the jurisdictions of the head nurse....” (UH)

“...First, they should listen to us, motivate us; in other words, they need to know what we feel and experience; then they should control us....” (UH)

“...They not only control us, but they also exercise control over us....” (UH)

“ Nurse managers only examine patient records during controls; however, what if I filled out the care plans completely but did not apply any of them to the patients? Observations are not performed during the controls.” (SH)

“We have no feedback from the control results... If they gave feedback of the control performed, we could understand why it is done. I think that it would be better if they gave us written feedback....” (UH)

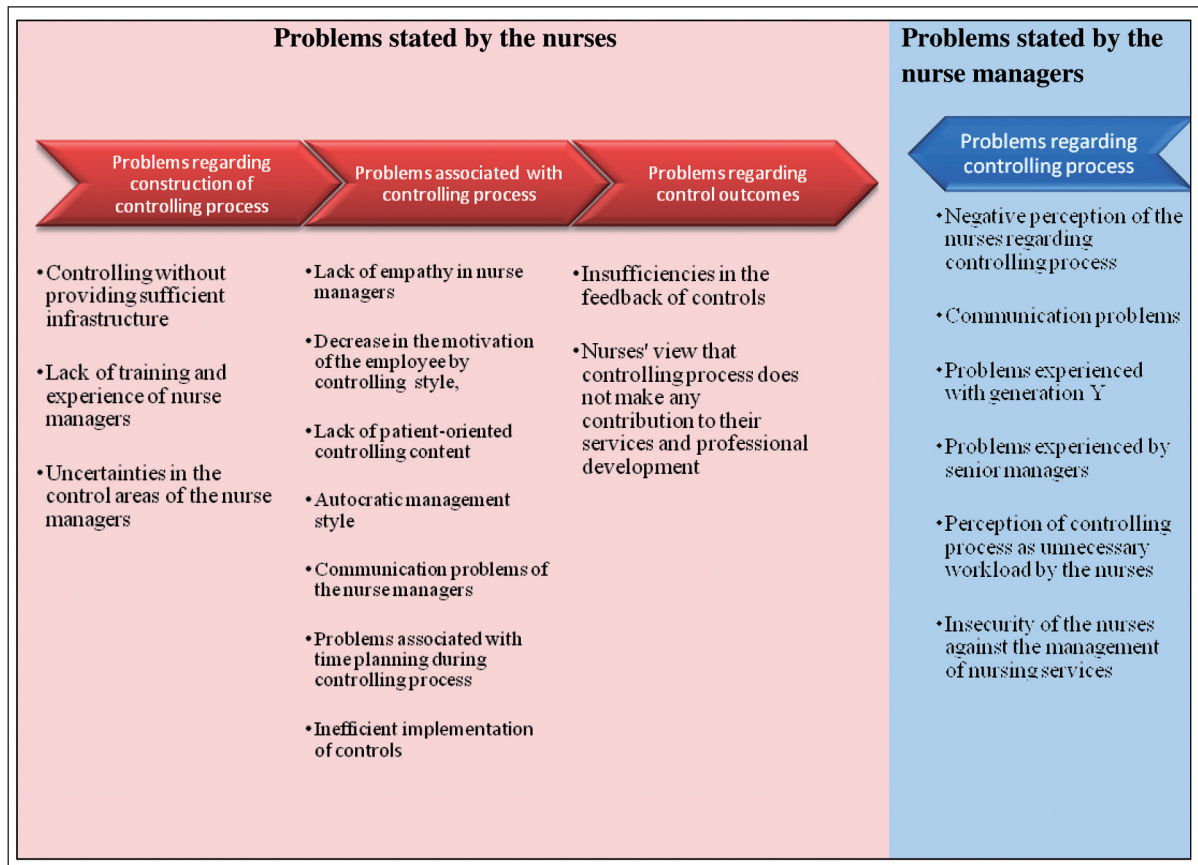


FIGURE 3: Problems experienced during the controlling process and their subthemes.

Under the theme of ‘effects of being controlled’, it was observed that managers and nurses could be affected by the controlling process in a positive or a negative way.

Some of the statements of the nurse managers regarding the **effects of the controlling process** on them were as follows:

“...Actually, everything seemed good from our perspective. However, you see the shortcomings during controls and you also learn the reasons of these shortcomings. That’s why it is a pleasing process for me.” (S, PH)

“..Getting warned and controlled are always hard. Controlling is difficult also for the controller. We experience unbelievable problems. It makes us feel really bad to go and say ‘Why didn’t you do that?’ and ‘You should do this.’” (SS, PH)

Some of the statements of the nurses regarding being affected by the controlling process were as follows;

“I myself feel good during our conversations with the managers during controls. I feel that I belong here and I feel that I am noticed. When a negative situation occurs and they come to me with the questions such as ‘What can we do here? Is it going to be better if we do that?’, the awareness also increases. It makes me feel that I need to widen my perspective and do more things by focusing more.” (PH)

“...I feel like our students. You can think to the degree of ‘What will happen now? What will they say?’ and ‘How will they act?’...” (UH)

DISCUSSION

THEME 1: OBJECTIVE OF THE CONTROLLING PROCESS

An overall evaluation of the statements showed that the subthemes on which the nurse managers and nurses focused were not in the same direction and displayed differences. For instance, the nurse managers addressed objectives of the control for the employees

in detail, whereas the nurses mentioned the objectives for employees minimally. The nurse group which indicated objectives for the employees worked for the accredited private hospital. In particular, nurses at the university and state hospital indicated that the managers focused on topics among the objectives of the control that were not directly associated with patient care, including mostly physical structure and monitoring of cleaning services at the hospital. The nurse manager and nurse groups emphasized different objectives. This situation can be interpreted as an indication that there are problems in the construction of the control process, that nurse managers are inadequate in reflecting the objectives of the control process to their juniors or that their objectives do not completely coincide with their practice.

Some of the managers declared that they aimed to increase the quality of patient care with these controls. The objectives of the control for patient care included monitoring and promoting the care processes and increasing patient satisfaction and patient safety. The concepts of quality and standards of care were stated under these titles. The main objective of the nursing services management process should be the improvement of patient care. Wong and Cummings, in their study, reported on the effect of nurse managers on increasing patient satisfaction and safety.⁷

THEME 2: BENEFITS OF THE CONTROLLING PROCESS

When the benefits of the controlling process for nursing services were addressed, the nurse managers specified the benefits of the controlling process in detail, whereas more than half of the nurses stated that it had no benefits. These statements reveal that there are problems in the execution of the controlling functions. Moreover, this negative opinion of the employees can be interpreted as indicating that the control did not achieve its objectives.

The managers of the three hospitals also denoted the benefits of the controlling process in general, whereas the nurses working in the accredited private hospital mentioned them the most. The managers of the private hospital stated that they could recognize their employees and increase their trust in their employees due to the controls, while the employees emphasized that their feelings of being important and

supported were enhanced due to them. This positive outcome of the control can be associated with the regular execution of the controlling process in private hospitals, the absolute provision of feedback to the employees and the use of proper communication techniques by the managers. In the study by Osborne, it was reported that recognition of the employees by the managers was important for the development of a good communication and trust between the nurse and nurse manager.⁸ Moreover, it was indicated that the content of the training was determined based on the results of controlling and sometimes training was carried out during the controls. In their study, Saidi et al. stated that junior nurse managers had a significant role in the education of the nurses; and revealed the importance for the managers of controlling and recognizing nurses for the resolving of deficiencies.⁹ The remarkable thing in the study was that although improvement of patient care was indicated among the 'objectives of the control', it was indicated less under the theme of the 'benefits of the control'. This situation indicates that improvement of patient care was not sufficiently addressed as the objective of the control.

THEME 3: PROBLEMS EXPERIENCED DURING THE CONTROLLING PROCESS

The problems experienced by the nurses during the controlling process were investigated under three subthemes. The first of these subthemes was the 'problems regarding construction of the controlling process'. In this subtheme, controlling without providing a sufficient infrastructure was indicated as deficiency in the training and experience of the managers and uncertainties of the managers about the controlling areas. The problems indicated can be described as the inability to completely generate the management processes in the hospital. Management processes are associated with each other and it is necessary to plan all stages of the management process in detail and implement them without disruption in order to execute the controlling process effectively. During the planning of the nursing services management process, the manner of conducting controls, the responsibilities of the managers and their capabilities should be determined and the infrastructure required by the conditions should be constructed. Inability to

plan the management process accurately will be a problem at each stage of the process, including the control.¹ In particular, due to role uncertainties and role conflicts, stress experienced by the junior managers who control patient care may negatively affect the efficiency of the cing process.¹⁰

The second subtheme was composed of the problems regarding the controlling process. In this subtheme, the lack of empathy among the managers during controls, the autocratic approach of the managers, the decrease in the motivation of the employees induced by the style of controlling and communication problems of the managers may create a source of problems for the nurses during the controlling process. Nurses stated that the aggressive communication style during the controlling process and a controlling approach that was not employee-oriented and in which the opinions of the employees were not asked affected their motivation in a negative way. In previous studies, it was indicated that the support of their seniors, the importance given to the employee and the appreciation of their work were effective for the motivation of the nurses.^{11,12} When the problems during the controlling process in the university hospital in particular were examined, some from among both nurses and junior nurse managers declared that they had experienced communication problems with their senior managers. The reason for these problems can be interpreted as a misconfiguration of the administrative processes and as lack of confidence in the managers of the nursing services. In their study, McCabe and Sambrook reported that the controlling style of their managers negatively affected the nurses trust in them.¹³

The third subtheme included the problems associated with the results of contring. Lack of positive or negative feedback from the results of the controlling were among the problems that were indicated by the nurses. It was reported that effective feedback of control results increased motivation and strengthened and improved teamwork, while the contrary created an insecure environment and decreased motivation.^{2,6} Another important problem was that more than half of the nurses included in the study stated that the controlling process did not

make any contribution either to their nursing services or to their professional development. These statements are very important for the study. Statements indicating that the controlling phase, as one of the most important steps in the management process, did not provide any benefits for the services given can be interpreted to mean that the management of nursing services could not execute the management processes sufficiently and did not follow a scientific management approach. The common cause of this problem can be explained as the failure to properly construct a controlling process, an insufficient information exchange between the nurses and nurse managers regarding the control and the lack of feedback of control results.¹⁴

When the problems experienced by the managers regarding the controlling process were examined, it was observed that service supervisor nurses who were junior managers experienced problems as both the controller and the controlled. The inability of junior and mid-level managers to spare sufficient time for the controlling process and the fact that it focused on subjects other than patient care became a significant problem for service supervisors. Therefore; they stated that they experienced distress since they were forced to shift their controlling to areas such as cleaning, technical services and food services. In a previous study, it was emphasized that expectations of the mid-level managers were seen as stress factors for junior managers.¹⁵

Another problem specified was that generation conflicts affected the controlling process. Nurse managers stated that they experienced problems especially with the Generation Y perception of working life. In previous studies it has been reported that Generation Y were indifferent to work, did not make an effort to learn, did not attend to studies, and had differences in their perception, communication and expectations.¹⁶⁻¹⁸ These behavioral differences were considered to cause conflicts between managers and employees who had a generation gap during the controlling process as well.

THEME 4: EFFECTS OF BEING CONTROLLED VIA THE PROCESS

It can be stated that the communication and behavior of the manager directly affect the feelings of the nurses during the controlling process. One of the predictors of this effect was the way the controlling process was constructed. Nurses who expressed a positive effect attributed this to the good communication techniques of the manager and the progress created by the controlling process in themselves. Moreover, some of the managers stated that they themselves felt good during the controlling process and as a result of the fact that they could see the decisions they made and put results into practice. It can be stated that factors effecting a positive influence on the nurses and nurse managers included the transparency of the controlling process, approaching controls with a process development perspective instead of looking for deficiencies, a professional outlook of controlling taken by the managers and the use of proper communication techniques by the managers.

Most of the nurses declared that they were negatively affected by the controlling process and experienced stress, and they associated this influence with the negative behavior of managers. The literature has indicated that controlling in itself is a stress factor, even though carried out very professionally. It has also been reported that stress was increased and became the cause of employee anger and conflicts following controlling in an environment where seniors created pressure on their juniors.¹⁹ Additionally, in the study, some of the nurse managers declared that they were negatively affected by the role they played during the controlling process and that controlling was also a difficult process for them as well as for the nurses. Especially in the case of a problem, it was seen that sharing this problem with those under them increased the anxiety of the managers. It was also observed that being a controller as well as the one controlled created a source of stress for the junior managers themselves.

LIMITATIONS

This study have certain limitations. We examined three different hospitals located in two different regions but did not include all regions in Turkey. The study relied on the reports of the participants. Therefore, findings of this study cannot be generalized.

CONCLUSION

In our study, it was found that the objectives of the controlling process were not adequately communicated to the nurses and that the controlling process was negatively perceived. In these hospitals, nurses and nurse managers stated different objectives for the controlling process. More than half of the nurses indicated that the controlling process provided no benefits for nursing services. Moreover, nurse managers as well as nurses declared that they experienced problems as well as stress during the controlling process. On the other hand, there were some nurses who indicated that the controlling process was beneficial for nursing services and that the interaction with their managers provided a positive contribution to their personal and professional development.

For the success of management, the control, as the last phase of management process, should be carried out effectively and efficiently. In the achievement of this phase, the positive perspectives of the nurses and nurse managers have a significant importance. It is suggested that the effective development of positive perspectives in nurses can be achieved through proper planning of the control applications by nurse managers, execution of these applications in line with the objectives of the control, use of proper communication techniques during the controlling process and taking the opinions of nurses at each step of the process. Moreover, the study proposes that conducting the control in this way will increase the success of the nursing services management process.

Since it's not clear whether the service visits basically aim at questioning the employee performance or patient care quality, it is necessary to clearly define how the service visit outcomes and collected data should be evaluated and how they are shared with the staff. We cannot manage something that we do not measure or monitor.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may

negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Ebru Özen Bekar, Ülkü Baykal; **Design:** Ebru

Özen Bekar, Ülkü Baykal; **Control/Supervision:** Ebru Özen Bekar, Ülkü Baykal; **Data Collection and/or Processing:** Ebru Özen Bekar, Ülkü Baykal; **Analysis and/or Interpretation:** Ebru Özen Bekar; **Literature Review:** Ebru Özen Bekar; **Writing the Article:** Ebru Özen Bekar, Ülkü Baykal; **Critical Review:** Ebru Özen Bekar, Ülkü Baykal; **References and Fundings:** Ebru Özen Bekar, Ülkü Baykal.

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